

Cottage hospitals : their objects, advantages, and management / by Edward John Waring.

Contributors

Waring, Edward John, 1819-1891.
Royal College of Surgeons of England

Publication/Creation

London : John Churchill & Sons, 1867.

Persistent URL

<https://wellcomecollection.org/works/seus8z9g>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



Digitized by the Internet Archive
in 2015

<https://archive.org/details/b22272021>

2

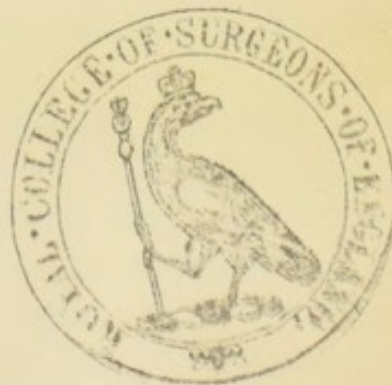
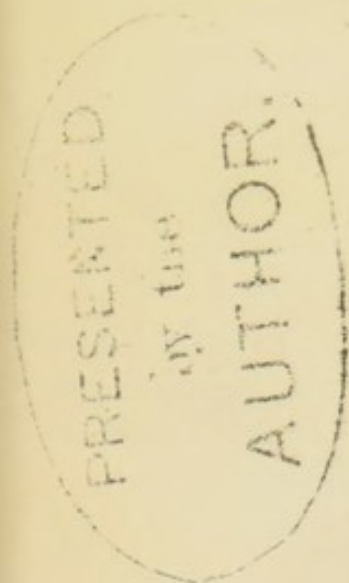
COTTAGE HOSPITALS:

THEIR OBJECTS, ADVANTAGES, AND
MANAGEMENT.

BY

EDWARD JOHN WARING, M.D.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.



LONDON:

JOHN CHURCHILL & SONS, NEW BURLINGTON STREET.

M DCCCLXVII.

LONDON:
SAVILL, EDWARDS AND CO., PRINTERS, CHANDOS STREET,
COVENT GARDEN.

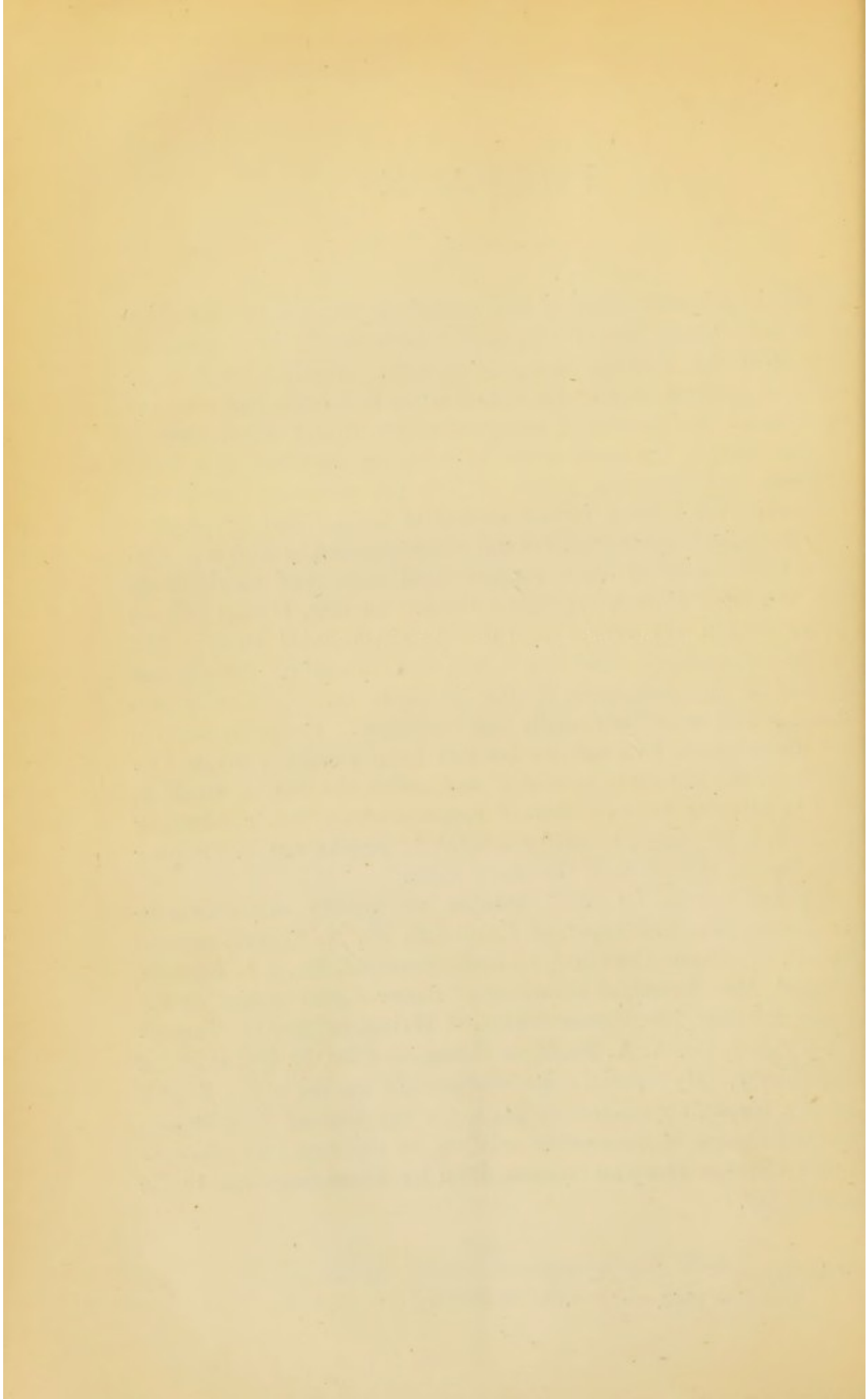
PREFACE.

OF all the schemes which of late years have engaged the attention of philanthropists, few, if any, appear more worthy of commendation than the Cottage Hospital system. Finding that there exists a general desire for information as to the objects and working of this system, it occurred to me that I might lend a helping hand to the good cause by bringing together, in a small compass, the principal points of interest connected therewith. With this view I have visited several of these small hospitals—have consulted medical officers and others engaged in their management—have studied their reports—and have read carefully all that has been written regarding them. In fact, I have left no source within my reach unexplored, which could throw light on their operation. The result has been to confirm my original opinion of the soundness of the principle on which they are based, as well as of their utility and feasibility. Deeply impressed with these views, I venture to lay this little pamphlet before the public, in the sincere hope that it may, under the Divine blessing, tend to promote the extension of a system which, it is confidently believed, is calculated to confer substantial benefit, not on the poor only, but on all classes of the community.

My best thanks for much valuable information and assistance are due to Mr. A. Napper, of Cranleigh, Dr. H. Rogers, and the Rev. C. W. Payne Crawford, of East Grinstead, Mr. J. L. Jardine, of Capel, Mrs. Tyrell, of Ilfracombe, “Sister Agnes Maria,” of the Home, Dorking, Mr. Horace Swete, of Wrington (now of Weston-super-Mare), Dr. A. A. Davis, of Fowey, and Dr. D. Devereux, of Tewkesbury. My especial acknowledgments are due to Dr. Rogers and Mr. Swete, for generously placing at my disposal their respective collections of documents relating to the rise and progress of the Cottage Hospital system, from its commencement to the present day.

LONDON,

November, 1867.



COTTAGE HOSPITALS.

THE Cottage Hospital system is one of the many offsprings of modern philanthropy. In the year 1859, Mr. Albert Napper, of Cranleigh (Cranley), Surrey, having experienced what must have often been felt by other country practitioners, (1) the impossibility of affording efficient aid in serious cases to the poor in their own homes; and, (2) the disadvantages and hardships entailed on patients by their removal to a distant County Hospital, resolved to establish a small local "Village Hospital," by means of which he considered these evils might be obviated. He recognised a real want, and was sagacious and fortunate enough to hit upon the right remedy. In a small unpretending pamphlet* he laid his scheme, with the results he had already obtained, before the profession and the public, who were not slow to recognise the soundness of his views, and the substantial benefits which these institutions are calculated to confer. Some opposition was raised to them at first, on the ground that they would tend to impair the utility, and circumscribe the sphere of action of the large County Hospitals and Infirmaries. This fallacy was ably exposed by Mr. Horace Swete,† who not only placed the subject in its true light, but furnished some interesting statistics, showing that the existing hospital accommodation is wholly inadequate to meet the requirements of the community, especially in rural districts. Meanwhile the good work made progress, and it appears from an interesting paper by Dr. Wynter, in *Good Words* (May 1st, 1866), that within seven

* "On the Advantages derivable to the Medical Profession and the Public from Village Hospital," London, 3rd ed., 1866.

† "Village Hospitals, and their Position with regard to County Infirmaries, Unions, and the Profession. London, 1866."

years from the foundation of the Cranleigh Hospital, sixteen similar institutions were in full work, and sixty-seven others in the course of establishment in various parts of the country.

Notwithstanding this material progress, very much remains to be done. It has been calculated, on satisfactory data, that to supply the proper amount of hospital accommodation in rural districts (setting aside London and the six principal cities), one bed to every thousand inhabitants is the requisite proportion. Taking Mr. Swete's statistics as the basis of the calculation, it appears that there are (or were last year) no less than nine millions of people in Great Britain unprovided with hospital accommodation. To meet this state of things 9000 more beds are required; and allowing six beds, on an average, to each hospital, there is scope and necessity for 1500 Cottage Hospitals, scattered throughout the country, to meet the demand. A satisfactory beginning has already been made. As previously mentioned, 83 of these institutions are either actually established, or in the course of construction; and it is confidently anticipated, that before many years have elapsed, as the working of the system becomes better known, and the benefits conferred by these little hospitals more developed and more fully appreciated, the supply will be found fully equal to the demand, and that there will hardly be a district throughout the land unprovided with one of these admirable institutions.

The first of these little establishments at Cranleigh was appropriately called by its founder, Mr. Napper, a Village Hospital; but with the extension of the system to a larger and more important class of country towns, the designation has lost its original significance, and I venture to suggest that in all cases for the future, the name of Cottage Hospital be substituted. A Cottage Hospital may exist and the name be appropriate even in a large town, whilst a Village Hospital would be a misnomer. Another far more important reason, however, for adopting the proposed designation, is that it serves to define the true character of the establishment. The *cottage* element should never be lost sight of. The building should in all cases be a cottage—a model cottage, if circumstances permit—with all the advantages of efficient drainage, good ventilation, and a cheerful exterior, but still essentially a cottage in character and pretension. So also with the interior arrangement, whether in the wards, sitting-room, or kitchen, everything should be brought to correspond with the cottage character of the exterior. Homeliness (combined with cheerfulness and the strictest attention to cleanliness) should be the predominant features throughout. Adherence to this model will not only serve to restrain useless expenditure on the building and fittings, but when a labouring man or a mechanic becomes an inmate of one of these hospitals, his surroundings will approximate as nearly as possible to those of his own humble dwelling—a state of things which, for many reasons, appears most desirable.

OBJECTS.

These are twofold :—

1. To bring all the advantages of hospital treatment within the reach of the poorer classes of the community in rural districts and in small country and seaport towns. This it is proposed to effect by fitting up small, inexpensive hospitals, for the reception of accidents of all descriptions, and for the treatment of these, and other cases, amongst the poorer classes, which require constant supervision, an operation, or such treatment as could not effectually be carried out in the patients' own homes.

2. To establish in these hospitals a depôt of surgical instruments and appliances of the best quality, available for subscribers in their own residences in cases of accident or emergency, as well as for patients in hospital under the same circumstances.

Such, in a few words, are the two primary objects sought to be attained, singly or conjointly, by the establishment of Cottage Hospitals. There are other subordinate or incidental, though by no means unimportant, objects which will appear in due course, as we proceed with the consideration of the advantages to be derived from these institutions.

ADVANTAGES.

The impression left on the minds of most persons on hearing, for the first time, of Cottage Hospitals, is that they are excellent institutions in their way, and eminently calculated to meet the wants of the poorer portion of an agricultural community. And this, at first sight, seems to be the extent of their utility. Such, however, would in truth be a very imperfect estimate of their operation ; and it will be my endeavour, in the following remarks, to demonstrate that they are calculated to confer substantial benefits, directly or indirectly, not on the poor only, but on all classes of residents in the district in which they may be established. A few considerations in support of this view may serve not only to place the objects of these institutions in their true light, but may further tend to enlist the sympathies, and awaken an interest in the minds of those who have the welfare of their fellow-creatures at heart. For convenience sake, we will consider them in reference to four classes, viz.—1, the Poor ; 2, the Medical Practitioner ; 3, the Clergy ; and 4, the Rich.

1. THE POOR.—By this designation I do not mean the parish pauper, who in time of illness or accident has a claim on the Union workhouse for assistance, but chiefly that large and deserving class—ratepayers, it may be, themselves in a small way—comprising

small farmers, tradespeople, mechanics, and others, who support their families by honest labour, and who have no claim upon the parish for relief, even supposing, as is so often the case, that they are not too proud or too prejudiced to avail themselves of it. Let us glance at some of the advantages likely to accrue to this class, in time of sickness, by the establishment of Cottage Hospitals.

Adequate accommodation.—No one acquainted with the general character of the dwellings of the poor in agricultural districts, can fail to realize how wholly unfit they are to meet the exigencies of their inhabitants when overtaken by serious illness or accidental injury. They consist generally of small, ill-constructed, ill-lighted apartments, destitute alike of efficient means of ventilation, drainage, cleanliness, and other accessories which are universally recognised as invaluable aids towards the recovery of the sick. The bedroom, perhaps the only one, is tenanted, it may be, by children, whose cries or gambols are equally effectual in depriving the poor patient of his much-required slumber. The bedstead itself is too often old and ricketty, sagging in the centre, or supplied with a hard straw mattress, both of which are equally inimical to comfort and repose. There is no fire, because no fireplace, to raise the temperature in the colder months; whilst, in many instances, there is a deficiency in the amount of bed-clothes necessary for the maintenance of the requisite degree of warmth. Now, in a hospital all these unfavourable conditions are entirely reversed. Even in the smallest Cottage Hospitals, the wards, though they may be small and unpretending, in fact nothing but the ordinary cottage bedroom, are by some "cunning device" properly ventilated; they are rendered lighter, more airy, and cheerful; the strictest cleanliness is enforced; they each contain a fireplace, so that in inclement weather the proper degree of warmth can be maintained; there is a steady bedstead, with a good horse-hair mattress, and the requisite amount of sheets and blankets; whilst, at night especially, every precaution is taken to secure unbroken quietness, both within the hospital and in its immediate neighbourhood. It is almost impossible to compare an ordinary cottage bedroom and its deficiencies, with a Cottage Hospital ward and its accessories, without feeling assured that the chances of recovery from illness in the latter, are far greater than they could possibly be in the former.

Nursing.—Good nursing does not come by intuition; it is in a very great measure the result of education and experience. It is hardly too much to affirm that for efficient nursing, the feelings of the attendant should not be too deeply engaged. Almost as much mischief may be done by over-anxiety as by wilful negligence on the part of the nurse. There is, perhaps, scarcely a country practitioner of a few years' standing, who cannot recollect instances in which irreparable mischief was done by a doting mother or over-anxious wife taking off a splint, or loosening or even removing a bandage, or giving or omitting to give stimulants, opiates, or nourishment,

on the ground that she thought such a measure would conduce to "the dear soul's" comfort, whereas, in truth, such a proceeding was the most injudicious that could have been adopted. Besides which, in the humbler walks of life, household cares necessarily interfere with the due discharge of the duties of the sick room, and the patient, in the majority of cases, stands a greater chance of being neglected than of being over-nursed. In times of sudden or serious illness, neighbours in the country generally exhibit a laudable disposition to afford their best aid; but as they are for the most part ignorant of the simplest principles of nursing, they are quite as likely to do mischief as good; and in protracted cases their aid, originally tendered more as a matter of impulse than of principle, cannot be relied upon. By means of these Cottage Hospitals it is purposed to secure for agricultural districts the permanent services of a good nurse, and this alone would be a boon of no small moment. As I shall hereafter offer a few remarks on the subject of nurses, it will suffice in this place to observe that wherever the state of the funds will warrant the expense, the services of a nurse who has received regular training should be secured; but lacking this, choice should be made of some respectable trustworthy woman, who has a good character for skill, intelligence, and sobriety, who will faithfully carry out the instructions she receives from the medical officer.

Adequate supply of food, and its due regulation.—Within the last few years there has been a marked change in the treatment of disease, the nourishing and stimulating system having superseded the low antiphlogistic one previously in vogue. And it is a fact, explain it as we may, that patients, with very few exceptions, make better recoveries under the new than they did under the old *régime*. It has this disadvantage, however; it is far more costly, and hence less within the range of a poor man's limited means. The difference of cost between gruel and beef tea, and still more between toast-and-water and port wine, makes all the difference in the world to the pocket of the poor man, especially in cases of protracted illness. In fact, very few of our agricultural poor are in a position to defray the expenses of "diet," using the term in its modern signification, as applied to disease. If it were not that a helping hand is almost always ready in our rural districts to supply requisite food and nourishment, the condition of the poor in their own dwellings in times of sickness, would be deplorable in the extreme. Even with adventitious aid, there can be little doubt that, in the vast majority of cases, the labouring classes have to undergo great privations, when overtaken by sickness. In those exceptional cases in which there is no deficiency of material, there exists great ignorance as to the mode of turning it to the best account, and of rendering it fit for the stomach of the invalid. Now in the Cottage Hospital, not only is there the requisite amount of good wholesome food, but an attendant, in the person

of the nurse, duly instructed in all the essentials of sick diet, not only its preparation, but also, which is very important, the periods at which it is best to give or to withhold nourishment. The port or other wine, though it may not be of the finest vintage, is vastly superior to anything which the patients themselves could procure, even at a great cost, from the neighbouring hotel or public-house; there is no stint; the supply, under the doctor's orders, is always equal to the demand. In this respect, if in no other, the Cottage Hospital is calculated to prove a great boon to the poorer classes of the community.

Constant and regular medical supervision.—The duties of a country practitioner are so arduous, and require his presence at such distant points, that no surprise can be felt if there be times in which it is impossible for him to pay to individual patients that attention which the urgency of their cases may demand, and which they ought, under ordinary circumstances, to receive. He is not ubiquitous, and with every desire faithfully to fulfil his duty, he finds it impossible to do so. His own ill health, or domestic affliction, or a lingering midwifery case, or a thousand other circumstances entirely beyond his own control, may prevent his paying a daily visit to a patient living in some remote corner of his district, however anxious he may be to do so. Now one of the axioms laid down in selecting a site for a Cottage Hospital is, that it shall be in a central position, as near to the residence of the medical officer as possible, so that he may with ease visit it once or even twice daily, as circumstances may require. He is also at hand should symptoms or emergencies arise requiring his attendance. This, though an advantage to the medical man, is a still greater one to the patient, who thus secures that medical supervision which is so important in many cases, and which it would have been impossible for him to have received at his own home, especially if situated at any distant point. Nor is this all that he secures, but also every surgical and other appliance which the case may require, and that without delay or expense. The constant and regular supervision, and its concomitants, thus secured to the sick poor, must be reckoned amongst the chief advantages to be derived from the establishment of Cottage Hospitals.

These I venture to designate Positive Advantages, in contradistinction to Negative Advantages, which will be considered subsequently. With reference to the former it may be alleged that they present nothing novel, that they have been universally recognised for years, and have led to the establishment of hospitals in almost every large town throughout the country. But the grand distinguishing feature of the Cottage Hospital system is this; — that IT BRINGS ALL THESE ADVANTAGES HOME TO THE VERY DOORS OF THE POOR IN REMOTE DISTRICTS, and renders hospital treatment and its concomitant advantages, available to a large mass of the population, who are either unable or unwilling to resort for aid to

a distant town. This will appear in a stronger light by considering some of what may be termed the *Negative Advantages* to be derived from Cottage Hospitals.

They obviate the necessity for a long and wearisome journey, perhaps to the imminent danger of life or limb.—Fancy a man with a compound fracture, a severe burn, or other serious injury, having to be conveyed several miles to the nearest County Hospital. Even under the most favourable circumstances, who can help feeling that the journey must be fraught with the most imminent danger? But when it is considered that in the case of the poor man, this journey has to be taken under the most unfavourable conditions; in a jolting country cart, guiltless alike of cover above or springs beneath, exposed, it may be for hours, to the inclemency of the weather, without any of the comforts which are at the command of the rich, we shall better realize the state of the case. To say nothing of the agony, which in most instances must be excessive, the loss of time occasioned by the journey, and the impossibility of keeping the injured parts quiet and in proper position, cannot fail to exercise a most prejudicial influence on the patient. It may be thought by some, that with railways intersecting the country like network, such a state of things is now of rare occurrence. Not so! On the contrary, it may be fairly doubted whether the railways have afforded any amelioration in this respect. What with the patient having to be taken to the station, detained there, perhaps, for some time waiting for a train, being then transferred to the railway carriage, and from that again, on arriving at his destination, to another vehicle to be conveyed to the hospital, the poor sufferer has to undergo more agony, and more valuable time is often lost, than if he had gone the whole distance by cart. Wherever a Cottage Hospital is established this undesirable state of things is obviated; instead of the patient going to the hospital, the hospital, so to speak, is brought to him; it is brought at any rate into close proximity to his own home, and this, of itself, is an immense advantage. It is one of the first principles in these institutions that every case of injury, or accident, is at once admitted, the emergency of the case being the only “letter of recommendation” required.

They obviate the necessity for that separation from relatives and friends, which is inevitable when a patient is removed to a distant hospital.—Separation from those near and dear to us is at all times trying: how peculiarly so must it be, when one of the parties has met with a grievous accident, which renders the question whether they will ever meet again in this world problematical to the last degree. Under such circumstances, to transfer a loved one to a distance, too great for a daily pilgrimage, with no means, even in these days of cheap postage, of receiving a daily bulletin of the sufferer’s welfare, and to consign him to the care of utter strangers, must be inconceivably painful. So much for the friends left be-

hind; and now a word for the patient himself. What, it may fairly be asked, could exercise a more depressing influence than such a separation from all near and dear to him, and that too at a time when it is of the utmost importance to be cheered and comforted? There cannot be a doubt that such a separation must exercise a most prejudicially depressing influence. Here the Cottage Hospital steps in, and offers a means of reducing this evil to a minimum; by its means the separation is rendered more nominal than real; the near proximity of the hospital allows of daily personal inquiries, and of interviews under certain very slight restrictions. The old familiar faces are still more or less around the poor sufferer; the clergyman, the doctor, the nurse, are people with whom he has been acquainted, by sight at any rate, for many years, perhaps all his life long; and at the same time that he receives every comfort and attendance that he could have in a large County Hospital, he does not lose sight entirely of those who are perhaps as dear to him as life itself. Some of my readers may deem this picture overdrawn and savouring of sentimentality; but that it is not so, abundant evidence might be adduced to prove, did space allow.

They obviate the necessity for transferring a patient from the pure air of the country to the comparatively vitiated atmosphere of a large town or crowded hospital.—It is a truth universally admitted that the pure air of the country is more conducive to recovery than the vitiated air of a town; indeed, that the latter exercises a retarding influence on the recovery of the sick. If this be true—and who at the present day doubts it?—any means by which such an undesirable change can be obviated deserves to be hailed as a public benefit. Such means are offered by Cottage Hospitals, the sites for which are generally selected in the most healthy spots that are available in the neighbourhood. If town air generally be thus injurious, what must be said of large hospitals, where a great number of sick are congregated together? It is true that in most large hospitals, ventilation is so effectually established that the respirable air of the wards is not more contaminated than that of the surrounding atmosphere; still it is impossible altogether to remove the evil, and it is certainly most objectionable, if it can be obviated (which it can by means of Cottage Hospitals), to transfer a patient from the pure air of the country to the vitiated air of a town-hospital ward. On this point I will quote a few lines from Dr. Oppert's new and valuable work on "Hospitals." "I can bear testimony to one fact," he remarks, "that the hospital air of large establishments, without actually leading to disease, tells upon the constitution. I observed that my colleagues, who resided with me in one of the largest charities (Charité Hôpital), lost their fresh complexion after staying there for six or eight months, and that they regained it

after leaving and living in the town for a time." If such be the influence on the strong and healthy, what must be the effect on the diseased and debilitated?

They obviate, in fatal cases, the painful and unwholesome effects which ensue from the corpse being kept in accordance with custom for a certain number of days previous to interment.—Some persons may be inclined to look upon this alleged advantage as chimerical; but those best acquainted with the dwellings of the poorer classes, especially when, in conjunction with very limited accommodation, the family is large, will admit the benefit to be a substantial one. Attached to every Cottage Hospital should be a room—a *mortuary chamber*—in which the dead may remain, without inconvenience to the patients, during the interval between death and interment.

THE MEDICAL PRACTITIONER.—Next to the poor, the class to which the greatest amount of benefit is likely to accrue from the general introduction of the Cottage Hospital system, is that of the country medical practitioner. No plan could have been devised more calculated to raise his professional status. It is entirely a mistake to suppose, as some have done, that only second-rate men settle in the country—men who have neither the talent nor the skill to succeed in London and other large cities. I can confidently affirm that I have met with country practitioners in no way inferior to their confrères whose lot has fallen amongst "the crowded haunts" of men. That they have not succeeded in attaining the same high degree of repute is due, mainly if not entirely, to their not having had the same opportunities of distinguishing themselves. Everything has hitherto been against them; and it is hardly too much to assert that had Sir Astley Cooper, or Liston, or any of the brightest ornaments of the surgical profession, been located in rural districts, and subjected to the disadvantages and difficulties under which the country practitioner as a rule labours, they would never have attained the high celebrity they did. The difficulties attendant on the treatment of the sick, especially serious surgical cases, in their own homes, have been felt to be insurmountable, and have led to the practice of transferring the worst cases, those especially which are likely to require a capital operation, to the nearest County Hospital. In thus acting the practitioner exercised a wise discretion. He felt the disadvantages under which he and the patient mutually laboured. He felt that with the imperfect accommodation afforded at the patient's home, the absence of all sanitary or hygienic arrangements in the sick room, the deficient nursing, the inadequate food, the insufficient aid he could obtain from others if an operation were required, and the impracticability of his affording that regular and constant supervision which is indispensable in the after-treatment; realising, I say, all these circumstances in their full force, he felt the impossibility of doing justice to the patient and his own professional reputation, and

hence was led to follow the plan long in vogue amongst his predecessors, of transferring his patient to the County Hospital. This system, though rendered necessary by the pressure of circumstances, has been fraught with evil to the country practitioner. The public never stay to analyse motives: they only notice the fact that Mr. — transfers serious cases requiring amputation or operation to the County Hospital; and they almost unconsciously draw the unjust conclusion that he does so simply because he is not capable of treating them himself; hence they are led to form a low and false estimate of his professional capabilities, and he naturally sinks in their good opinion. The system is not without its *real* evils. In nothing more than in practical surgery is it true that "practice makes perfect;" and by thus transferring cases requiring operations to others, the country practitioner deprives himself of the opportunity of improving his skill; his hand gets out of practice, his knowledge languishes, he loses nerve and confidence in himself, and he is really rendered, in time, incapable of undertaking the more serious surgical cases. It is hoped, by means of these Cottage Hospitals, that all this will for the future be remedied; there is no reason why, with these hospitals at hand, the country practitioner should not undertake in them those operations which hitherto he has been in the habit of handing over to others. Here every requisite for success is at hand: good sanitary arrangements, efficient nursing, adequate food, in fact every adventitious aid which can be required; whilst, at the same time, the hospital is so conveniently situated, that constant supervision is rendered not only practicable but easy. The system has already begun to bear good fruit. In the Reports of several of these small hospitals are to be found amongst the "Admissions," cases of compound and comminuted fractures (requiring amputation), cancer (removed by operation), calculus (cured by lithotomy), wounds, involving ligature of large arteries, and numerous others which, had these establishments not existed, would have been without doubt transferred to the County Hospital.

We are fortunately in a position to contrast the results of the surgical treatment in Cottage Hospitals with those of the great London Hospitals, where it must be remembered the services of the most eminent and experienced surgeons of the day are engaged. Statistical data in such cases necessarily carry with them more weight than mere assertions, and these are supplied by a writer in the *Medical Times and Gazette*, of August 3rd, of the present year. At the Middlesborough Cottage Hospital, during a period of eight years (1859-67) the total number of surgical cases treated was 482, with 28 deaths, or about 6 per cent. death rate; corresponding very closely with that of the London Hospitals, which average just 65 per 1000. At the Walsall Cottage Hospital, during three years (1864-5-6), the surgical cases amounted to 360, with 17 deaths,

about 5 per cent. ; and Cranleigh, during four years, had 76 surgical cases with 4 deaths, just $5\frac{1}{2}$ per cent. "It is satisfactory to the large hospitals," observes this writer, "to find that in a number of surgical cases, 818, treated in Cottage Hospitals, over a period of eight years, the death rate is almost identical with that of the Metropolitan Hospitals." He regards this as satisfactory to the large hospitals, because some writers have, acting on preconceived opinions, advanced exaggerated views as to the superior advantages to be derived from the pure air of the country in such cases, and the dangers of large, crowded hospitals. Looking at it from another point of view, I cannot but regard these statistical data as highly satisfactory to Cottage Hospitals, demonstrating, as they do, that the great Metropolitan Hospitals possess no monopoly either of surgical skill or of success, and that patients stand an equal chance of recovery in these small, unpretending Cottage Hospitals as they do in the largest and most far-famed hospitals of the great metropolis!

Another beneficial effect which it is hoped will eventually result from the introduction of the Cottage Hospital system, is the establishment of good feeling and friendly professional intercourse between the medical men of the district. I say *eventually*, as it is quite probable that, at first, some of the older practitioners may be led to oppose them, as they would any other innovation which they might regard, however hypothetically, as interfering with their private practice ; but it is confidently expected that this opposition will subside, when it is seen how much they really conduce, no less to their professional status than to their comfort. It is an established axiom in, I believe, every Cottage Hospital (and if not it should be), that though, as a matter of necessity, one medical man must be surgeon or medical attendant in ordinary to the establishment, yet that every medical man in the neighbourhood is entitled to send his patients to it, supposing them to be suitable cases ; that in case of an operation being required, he is to have the option of performing it ; and should any fee be forthcoming for such operation, as from the Union, he is entitled to it, just as if he had attended the patient in his own home or at the workhouse. Though it may not be advisable to give them the title, all the medical men in the neighbourhood are virtually honorary surgeons to the establishment, and it is to be hoped that they will always act as such, aiding, by their advice and assistance, the ordinary medical officer in all difficult cases and operations, when requested so to do, and receiving reciprocal aid from him under similar circumstances. In the hospital they can meet, as it were on neutral ground, for all professional purposes. There might be some delicacy in rural districts in asking another medical man to drive or ride some eight or ten miles to see a poor patient, from whom no commensurate fee can be expected ; whereas there need be none in asking him just to step into the hospital and have a consultation

in a difficult or obscure case. By the exercise of some little tact, for the first year or two, on the part of the medical officer, I feel assured that he may so convince the other medical men in the neighbourhood of the utility of the Cottage Hospital system, and of its innocuous character as far as their professional interests are concerned, that in place of opposition he will on all occasions receive their cordial co-operation and support.

THE CLERGY.—If we are right in assigning a high place to the importance of constant and regular medical supervision in times of serious illness, as far as the patient's bodily well-being is concerned, it will be readily conceded by most right-minded persons that it is a matter of still greater importance to extend analogous supervision to the sufferer's spiritual condition. In the opinion of many, it is during the period of sickness that the heart is the most susceptible to religious impressions; I confess to entertaining some misgivings on this point, having frequently observed, especially in maladies attended with much physical suffering, and when privations, present or prospective, are concomitants, that the patient is so engrossed with his bodily ailments and concerns, that he evinces little inclination to fix his thoughts on his soul's welfare. Be that, however, as it may, it is certain that it is during periods of sickness that the labouring man has most leisure to attend to the things which belong to his everlasting peace, and it is of a word spoken in this, the due season, that it may emphatically be said, "How good is it!" It may be thought by some that in what has here been advanced, I have been pointing out more how the poor patient, rather than the clergyman, may be benefited; this may be so in a degree, but it appears to me, taking a more comprehensive view of the subject, that the spiritual welfare of the parochial sick and suffering is so intimately interwoven with the legitimate work of the Christian pastor,—of the parish priest, if you prefer the designation, (supposing always he is earnest in the cure of the souls committed to his charge),—that it is almost impossible to separate them, and that whatever tends to promote the spiritual and bodily welfare of the former must, as a matter of necessity, prove beneficial directly or indirectly to the latter. By means of these local hospitals, the clergyman in a large rural district, extending perhaps over many square miles, is brought into more intimate relation with his sick parishioners than he could otherwise be, and he is enabled, with little or no waste of time or bodily fatigue, to pay them in times of sickness an amount of attention which he could not have done had they remained for treatment in their own dwellings, and which, for the most part, they highly prize. By their means, whilst the actual amount of bodily exertion which the clergyman has to undergo is diminished, his sphere of usefulness is considerably enlarged, and if he faithfully avails himself of the opportunities which these hospitals afford, there is no doubt he may effect an immense amount of real good,

and at the same time render more firm and enduring the tie between himself and his flock. Nay, by their means, he may often gain access to certain parishioners of whose existence he might otherwise be nearly ignorant; men destitute of religious profession and principle, whose shadows never darken the parish church doors, and who in times of sickness would rather avoid the clergyman than apply to him to visit them at their own homes.

By means of these hospitals, also, the clergy are enabled materially to aid the poorer class of their parishioners, to an extent and in a manner which they would not otherwise be able to do. For proper and deserving objects they will have little or no difficulty in procuring admission as in-patients, in which character they receive every requisite and many comforts, without entailing on themselves an expenditure which many clergymen are not in a position personally to defray out of their own pockets. By a wise regulation in most Cottage Hospitals, a clergyman preaching a sermon on behalf of one of these institutions, and handing over the proceeds to the treasurer, secures for every guinea so obtained all the benefits and rights of a regular subscriber.

In most Cottage Hospitals, the clergyman of the parish is *ex officio* Manager of the establishment and one of the Committee, and he is thus enabled to exercise great influence, and, in conjunction with the other authorities, to frame such regulations as will in their joint opinion conduce most effectually to the welfare of the poorer classes of his parishioners. Much, very much, of the success of these hospitals depends upon the interest taken in them by the clergy; and it is to be hoped that under their auspices many of these institutions may, in time to come, rise and flourish.

THE RICH.—The benefits which are likely to accrue to the wealthier and higher classes of a country community from the introduction of the Cottage Hospital system, are manifold and important. In the first place, by their instrumentality, they will be enabled to secure an amount of regular skilled medical attendance in times of serious illness or accident, which could not be secured by other means. The influence which these hospitals must exercise on the country medical practitioner has already been considered at some length, and it has been shown that the opportunities of studying diseases and accidents of the most serious nature, which present themselves for treatment in the wards of these hospitals, must of necessity, by enlarging his sphere of observation, raise his status in a professional point of view. And here it is (so dependent are we, one on the other in this world!) that the wealthier and higher classes of the community will derive one of their principal advantages. A "doctor" is secured on whom every reliance can be placed in almost any emergency that may arise, and his enlarged experience, gained in the Cottage Hospital wards, comes into active operation. As a writer in the

Times not long since observed, (January 3rd, 1866) "the lessons he (the surgeon) learns day by day in these hospitals, are, in time of need, of value in the ancestral hall. Thus the peasant's misfortune may be the means of saving the life of the squire." Surely it is an act of wisdom on the part of the wealthy county families, and others in high position, to encourage the establishment of these institutions, through the means of which so great an advantage may accrue to themselves and others dependent on, or connected with them.

By means of these hospitals, not only do the rich secure the services of more experienced and better skilled medical men, but also, when fully equipped, all those appliances which will enable them in times of emergency to display their skill to the best advantage, alike for the patient, and their own professional credit. Next in importance to the establishment of the hospital itself, I rank the provision of a complete supply of surgical instruments and appliances ready for use in cases of emergency, alike for the rich in their own residences, as for the poor in the hospital wards. Every requisite, and that of the best quality, should be ready at hand, so that when an emergency arises, no time (often so unspeakably valuable under such circumstances) would be lost in obtaining them from some distant town, where, if they are procurable at all, they will be found generally of a very inferior quality. These should be issued to subscribers on proper application, on the sole condition that they, or their cost-price, be returned to the hospital within a specified period.

Another advantage accruing to the rich from these hospitals is the assurance that their charity will not be misplaced; they afford a channel through which charitable donations will be certain of reaching their destined and legitimate object. Where there is no hospital of this kind, there is no guarantee that the money, wine, soup, and other articles provided with a lavish hand, will be applied to the purposes for which they are intended. Setting aside the idea of wilful mis-appropriation, these gifts, even under the most favourable circumstances, stand a great chance, at the patients' own homes, of being misused; thus the money may be expended injudiciously on articles of little or no value in the sick room, the wine may be given too profusely, or too sparingly, or not at all, whilst the soup may be wholly unsuited for the patient's digestive powers, and produce more harm than good. Now by means of the Cottage Hospital, this undesirable state of things is obviated; a few shillings weekly (far under the money-value of the articles usually supplied by the rich for the sick-poor) will secure for the patient in hospital every requisite in the way of nourishment, household comforts, and nursing, such as could only be provided for him at his own home at a large cost. There is every reason for believing that to the rich, these hospitals will, in the long run, prove an actual source of economy in this way alone,

whilst, at the same time, they will have the satisfaction of feeling that their money is being applied in the most efficient manner, in the direction and for the purposes for which it was intended.

Lastly, the Cottage Hospital furnishes the wealthier portion of the community with an appropriate, and, doubtless, it will prove in many instances, a welcome channel through which to perpetuate a cherished name in a locality hallowed by associations whether of a happy or mournful nature, especially where it is desired that the name shall be transmitted to generations yet unborn, associated with deeds of kindness and benevolence. For such a purpose, what more fitting memorial could be devised than a Cottage Hospital. One such Memorial Hospital at least exists already. "The Capel Village Hospital was erected for the glory of God and for the good of the poor, by Mrs. Charlotte Broadwood, as a memorial of her late husband, the Rev. John Broadwood, of Lyne, in this parish, in the year 1864." Whilst I would desire heartily to commend the spirit which has actuated this worthy lady to the imitation of others, I feel bound to "enter a caveat" to the edifice being taken as the *beau idéal* of a Cottage Hospital. It is truly a *Memorial Hospital* or a *Village Hospital*, but it has no claim to the designation of *Cottage Hospital*. It is a fine stone building in which the *cottage* element has been sacrificed to the desire of having everything connected with it as complete as possible. The money expended on the building would have sufficed to build three cottage hospitals such as those which the first promoters of the system contemplated, and which it is desirable to see established.

MANAGEMENT.

Method of commencing.—In starting a Cottage Hospital it is essential that the scheme should be taken in hand by one or more earnest-minded individuals, who, acquainted with the working of the system, and deeply impressed with the necessity for the establishment of such an institution in that locality, will enter *con amore* upon the undertaking, and will persevere in carrying it out through evil report and good report, undeterred by the sneers and inuendoes of the cold-hearted and selfish, or by more active opposition, should such arise, which, strange as it may seem when so good a work is in question, is far from improbable. For this purpose considerable tact and good temper, as well as perseverance, are requisite. Every effort should be made to diffuse throughout all classes of the community a knowledge of the benefits derivable from these institutions, and to secure the interest and support of others. For this purpose it is often desirable to commence with a

Public Meeting, at which the subject may be freely discussed. The more influential and respected the individual who starts the scheme, the greater, humanly speaking, will be the chances of success. For such a task no one is better adapted than the clergyman of the parish, but if, from ill health or other circumstances, he is prevented from so doing, it is of the greatest importance to secure his support and co-operation. So also with "the doctor." There may be objections to his taking the initiative in the matter, as he may be thought to be influenced by personal motives, by a desire to bring himself too prominently forward, to the disadvantage of his brother practitioners in the neighbourhood, and so forth; still, as in the case of the clergyman, it is most desirable to secure his active co-operation, and this, if he be alive to his own true interests, will rarely be a matter of difficulty. In the undertaking, co-operation is essential. The Rev. C. W. Payne Crawford, who took a prominent part in establishing the Bourton-on-the-Water Village Hospital, and who has paid much attention to the system, in a letter to me, expresses himself to the following effect:—"The three grand requisites are an efficient doctor, a co-operative parson, and an energetic Lady Comptroller. These three postulates supplied, you may brave the craft and subtilty of any evil agencies which this world can offer in antagonism. Without them, so far as my experience goes, the work is heavy and the difficulties almost insuperable."

Quite another mode of establishing a small hospital has been followed at Weston-super-mare, which, whenever practicable, is well worthy of imitation. It originated amongst the working classes themselves, on subscriptions of a penny a week, and in the course of the first eight or nine weeks 30*l.* were thus collected. The Committee of workmen appointed to carry out the plan were most energetic in their endeavours, and to their credit be it said, they collected by pence alone, amongst all classes it is presumed, an annual sum of 160*l.* "So great and so manifest has been the working of the system, that in their endeavours to establish this institution, the promoters have met with signal success." (*Southern Times*, Oct. 24th, 1863.) The practical lesson to be learnt from the history of the establishment of the Weston Hospital is that sums of the smallest amount and agents of the humblest classes, earnest in the matter, may be made subservient to carrying out the Cottage Hospital system.

A third mode of establishing a Cottage Hospital, far different from either of the preceding, and far simpler in detail, remains to be mentioned. It consists simply in some benevolent individual, blessed with a large portion of this world's goods, devoting a small part of them to the establishment of one of these useful little institutions. For this purpose, including the erection of a model hospital, furnishing the same thoroughly for six beds, and supplying complete sets of surgical instruments and appliances, the total

cost should not exceed 650*l.*, allowing a margin, say 700*l.*, including every requisite. But where a cottage already exists, suited for hospital purposes, not more than 230*l.* (say 250*l.*) would be required to place the institution in working order, adapted to meet the requirements of a district containing a population of 5000 souls. At a time like the present, when the nobility and great land-holders, actuated by philanthropic principles, are making such laudable exertions for bettering the condition of the labouring classes on their estates, it is devoutly to be hoped that they will take into their serious consideration the propriety of establishing cottage hospitals, which are calculated to confer substantial benefit on their tenantry and neighbours.

The amount of funds necessary to start a Cottage Hospital will of course differ considerably in different localities. The rent of a tenement suitable for the purpose will range from 12*l.* (as at East Grinstead) to 16*l.* (as at Tewkesbury); but it does not appear advisable to exceed the latter sum, except under special circumstances. In some instances, as at Cranleigh and Fowey, there is no charge on this account, as the cottages are supplied rent free, respectively by the Rev. J. H. Sapte and the Rev. E. J. Treffrey; and at Crewkerne the hospital building was presented as a free gift by Mr. R. Bird. May their generous example meet with many followers! Whatever building, however, is engaged, it may be assumed that certain repairs and alterations in the way of drainage, ventilation, and white-washing will be necessary to render it fit for hospital purposes. The precise sum that will be required for this purpose, it is of course impossible to predict; but it would be hardly prudent, unless the funds are in a very flourishing state, to engage any building which would entail the expenditure of a sum exceeding 20*l.*

With regard to the expense of fitting up a hospital for six beds, Mr. Napper, whose experience in the matter gives great weight to his opinion, places the cost at 70*l.* The cost of fitting up each bed he places at 9*l.* 7*s.* 5*d.* = 56*l.* 7*s.*, leaving about 13*l.* for a kitchen-range, dresser, bath, clock, an easy chair, table, &c. This latter sum I cannot but regard as inadequate, especially as in the estimate no mention is made of crockery, cooking utensils, and some other minor articles, which in the aggregate come to a good sum. I should, therefore, be inclined to add (at least) an extra 10*l.* to Mr. Napper's estimate, which would raise the cost of furnishing to 80*l.* This sum, added to 20*l.* for repairs, will give a total of 100*l.* With this amount in hand (raised by private donations, sermons, bazaars, or otherwise) any one would be fully justified in at once establishing a Cottage Hospital of six beds (inclusive of one for the nurse), in any district with 5000 inhabitants placed beyond ready access to another hospital.

In the above estimate it will be observed that no mention is made of what I regard as a very important element in the Cottage

Hospital system ; viz., the formation of a depôt for surgical instruments and other appliances, for the use of the higher classes in their own homes in cases of emergency. I have purposely refrained from including this item in the estimate, fearing that its expense might deter some from entertaining the project at all. It is certain that Cottage Hospitals have hitherto worked very well without any such depôt ; that in most instances the medical officer has found his own instruments, and no expense has been incurred in this respect by the hospital. This I am quite ready to admit, and I would further add that I would far prefer seeing these hospitals arise all over the country, minus the depôt of surgical appliances, than that in any one single instance people should be deterred from establishing a hospital on account of the primary expense, which is of course much greater if the idea of the said depôt is entertained. In thus expressing myself, I would not be understood to abate one jot of the high opinion I entertain of the importance of these depôts ; I consider them capable of proving of the highest utility, not to the poor only, but to the neighbouring gentry and others in the higher walks of life, who would never dream of becoming inmates of the hospital : hence I am led to propose that a separate fund, "A Surgical Instrument Fund," should be established in connexion with every Cottage Hospital throughout the country, subscribers being entitled, on certain conditions, to be supplied with requisite appliances in cases of emergency. A sum varying from 80*l.* to 150*l.* would suffice to procure a good supply of surgical instruments of the best quality from the best makers. (Appendix D.) This, as well as all other hospital property, should be vested in the Trustees, though the articles would of course be under the control of the medical officer for hospital use.

Locality.—In determining the question of a locality suitable for the establishment of a Cottage Hospital, there are several points which demand serious consideration. In the first place, it should not be in too close proximity to a large County Hospital or Infirmary ; first, because the necessity for one cannot be urgent ; and, secondly, because it might tend, in a greater or lesser degree, to interfere with the legitimate operation and established claims of the older institution. Neither, for the same reasons, should Cottage Hospitals be too near to one another. As a general rule they should be from seven to ten miles apart. A surer indication of the necessity of a Cottage Hospital in any given locality, is to be derived from the number and density of the population. Wherever there is a district, whether it be within a radius of one mile or ten miles, containing 4000 inhabitants, beyond easy access to the nearest hospital, there it may safely be concluded is the proper and legitimate site for a Cottage Hospital. Experience has proved that one of these hospitals, containing five beds (inclusive of one for the nurse), is sufficient to meet the requirements of a population

of 4000 in an agricultural district ; and, further, with this population there is little or no fear of a lack of patients to fill the wards on the one hand, nor of funds to fill the coffers on the other.

Want of attention to this point (the proportion between the population and the required hospital accommodation) has, in one instance which has come to my knowledge, resulted in failure, which is much to be regretted, as such an occurrence may serve to bring the system into disrepute, and that most unjustly. Two clergymen, actuated doubtless by the best motives, resolved to establish a Cottage Hospital for the benefit of their joint parishioners. It was established accordingly, but the area being very restricted, and the population small, patients were not forthcoming, the wards remained almost untenanted ; hence the subscribers withdrew, the funds languished, and the scheme collapsed. On the other hand, in manufacturing and mining districts where serious accidents are of frequent occurrence, the proportion of hospital accommodation indicated above (one bed to 1000 population) will be found inadequate to meet the requirements, and must consequently be increased according to circumstances.

The locality having been decided upon, the next point is to select a suitable site for the building. In the first place, it should be as central as possible, so that it may be equally accessible to all the inhabitants of the district over which its operations are intended to extend. Exception to this, however, becomes necessary when in any part of the district there is a small town or large village, in which case, for many reasons, that becomes the most suitable point for its establishment. Then, again, it should be as near the residence of the medical officer as practicable, so that he may be near at hand in cases of emergency, and may with ease be able to visit the wards as often as requisite. Low, marshy sites, especially near stagnant waters of any description, should be avoided ; and it should be remembered that a gravelly or chalky soil and sloping ground are to be preferred to a clay soil and low lands. A south or south-west aspect is preferable to any other. The position of a site, however, will sometimes not be a matter of choice, in which case the best must be done that can be done under existing circumstances.

The tenure on which the building is to be held, is a point which requires serious consideration on the part of the promoters of a Cottage Hospital. There is this great objection to a yearly tenancy, that at the caprice or will of one individual all the time and trouble which have been expended in establishing the hospital, as well as all the money laid out in making the necessary alterations and improvements, may at a few months' notice be sacrificed without any redress. It appears desirable that when a building is to be rented for hospital purposes, it should be on lease for a certain number of years, and then there would be little danger of pecuniary loss

to the Committee, or others who are parties to the transaction; for, supposing that from any cause it were to cease to be used for hospital purposes, it could doubtless be sub-let at a rental equal, or nearly so, to that at which it was originally leased. Tenure on rent, under the most favourable circumstances, is very unsatisfactory, and the article "rent" forms in many annual statements a prominent item of expenditure. Still, in many instances, it will be unavoidable. I would strongly urge on those engaged in Cottage Hospital work, the vast importance of making strenuous efforts to effect the purchase of the hospital building, and thereby to become its possessors in perpetuity. By this means, a degree of stability will be imparted to the hospital which it is most desirable that it should possess, and which cannot fail to establish its sphere of usefulness on a more permanent basis.

The building best adapted for Cottage Hospital purposes should, as has been previously indicated, partake essentially of a cottage character; as cheerful and picturesque as possible, but at the same time, simple and unpretending. "To accommodate from six to eight patients," Mr. Napper observes, "a small farmhouse or double-tenemented cottage, having on the ground floor a kitchen, sitting-room, scullery, and larder, and upstairs from four to six rooms well-ventilated, may, with a few inexpensive additions, be made to answer all necessary purposes." Whilst coinciding generally with these views, it appears to me that Mr. Napper has somewhat understated the accommodation required. For example, there should in every hospital be a bath-room, and another apartment upstairs, well lighted from above, as an operating-room; then storage is required for coal and wood, of which Mr. Napper makes no mention. In addition to these there should be a room set apart for the reception of the dead, "a mortuary chamber," in which, when necessary, *pos'-mortem* examinations may be made. This, to avoid inconvenience to the patients in hospital, would be better detached from, or contiguous to the main building. The building should be what auctioneers would describe as "a detached cottage, standing on its own grounds." Whilst it is objectionable to have attached to the hospital a large garden, which would require a greater expenditure to keep up than it is worth, it is at the same time very desirable to have a small plot of ground, which can admit of a few ornamental plants and shrubs to give a cheerful air to the building. Averse as I am to expenditure on useless ornamentation, I should regard even a few pounds spent in setting out a small flower-garden, or otherwise giving a cheerful and pleasing aspect to the building, as money well spent. In this respect, as in many others, Dr. H. Rogers, at the East Grinstead Hospital, has been peculiarly successful.

When the erection of a Cottage Hospital is contemplated, the best plan is to place the matter in the hands of a respectable local builder or architect, with instructions to conform as

nearly as possible to the character of the neighbouring cottages. The rooms required are—*Upstairs*: 1, men's ward for three beds; 2, a women's ward for two beds; 3, a small ward, with one bed, for a case requiring separation; 4, a nurse's bedroom; 5, an operating-room (lighted from above), to contain the medical and surgical stores; and 6, a bath-room. *On the ground floor*: 7, kitchen; 8, scullery; 9, sitting-room; 10, store-room and larder; and 11, W. C.* In addition to these, there should be a small mortuary chamber with a skylight, and sheds or cellars for coal and wood. Such a building, I am informed by those capable of judging, should cost about 400*l.*; but this would differ according to the price of materials, which varies much in different localities.

The fittings-up of the interior should be as plain and unpretending as possible; the articles in use may be of the best quality, but all ostentation should be avoided. The requisites and their cost are given in Appendix A., and these having been previously considered, I will only add in this place, that a few coloured prints, those from the *Illustrated News* answer admirably, together with some illuminated texts, may, by the exercise of a little good taste, render the walls of the wards cheerful and attractive, which is by no means an unimportant consideration.

The funds for the support of the hospital are derived in part from the donations and subscriptions of the wealthier portion of the community, and in part from the payments of the patients themselves. With regard to the former, it is only necessary to observe, having already shown the power of pence, that no donation or subscription, however small and insignificant in itself, should be despised; and that contributions in kind, whether in the form of wine, brandy, furniture, old linen, books or pictures, will always be most thankfully received, and will contribute materially to the patient's comfort. The second source of income, viz., payment by patients, forms a peculiar and prominent feature in the Cottage Hospital system. The credit of introducing it is due to Mr. Napper, at the Cranleigh Hospital, in 1859, and after four years' experience of its working, the Committee of that establishment report, "The principle of weekly payments by the patients has answered so well that its adoption in all similar institutions is confidently recommended." The plan has since been followed in many other Cottage Hospitals, and the results have in each instance been found so satisfactory, that there can be no doubt as to the propriety of following the advice given by the Cranleigh Committee. It not only serves to maintain a degree of self-respect in the minds of the patients by preventing them from feeling that they are purely objects of charity, but it prevents the

* For upstairs' use and for the wards, patent commodes, which can be removed as required, are preferable to a water-closet, which in peasants' hands soon gets out of order.

hospital funds being abused ; it protects in a degree the personal interests of the medical officer in his private practice, and it lessens materially the demands on public benevolence. As far as can be gleaned from an examination of the annual reports of several hospitals, the payments by patients constitute from one-fourth to one-fifth of the total disbursements, and this, it must be admitted, is a very important item in the income of any institution.

The weekly sums payable by or on behalf of patients present a wide margin in different hospitals, ranging from 3*s.* to 7*s.*, or even 10*s.* 6*d.*, regulated partly by the means and position in life of the patient, and partly by the price of the necessaries of life in the neighbourhood of the hospital. At Ilfracombe, according to Mrs. Tyrrell's experience, the cost of a patient per week, exclusive of medicine, is 7*s.*, whilst at the Bourton-on-the-Water Hospital it has been found (Annual Report, 1866) to be 1*s.* 5½*d.* per diem, or nearly 10*s.* 6*d.* weekly. The sum, be it what it may, should be settled beforehand with the manager of the hospital. In deciding upon the sum it should be borne in mind, that no cases (excepting those of an emergent character) are admitted without a letter of recommendation from a subscriber and that his subscription is intended to make up wholly or in part the difference between the sum paid by the patient and the actual outlay. This principle may be acted upon with perfect safety, if a limit be placed upon the period over which subscriptions entitle the patient to the advantages of treatment in the hospital wards, as for example, at the Ilfracombe Hospital, where "a subscription of one guinea will admit one patient for a month." In other words, by this rule the subscriber, who recommends the patient, pays 5*s.* per week towards his maintenance, and placing the weekly cost at 7*s.* this would only leave 2*s.* per week to be contributed by the patient. I should be inclined to recommend a modification of the Ilfracombe rule, and substitute six weeks for one month. In this case the guinea subscriber would contribute 3*s.* 6*d.* towards the patient's support, and the balance, placing the average cost at 7*s.* or 8*s.*, or even more, may safely be left, in the majority of cases, to be made up by the patient or his friends. When, however, this cannot be done in full, on account of the patient's limited means, then the deficiency is met out of the donations, and the subscriptions of those who do not avail themselves of the recommendations to which they are entitled. Every additional guinea subscription would of course entitle the subscriber to an extra six weeks' recommendation, so that for three guineas a subscriber would be entitled, under ordinary circumstances, to have a patient in hospital for nearly a quarter of a year. The period may be divided amongst as many patients as desirable—thus, a guinea subscriber may have one patient in for the whole six weeks, or one

for a month and another for a fortnight, and so on, as circumstances require. With some such rule as this in force, the greatest liberality may be exercised in dealing with patients, and their payments reduced to a minimum. Still, in all cases, the means and position in life of the patient should be taken into consideration in deciding the rate of payment to be made.*

The question, it appears to me, should always be, especially with the poorer classes, not how much can be got out of the patient or his employers, but for how small a sum, compatible with the interests of the hospital, can he be admitted. To this question Mrs. Tyrrell, in a letter with which she favoured me on the subject, replies, "The poor are not in a position to pay anything, let the expense be defrayed by the rich." And, certainly, with the results she has achieved at Ilfracombe, she is justified in her opinion, as far as that individual hospital is concerned; but I do not think that such results can reasonably be expected elsewhere. Ilfracombe must be regarded as an exceptional case; it is a fashionable watering-place, resorted to by rich summer visitors from all parts of England. Hence, in the subscription list for 1865, appear the names of subscribers in London, Bath, Bristol, Clifton, Leamington, Gloucester, Tunbridge Wells, Exeter, &c. It may be safely assumed that few, if any, of these distant subscribers recommend patients for admission to the hospital, so that their subscriptions are not only available for, and fully sufficient to meet the difference between the 5s. per week paid for the patient's support by the subscriber, (on the principle that one guinea will admit one patient for a month) and the actual outlay, but leave a balance at the end of the year in favour of the hospital.

It need hardly be pointed out how different a state of things exists in the vast majority of districts, especially remote agricultu-

* A medical officer of a Cottage Hospital, to whom I applied for information on certain points, writes to the following effect:—"Gentlemen's servants should not be admitted, except at a scale of 5s. per week at least, and *the medical man should continue to be paid for his visits*. The same rule should apply to farmers and tradesmen who may be desirous of having the benefits of good nursing and easy access to the doctor. These should not be relieved, when they are in fair circumstances, of payment to their medical man, who in some cases can ill afford to lose his fair remuneration." There is much force in this, as far as it goes, but it has apparently been penned under a false impression of the scope and intent of Cottage Hospitals. They are intended for the poorer classes, who, in cases of serious illness, requiring constant treatment, are not in a position adequately to pay a doctor, not for those in fair circumstances who can afford to do so. If the latter are admitted, it should only be under a special arrangement with the committee, and they should not be admitted at all if their presence is likely to prevent the admission of the poorer classes, for whose benefit these hospitals are established. That Cottage Hospitals should be used by persons in "fair circumstances," solely with the view of being near their doctor and getting good nursing, was not apparently contemplated by the original founders of the system. Cases, such as these, should be very rare, and should only be allowed under peculiar circumstances, with the express sanction of the Committee. If the application be granted, of course the medical officer can enter into a private arrangement with the patient, but to admit this as a general practice would open a door for abuse, which could not act otherwise than most prejudicially on the general welfare of the institution, and destroy its original character.

ral ones, where, if it were not for payments by patients, the hospital would be entirely dependent on the subscriptions of the *residents*, who, in the course of the year, are constantly meeting cases in their neighbourhood who are fit objects for admission to hospital, and where no extraneous or adventitious aid is at hand to supply the difference between the subscriber's payment, and the patient's actual cost. Besides which, I regard payment by patients, as I have before stated, as a sound and healthy principle, —in fact, one of the distinctive and most commendable features of the Cottage Hospital system, and it would be a matter of regret to me to see it abrogated. It resolves itself into substituting *charity* for the principle had in view by the founders of the Cottage Hospital system, viz., *of affording aid to the necessitous deserving classes in the time of sickness*. It appears to me that the general rule should be payment by patients, exception being made in special cases in favour of those who cannot afford to pay, rather than the rule which appears to prevail at Ilfracombe, gratuitous aid to all, exception being made in the case of those who are in a position to pay.

At the same time that I venture to recommend to the authorities of Cottage Hospitals, the plan of placing a limit to which a certain subscription will entitle a patient to treatment in hospital, I am in common justice bound to say that Cottage Hospitals have hitherto worked very well without any such limitation. Notwithstanding this, it appears to be far safer, having regard only to the stability and prosperity of the hospital generally, to adopt some rule of the kind, and to have some sort of guide by which to regulate the rate of payment by patients, rather than to go on without any principle at all. Still it is a matter of detail which may be safely left to the authorities of the hospital in each individual establishment.*

* The soundness of the Cottage Hospital principle with regard to payment by patients having been satisfactorily settled, it is sincerely to be hoped that it may ere long be applied to other allied institutions of a higher class; for example, a Sanatorium on the Surrey Hills, to which the middle and higher classes of this great metropolis could go or send their children, when all that is required for the restoration of health is a few weeks' sojourn in a fine bracing country air, not too far removed from their own residences. Not a Convalescent Hospital (though the principle may be advantageously applied to this class of institutions also), but a series of comfortable private apartments, where each patient may enjoy privacy, surrounded by home comforts superadded to the enjoyment of a pure atmosphere, and such medical supervision as each case may require. Such an institution is a *want*, and it is with pleasure that we hear that Mr. Albert Napper, of Cranleigh, has it in contemplation to recommend the establishment of one in his neighbourhood. Should he be enabled to carry out this scheme, he will deserve a still greater amount of credit than he has already obtained as the founder of the Cottage Hospital system. He observes, "To carry out the plan on a scale sufficiently comprehensive to meet the urgent requirements of the public, and at the same time to ensure such returns as to warrant the undertaking, could scarcely be attempted by a single individual, but might by combination be readily carried out with reasonable prospect of success. Taking into account the numbers of wealthy invalids who annually leave their homes to spend the winter months in the more temperate atmosphere of the Mediterranean, seeking health at the expense of annual expatriation, deprived of the society of all who are dear to them, and incurring a heavy expense

The general management of the affairs of the hospital should be conducted by a small Committee of the gentlemen of the neighbourhood, designated Trustees, of whom the clergyman of the parish and the medical officer for the time being, should, *ex officio*, be members. All hospital property, of whatever kind, should be vested in their joint names, and no alteration should be made in the building, nor any change in the Rules, or Bye-laws effected without their joint concurrence. It should be their duty to examine periodically the Treasurer's statement of receipts and expenditure, to receive reports from the hospital officials, to hear complaints or suggestions, and to adopt, from time to time, such measures as may appear to them most conducive to the prosperity of the hospital. In case of a vacancy, the remaining Trustees should, without delay, elect another to make up the number. A small committee, five at the outside, has been found to act more harmoniously and efficiently than a large one. They should meet fortnightly for the despatch of business.

The superintendence of the internal economy of the hospital has in most cases hitherto been undertaken by the clergyman of the parish, under the designation of Manager, and when this arrangement has been carried out with hearty goodwill on his part, it has been found to answer so well that there can be little hesitation in recommending its general adoption. His duties as Manager consist in seeing that the rules of the hospital are carried out, that the patients are properly cared for, cleanliness enforced, and that all things are conducted in such a manner as to give satisfaction alike to the patients and the subscribers. Amongst the inferior, but by no means, easy nor unimportant duties which devolve upon the Manager is, providing in the way which seems best, innocent amusement and occupation for the patients, especially the convalescents. For this nothing, perhaps, is better than a small library, well stocked with entertaining as well as religious books, periodicals, illustrated works, &c. In conjunction with the Medical Officer, it is part of his duty to decide upon cases deemed fit for admission as in-patients, and to enter into arrangements with regard to the weekly sum each patient shall be required to pay whilst in hospital. For this office he is specially qualified by his knowledge of the circumstances and position of the poorer portion of the community in the neighbourhood. It is a duty often requiring discrimination and tact, in order to avoid giving offence.

The financial arrangements of the hospital should be placed in the hands of an honorary treasurer, for which post it is important to

“that many would wish to avoid, I cannot but think that a well-devised scheme upon the plan of a *jardin d'hiver*, to which would be attached comfortable apartments with medical supervision, and well supplied with all the requirements necessary for the comfort of patients of the higher classes, might be made a most useful and profitable undertaking.”

secure some responsible person, well versed in business matters. His duties should consist in receiving donations or subscriptions and settling accounts, duly countersigned by the manager and medical officer. A statement of receipts and disbursements should be laid at stated intervals before the Committee, to whom he is responsible; the statement should be published in the annual report for the information of the subscribers.

The domestic arrangements may advantageously be confided to one or more ladies of the parish who take an interest in the undertaking.

For conducting the necessary correspondence connected with the hospital, an honorary secretary should be appointed.

The rules and regulations of the hospital should be framed by, and only be altered by the Committee, or a majority of them. They should be as few and simple as possible, so as to be easily understood by the poor as well as the rich. A copy of them should be hung up in each ward. In framing them it will be well to consult the rules of other hospitals: those of Cranleigh, Bourton-on-the-Water, East Grinstead, Wrington, and Reigate may be safely recommended for this purpose.

An annual meeting of the subscribers should be held, at which the Trustees should submit a general statement of the progress of the hospital for the preceding twelve months, together with a detailed statement of receipts and disbursements. Their report should be printed and circulated amongst the subscribers.

The spiritual supervision of the hospital devolves naturally on the clergyman of the parish or his representative, and it must be left to him to make such provision for the spiritual wants of the patients as appears to him most suitable. At the risk of being thought presumptuous, however, I venture to offer one suggestion, viz., that in every hospital there shall be regular morning and evening "family prayers," at which all patients who are not confined to their beds should be expected to attend. The prayers, short and simple, should be read by the nurse or others who may be appointed by the manager. To those patients who, in their own homes, have been accustomed to them it will be a welcome continuance of a time-honoured custom, the omission of which could not be otherwise than a source of regret; whilst it may be the means of arousing those who have hitherto neglected the custom, to a sense of their duty in this respect when they return to their own domiciles.

In most hospitals there is a rule to the effect that patients of all religious denominations and persuasions may be attended by their respective ministers, at such times as may be most convenient to themselves, or may be fixed upon by the manager. This does not imply the right of such minister to hold a *public* service of any kind, and when at the hospital he should confine his attention to the individual patient to whom the visit is paid.

With this exception, no one should be allowed to visit the patients with a view to their spiritual edification, excepting at the request or by the special permission of the clergyman who has charge of the spiritual wants of the hospital, and who will make all requisite arrangements to meet them.

Medical Attendance.—Up to the present time no difficulty has been experienced in finding competent medical men in the neighbourhood to take charge of newly-established Cottage Hospitals: indeed a great part of the success which has attended them, has been due to the zeal and ability with which they have discharged their duties; they should be legally qualified, and the appointment in every case should rest with the Trustees. So much has been already said on the advantages accruing to the profession from these hospitals, that it only remains to add a few words on the subject of remuneration. Unwilling as I am to advise, or sanction any arrangement which would prove prejudicial to the interests of my professional brethren, yet I have no hesitation in recommending that the medical services should be rendered gratuitously. The opportunities afforded by these small hospitals to country medical men, of studying and treating the more serious forms of injury and disease, the influence exercised by them in raising the professional character, the immense amount of labour they save, and the advantages they offer of consulting with brother professionals in difficult cases, form, in the aggregate, no small equivalent for the attendance supplied. There is one other point of view in which this subject should be looked at, namely the impossibility of a small establishment, like a Cottage Hospital, paying an *adequate* salary to its medical officer, who is expected to pay one visit daily, or oftener if circumstances require. Place the salary at 20*l.*, which is the utmost that could be expected, the rate of payment would then be only thirteen pence *per diem*, a sum which thus looked at, would be regarded more as an insult than as a remuneration, certainly not as adequate payment. No! rather let the services be gratuitous, and let the medical attendant have the gratification of feeling that he is materially aiding a good and benevolent work.

As the practitioner thus renders his services to the hospital gratuitously, it becomes a duty of the Committee and others connected with its management, on their part to take every precaution for preventing the hospital acting prejudicially on his private practice. This they can do in a great measure by not recommending or granting admission as patients, to individuals who are in a position to pay a doctor if treated at their own homes. To admit such would be doing the doctor a positive injury, depriving him of a portion of his legitimate income. Let it be remembered that the wards of the hospital are designed for the accommodation of the poorer classes of the community, and not for the comparatively rich and well-to-do in the world. Again, having

the medical attendance gratis, the Committee should rest satisfied, and not expect, nor indeed allow, the practitioner to find the drugs gratuitously also, as is done in some hospitals. Various plans are followed in different hospitals, but the most satisfactory one appears to me to be for the Committee to enter into an arrangement with the medical officer to defray all charges he may be put to for medicines for hospital use during the year.* So with regard to surgical instruments (expensive articles as has been shewn elsewhere), the medical attendant should not be expected to provide them at his own cost. At the outset of the establishment, in order to save great outlay which the funds can ill afford, he may be content to make use of such instruments and appliances as are already in his possession, but if new or special instruments of any kind are required they should be purchased from the hospital funds, and not by the doctor out of his own limited means. If the doctor gives his time and abilities gratuitously, it is as much as can reasonably be expected of him.

One word with regard to pauper patients. It is an equitable arrangement carried out in most hospitals, that the admission of pauper patients, the subjects of accident or disease, which entitle the Poor-Law medical officer to extra payment, shall not interfere with his claim to the usual fees. From the report of the Cranleigh Hospital, it appears that in the first four years, a sum of 36*l.* was paid by the guardians to the Union doctor for operations performed by him on paupers whilst inmates of that hospital.

The class of nurses best adapted for Cottage Hospital work is a moot point. The "Anglican sisterhood," the regularly-trained, professional nurse, and the simple country-woman, have each their advocates. It should be remembered that in addition to the ordinary duties of a nurse, there are in these hospitals superadded others which partake more of a matronly or motherly character. The nurse should not only be well versed in her special duties, but should be able to enter into the feelings of the patients; to comprehend and sympathise with, or combat (as the case may be), their peculiarities, prejudices, habits, and customs. She is expected, also, to do a good deal of menial work, which a lady or a professed nurse might be averse to undertake. If a regularly trained nurse can be found who is able and willing to do all this, (and Mrs. Tyrrell has apparently succeeded in getting such a one for her Cottage Hospital at Ilfracombe), and if, further, the funds will allow of the expenditure, the scale would certainly turn in her favour. Admitting the advantages of a trained nurse, Mr. Napper observes, "these advantages are frequently more than counter-balanced by an inordinate amount of conceit, and a disinclination to conform to

* For this purpose, from 10*l.* to 12*l.* will be generally required. At East Grinstead, Ilfracombe, and other places, the medicines are supplied at little above cost-price by a local druggist. This, or some similar arrangement, becomes necessary where the medical officer does not dispense his own medicines.

instructions which 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." A similar opinion is expressed by Dr. Wynter. I am indebted to Mr. Jardine for a suggestion on this point, which appears well worthy of adoption, or at any rate of serious consideration ; viz., to select a woman of the neighbourhood who has been known and *respected* for some years, and to send her for instruction to a training institute for one year. This he regards as preferable to taking a nurse, of whom nothing is known, "ready made" from such a place. With regard to "sisters," whilst admitting their zeal and ability, there is this grand objection to their employment, that their constant presence as ladies, and their peculiar dress as "sisters," tend to destroy the *Cottage character* of the hospital, which it is so important in every way to maintain. There are other objections on the ground of their introducing a certain ecclesiastical element, which might give offence to some of the warmest supporters of an institution like a Cottage Hospital, which is open to persons of all creeds and religious denominations without distinction.

Other schemes should not be mixed up with it.—It appears to be highly inexpedient to attempt to incorporate any other scheme of usefulness or charity with the Cottage Hospital. Let it stand or fall on its own merits ; if left to itself, I for one, having full confidence in the soundness of the system, have no fear of its failure, but once attempt to engraft on it any other scheme, however excellent in itself, and an element is introduced, the effect of which on the interests of the hospital, it is impossible to foretell. Of this we have an example at Dorking, where "A Home" for training a certain number of girls, and other charitable purposes, forms part of the establishment. To carry out the combined scheme, a large house (at a rental of 65*l.*) became necessary, and other great expenses were incurred. It need, therefore, excite no surprise to find that the balance sheet for last year showed a deficiency. The managers, finding the impracticability of the combined schemes, are, we hear, about to abandon the training part of the establishment, and stick mainly to hospital work. This is a step in the right direction, but it must be added, *en passant*, that with the present large and expensive house, the establishment has no claim to be classed as a *Cottage Hospital*, and consequently the results obtained there, should not be allowed to have any weight in deciding the merits of the Cottage Hospital system.

The only exception, in any degree admissible, should be in favour of a dispensary for the treatment of out-patients, and even this should only be established in connexion with the hospital, when, in the opinion of those well acquainted with the requirements

of the locality, there is a manifest need for it. In that case, by all means, let a dispensary be added, with the clear understanding however, that its funds be kept distinct from those of the hospital, and that subscribers to it, as such, have no right to recommend in-patients, nor to take any part in the management of the hospital. The two should, in fact, be distinct institutions. In saying this, I would not be understood as detracting from the utility of dispensaries. There can be no doubt of the benefit they are calculated to confer on the poor, especially in towns; it is only when it is proposed to make them an integral part of a Cottage Hospital that I think the policy of their establishment questionable.

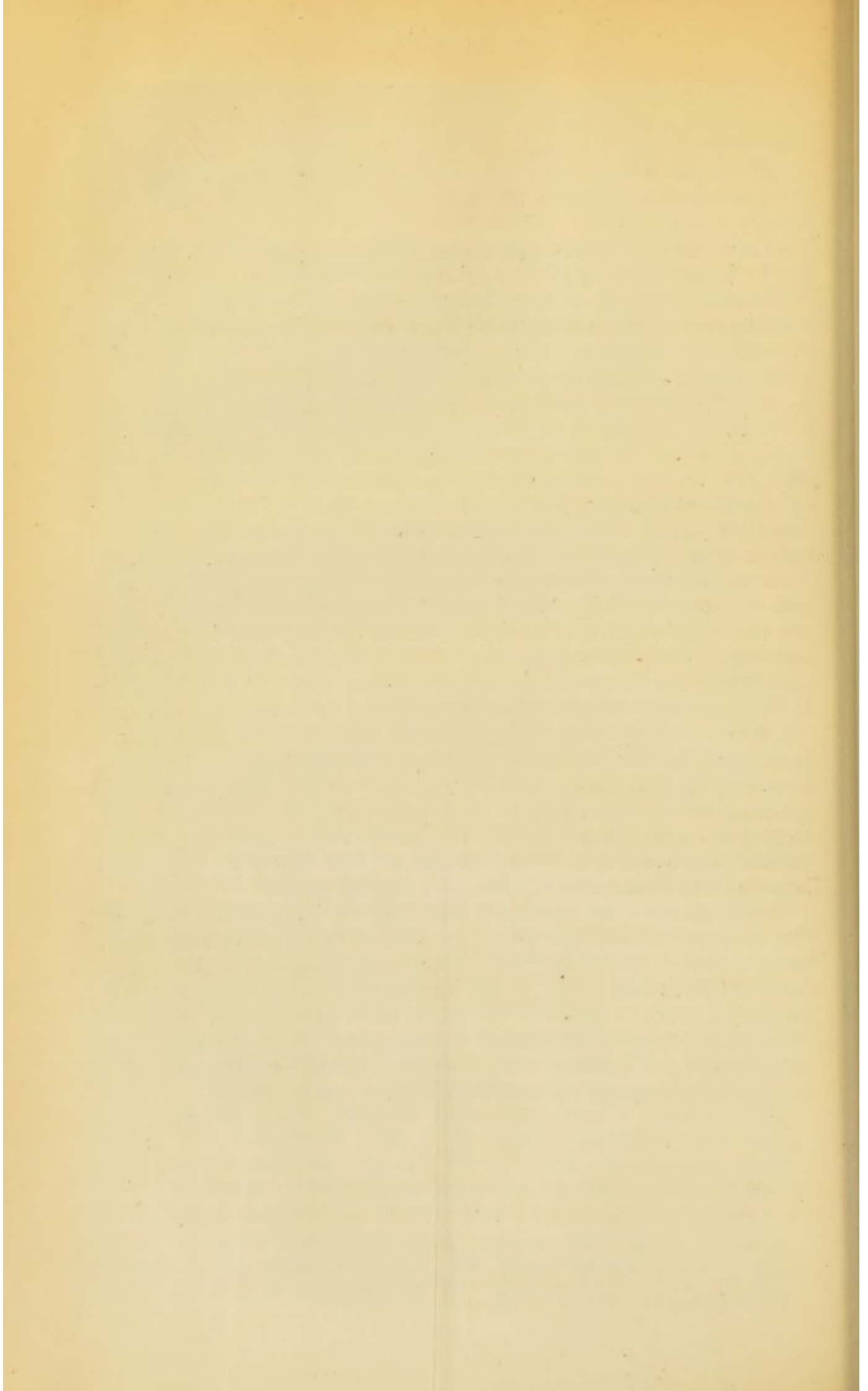
Should Fever cases be admitted?—A question has been raised whether fever cases, such as typhus, scarlatina, and small-pox, which undoubtedly come under the class of “diseases which can be more effectually treated in hospitals than in the patients’ own homes,” are admissible into a Cottage Hospital. I think not, for two reasons:—1, because, with the limited accommodation in these hospitals, it is almost impossible to set aside a separate ward for fever (infectious) cases, and it would be manifestly wrong to place them in a general ward; and, 2, because it would not be right, nor indeed politic, to bring fever cases from distant points of the district, and congregate them in the immediate vicinity of a population who may have hitherto escaped infection. To do so, would have the effect of raising, on just grounds, opposition on the part of many of the inhabitants, who would naturally object to the establishment in their immediate vicinity, of a permanent nucleus of infection. All such cause of offence should be carefully guarded against. In periods of epidemics, a Cottage Hospital, with its six or eight beds, would be wholly inadequate to meet the demands which would be made upon it. The best plan under such circumstances, would be to hire temporarily an isolated house at some distance from other habitations, and to fit it up as can best be done, by aid of donations and subscriptions, for the treatment of the sufferers till the visitation has passed away.

As a corollary to the two last paragraphs, I would urge upon the attention of those engaged in the good work of establishing Cottage Hospitals, the necessity of resting satisfied, at the outset at any rate, with a small, unpretending establishment, sufficient to meet the immediate wants of the neighbourhood. Experience tends to show that it is a great mistake, in these small hospitals, to attempt too much. On this point Mr. Napper observes, “So long as the hospital is kept within the capabilities of a single nurse, (with occasional help) the cost of it is marvellously small, and the professional attendance no great 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.” This view is still further endorsed by Dr. Wynter, who considers that

any attempt to go beyond the capabilities of a cottage and a single nurse, with occasional help, will imperil the success of the experiment. All that has come to my knowledge during the course of my inquiries on the working of the Cottage Hospital system, satisfies me that the opinions of these authorities are strictly correct.

It remains now only to call attention to a proposal of Mr. Horace Swete to establish a NATIONAL COTTAGE HOSPITAL ASSOCIATION. —He considers that such an Association would be of value—1, in starting new Cottage Hospitals; 2, in framing a general scheme of rules for their more effectual operation; 3, in diffusing, through their means, a sound knowledge of sick nursing and sick cookery; 4, in helping by a central fund, poorer districts to commence Cottage Hospitals; 5, in arranging meetings of Cottage Hospital medical officers annually, for the discussion of matters connected with this class of institutions; 6, in undertaking the arrangement of questions affecting Poor Law Unions, &c.; 7, in publishing a quarterly paper with information as to the progress and working of the system; and 8, in furnishing plans for building and other such information as may be required. This proposal having reached me only just as these sheets are going to the press, I have not had time to give it that full consideration which it deserves, nor have I had an opportunity of consulting with others on the subject; hence the wisest course, it appears to me, will be to leave it for the serious consideration of those who, from their experience, are better entitled than I am, to decide whether such an Association would be the best mode of carrying out the important objects indicated by Mr. Swete, and, if so, what is the best method of giving practical effect to it? It is hoped that Mr. Swete will ere long place the scheme before the public and profession more in detail. Such an Association might without doubt do important service in the cause of the Cottage Hospital system.

Much more might be added, especially on matters of detail, but the limits of a short pamphlet, as this was designed to have been, have already been exceeded. Sufficient, however, I trust, has been said, not only to prove the utility of Cottage Hospitals, but to supply those interested in them, with some useful hints on their establishment and general management. If it has succeeded in this, and still further, if it should lead to the establishment of a single extra hospital, its mission will have been fulfilled.



APPENDIX.

A.

Expense of Furnishing a Cottage Hospital of Six Beds.

CRANLEIGH.				WRINGTON.			
Each Bed.	£	s.	d.		£	s.	d.
3 ft. iron bedstead . . .	1	4	0	5 of Allen's patent hos-			
Horse-hair mattress 50/				pital beds*	14	7	6
wool ditto 16/ . . .	3	6	0	Furniture	23	19	6
Bolster 10/, 3 pillows 15/	1	5	0	Beds and linen	28	11	6
3 upper blankets 21/9, 1				Ironmongery	6	9	6
under ditto 5/ . . .	1	6	9	Earthenware	2	3	6
3 pairs of sheets, at 6/				Baths	2	5	0
per pair	0	18	0	Medical stores	4	11	0
2 pairs of pillow-cases 3/4,				Printing and preliminary			
1 blue quilt 6/6 . . .	0	9	10	expenses	7	10	0
Commode 9/6, deal locker				Painting, &c.	2	0	5
6/, chair 3/4	0	17	10	Sundries	0	11	0
	<u>£9</u>	<u>7</u>	<u>5</u>		<u>£92</u>	<u>9</u>	<u>5</u>
6 beds as above	56	7	0				
Bath 42/, Dresser with							
drawers 22/	3	4	0				
Kitchen range with boiler							
and oven	2	2	0				
Easy chair 26/, American							
clock 28/9	2	14	9				
Chairs, tables, & sundries	5	12	3				
	<u>£70</u>	<u>0</u>	<u>0</u>				

* These beds are far superior and preferable to the ordinary ones.

At Bourton-on-the-Water Hospital the cost of furnishing was £52 6s.

B.

Dietary Tables.

WRINGTON.

Ordinary Diet.—Meat $\frac{1}{2}$ lb., bread 1lb., potatoes 1lb., beer 1 pint, rice or arrowroot 2ozs. daily; tea 3ozs., sugar $\frac{1}{2}$ lb., butter $\frac{1}{2}$ lb. weekly.

CRANLEIGH.

Ordinary Diet.—Meat (uncooked) $\frac{3}{4}$ lb. daily; butter $\frac{1}{2}$ lb., tea 2ozs., weekly. Bread and cheese *ad libitum*.

TEWKESBURY.

Ordinary Diet.—Meat 3lbs. (for males) and 2lbs. (for females), sugar $\frac{1}{2}$ lb., butter 4 to 6ozs. weekly.

The ordinary diet for adults is subject to such alteration or modification as may be deemed advisable by the Medical Officer. With him also rests the power of ordering extras, as eggs, poultry, fish, jellies, wine, brandy, ale, or porter. *Sick Diet*, consisting of broth, tea, puddings, sago, arrow-root, milk, &c., is ordered as required by the Medical Attendant in each individual case.

C.

FORM OF

LETTER OF RECOMMENDATION,

With which all Applicants must be provided, except in cases of severe accidents or sudden emergencies.

I hereby recommend
 aged _____, by occupation a
 residing _____, as a proper person to be admitted
 into the Hospital, and I consider h is capable of contributing
 per week towards h maintenance.

(Signed),

Dated

Subscriber.

The Recommender is particularly requested to state the sum which he considers the Patient or Friends are capable of paying. The amount will vary, according to their circumstances, from 3s. to 10s. per week.

I hereby undertake to ensure the payment of the above-named sum
 of _____ per week during the time _____ is under
 medical treatment in the Hospital; and I further undertake to remove h
 when required to do so by the Manager, and, in the event of death, that the
 corpse be removed for the purpose of interment within a period of five days
 after notice of demise.

(Signed),

Dated

(The above must be signed by some responsible Person, not necessarily a Subscriber.)

Subscriptions are only available for the current year.

Subscribers are requested to communicate with the Manager or Medical Officer before sending a Patient to the Hospital, and, when practicable, to forward a statement of the case from the previous medical attendant.

No case can be admitted unless, in the opinion of the Medical Officer, speedy benefit is likely to be derived from treatment. Patients afflicted with mania, epilepsy, infectious or incurable diseases are inadmissible.

D.

LIST OF SURGICAL INSTRUMENTS FOR A COTTAGE HOSPITAL.

- A general case of operating instruments
- A case of instruments for minor operations
- 2 sets of arm and humerus splints
- 2 sets of hand splints
- 3 radius splints
- 2 Liston's leg splints
- 1 set of Cline's leg ditto
- 1 do. do. arm do.
- 1 do. Liston's thigh do.
- 1 interrupted thigh splint
- 1 Salter's fracture cradle
- 3 bed cradles
- 2 Ellis's clavicle apparatus of different sizes
- 1 Cruise's dislocation apparatus
- 2 arm slings
- 4 pairs of common crutches
- 6 ordinary and 1 prostatic silver catheters, in case
- 12 gum do. in case
- Snow's chloroform inhaler
- Richardson's spray producer
- Hypodermic syringe
- Improved stomach pump with O'Beirn's tube
- 3 enema apparatus, elastic
- A case of trocars for puncturing the bladder per rectum, for
ascites and hydrocele, and 2 grooved needles
- A case of uterine instruments
- 2 ear specula in case
- A case containing ear syringe and hydrocele syringe
- A set of post-mortem instruments in case.
- A set of midwifery do. do.
- Metal urinometer and measuring glass in case
- Stethoscope
- A case of cupping instruments
- A set of tooth instruments
- A case of 4 male and 2 female sounds
- 3 silver double tracheotomy tubes in case
- Nasal polypus forceps
- 2 tourniquets
- Probang and œsophagus instrument
- 6 rectum bougies
- 3 œsophagus do.

3 glass and 3 metal syringes
 3 female syringes (Clark's)
 2 rectum specula in case
 Mercurial fumigator
 2 Ordinary and bath thermometers
 24 calico bandages assorted
 6 linen ditto
 6 flannel ditto
 A set of test glasses with spirit lamp on stand.
 2 pewter bed pans and china urine slipper
 12 yards of adhesive plaster in case
 1 straight waistcoat
 Mudge's inhaler
 4lbs. of lint
 4lbs. of cotton wool
 4 yards of oiled silk
 12 yards gutta-percha tissue
 1 dozen small sponges
 3 large do.
 6 camel-hair pencils
 1 operating table

This List has been submitted to one of the leading Surgical Instrument makers in London, who estimates the total cost at 130*l.* All the articles named in it may not be necessary at first, and the medical officer, with this List in his possession, will be able to omit such articles as he deems unnecessary, or make reduction in quantity. Others can be subsequently procured as circumstances require and funds permit.

In addition to the above, it is very desirable to have the following appliances in hospital :—

A fracture bed
 A water bed
 3 water pillows
 Galvanic apparatus
 A case of eye instruments

These may be estimated at about 25*l.*

Whenever the funds will permit, a small ambulance should be added. An admirable one, costing about twenty guineas, has been designed by Mr. Swete expressly for Cottage Hospitals. It seems to be everything that could be desired, and can be made by any carriage-builder.

Whether the supply of Surgical Instruments be large or small, it should be made a standing rule to have them of the best quality and from the best makers. They may cost a little more at first, but it is true economy in the end. Not a little of the success in surgical operations depends upon the quality of the instruments employed.

