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HOSPITAL OUT-PATIENT REFORM.

No. 1.

FACTS AND FIGURES.

BY

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Advantage has been taken of the issue of a New Edition of this pamphlet to correct a few verbal inaccuracies which escaped notice in the First; but with this exception no change has been made in it, as almost every week that has passed since its publication, a year ago, has furnished the Author with additional evidence of the truth of the statements contained herein.

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HOSPITAL OUT-PATIENT REFORM.

AT all our great London Hospitals a system has gradually grown up, which, under the name of charity, cloaks a multitude of sins. Originating, no doubt, in a laudable desire to extend the benefits of each institution to as many poor sufferers as possible, the practice of allowing the receiving rooms to be crowded with more Patients than the Physician or Surgeon can possibly prescribe for, has progressed until the Hospital authorities seem to have forgotten that it is their duty to provide skilled advice for those whom they profess to treat. The work has to be hurried through in a manner which renders it impossible for any man, however skilful, to give the Patients the benefit of his skill; and, as if that were not bad enough, students—and in some cases, very ignorant students—are allowed to treat the most serious cases.

The evil is increased and perpetuated by the very natural desire of secretaries and others to show that their institution is doing as much good as others of the same kind, and as the British public likes to see good large results in print, it is a great matter to be able to report that sixty, eighty, or a hundred thousand cases of sickness were relieved last year at our Hospital! A discerning public sees in this fact quite sufficient reason why its guineas should flow to the said Hospital, and never stops to inquire whether the benefit obtained by a large number of the Patients is greater than could be had at the nearest chemist's. Thus the Out-patient system has gone on from bad to worse, until it has been fitly described by one of the Surgeons* to St. George's Hospital as "a deception on the public, and a fraud upon the poor;" it has also become a direct injury to the medical profession, by treating, or pretending to treat, numbers of persons well able to pay a moderate fee for advice and medicines, and an indirect injury to the Students and others who carry it on, by fostering a habit of careless treatment and neglect of proper diagnosis; the great object being to "get through" the Patients, and not so much to discover what is the matter with them or how the treatment is agreeing with them. It need hardly be said that this is a very different state of things from what we are entitled to expect in those great institutions of which we are justly proud; that it was not for such a purpose as this they were originally founded, and in many cases liberally endowed, by Royal or benevolent individuals; and it may even be doubted whether, in using the funds at their command for the support of the Out-patient

* Mr. Holmes.

department, the Governors are not really misapplying what ought to be devoted to the original purpose for which it was entrusted to them.

The aim of Hospitals proper has been well defined by Dr. Heslop, of Birmingham, as follows:—"To provide lodging, maintenance, medical appliances, and the advice of skilled Physicians and Surgeons for persons who are affected with such dangerous maladies as to require special skill both in the medical attendance and in the nursing." If this definition be accepted as correct, it follows that the huge Out-patient department, in which nearly all the above objects are lost sight of, is not a necessary part of Hospitals, but only an ugly excrescence. That it is of comparatively recent growth may be seen by the history of St. Thomas's Hospital, where until the year 1834 there was no Out-patient department. In fact, in the original charter, all the income from endowments was directed to be expended "in the sustentation of the poor kept within the building." In this the Hospital conformed in its practice to all others in England and on the Continent. At St. Thomas's the surgical Out-patient practice was first commenced by Mr. Tyrrel, who was in the habit of prescribing for a few Patients before his ordinary visits to the wards. In a very short time, however, the number of applicants grew, and an Assistant-Surgeon was then appointed to attend the Out-patients. For more than a century there had been an Assistant-Physician, who attended the wards when the Senior Physicians were absent on leave, and who was permitted to prescribe for a limited number of Out-patients. He attended on Thursdays to see new cases, and on Saturdays to see those who were already on his books. At this time there were also a few "casual" Patients, chiefly friends of the nurses and officers. In 1843 the number of Casualties and Out-patients had so greatly increased that a second Assistant-Surgeon and two Assistant-Physicians were appointed, and in 1858 the number and description of Out-patients during the year were as follows:—

OUT-PATIENTS WITH TICKETS.		CASUALTIES.	
Medical	5,462	Medical	4,593
Obstetrical	2,079	Obstetrical	512
Surgical	5,709	Surgical	19,142
		Maternity	771
Total .	13,250	Total .	25,018

Total Out-patients under treatment during the year,* 38,268.

* In the *Lancet* Report on the administration of St. Thomas's Hospital, from which the above facts and figures are taken, there is an evident error in the statement that on the 31st December 1858, 40,671 cases were under treatment. These numbers can only refer to the total In and Out-patients for the whole of the year. The same error is repeated in reference to the year 1861, where it is stated that the total number of cases under care *at one time* was 43,864.

"Thus," says the *Lancet*, "in less than twenty-five years an enormous department had grown up; and when it is considered that the medical officers of the Poor Law were appointed in 1835, and that they commenced a system of medical relief of equal if not greater extent, in the same districts in which the operations of Guy's and St. Thomas's Hospitals were also carried on, we are irresistibly led to the conclusion that this growth of gratuitous medical advice was fostered by the opportunities and temptations held out by these institutions, and that many persons were induced to seek for gratuitous advice who had been accustomed previously to pay for all they required." We are sometimes told that the growth of Out-patient departments is to be attributed to the deficiencies of the Poor Law, but here we see both systems flourishing side by side. In 1861, the total number of Out-patients at St. Thomas's was 41,814, and in 1869 it had reached 65,838.

Now it may be safely said that, so far as regards these 65,000 Patients, the aim of Hospitals proper, as above defined, was almost entirely lost sight of; they were not supplied with lodging, maintenance, in many cases not with medical appliances, nor even the advice of skilled Physicians and Surgeons; they were simply deluded by being brought into a place which had the name of being a Hospital, but which did not even do the work of a Dispensary well. The same may be said of the great majority of Out-patients at the London Hospitals, amounting, as will be seen by the following list, taken chiefly from the *Medical Directory*, to upwards of nine hundred thousand.

HOSPITALS.	CASES.
St. Bartholomew's	120,000
Guy's	73,745
St. Thomas's	65,838
London	49,976
St. George's (1867)	17,300
Middlesex (1867)	20,902
Westminster	30,000
University College (1867)	31,841
King's College	31,942
St. Mary's	21,677
Charing Cross	17,000
Royal Free	45,527
Great Northern	61,427
Metropolitan Free	83,903
West London	14,124
	685,202
Special Hospitals (Eye, Skin, Throat, &c.)	226,281
	911,483

To suppose that most of these cases of illness received anything like adequate medical relief would be to suppose what is very far indeed from the truth. Here are a few specimens of the way in which they were treated at St. Bartholomew's :*—

"One hundred and twenty Patients were seen and dismissed by one medical officer in an hour and ten minutes, or at the rate of thirty-five seconds each. Physic was ordered almost at random, and poured out of a huge brown jug, as if the main object were to get rid of a set of troublesome customers, rather than cure their complaints. One of the Students was known to have ordered half a grain of opium for a child nine months old!"

The system pursued at King's College Hospital appears, from the following report in the *Medical Times and Gazette*, to be nearly as bad :—

"Speaking generally of the Out-patient department of King's College Hospital, it seems to us (*M. T. and G.*) to be characterised by a great deal of activity, and also by a great deal of noise. The manner of seeing Patients, in the Out-Patient Physician's room especially, is somewhat distracting. The Physician and his assistant sit at two small tables, only two or three feet apart, and a crowd of Patients—we have seen as many as twenty—are admitted into the room at a time, and arrange themselves in two groups around each table. A small, torn screen is placed in one corner of the room, behind which Patients have to undress for examination. The confusion of voices, shuffling of feet, opening and shutting of doors, and shouting of porters and others heard from without, render such diagnostic exercises as percussion and auscultation severe trials of patience and acuteness, remarkably creditable to those who undergo them." †

With regard to the classes applying as Out-Patients at Hospitals, it will hardly be credited what abuses exist. At one Hospital the wife of a railway cashier, with a salary of £600 a year, applied for gratuitous advice. At another, the children of a dressmaker in a large business, whose husband was earning £250 a year, were attending, and the mother, when spoken to on the subject, justified herself by mentioning a friend of hers, in even better circumstances, who did the same thing.

It may be said that these are exceptional cases, and no doubt they are, but it is not at all uncommon for Patients to apply who can earn three or four pounds a week; and at a Hospital situate in a poor part of London (The Royal Free) there were found policemen, gardeners, tailors, musicians, railway porters, cab drivers, ostlers, gunsmiths, lawyer's clerks, housekeepers, warehousemen, bookfolders, and servants, not always out of place. Of course, if all these are considered proper objects of medical charity, we may bid adieu to the independence and self-respect of the English workman: but in London

* See the *Lancet* Report on Out-patient Department, 1869.

† *Medical Times and Gazette*, 1869.

a man is so little known, even to his next-door neighbour, that he is not ashamed to do what in the country he would feel would disgrace him in the eyes of his acquaintances.

In the country, even the labourer pays his few shillings a year to the village surgeon, and feels he has a right to medical attendance when he requires it; but in London, the existence of the Out-patient department of Hospitals prevents the establishment of provident dispensaries or sick clubs on anything like the scale they attain to in the country.

The expense of this Out-patient system in London is, as may be imagined, something very considerable. It has been variously estimated at 5*s.* a head (Dr. Hawksley); 2*s.* 6*d.* a head (Dr. Fleetwood Buckle); and 1*s.* a head (Mr. Wilkinson). Of these three estimates, I incline to think that Mr. Wilkinson's comes nearest the truth, and corresponds best with the proportion to the total income of Hospitals which may be supposed to be actually spent on Out-patients; and calculating at the rate of 1*s.* per case for the 911,483 cases of illness treated as Out-patients, we obtain the sum of £45,574—a sum little short of the total amount voted for the medical establishments of the Navy this year; and one, the annual misappropriation or waste of which would probably be enough to upset the strongest Government. While this large sum is being spent, the Hospitals are at the same time loudly proclaiming that their funds are exhausted. Thus the Middlesex Hospital appeals for subscriptions, on the ground that its annual expenditure exceeds £17,000, while the income is barely £10,000. University College Hospital declares that it spends £9,000, while the reliable income does not exceed £5,000. The London Hospital states that the expenditure of 1870 was £33,342, and its fixed income £14,549. In the same way the Great Northern Hospital constantly publishes in the daily press that the new wards cannot be occupied for want of funds, and that accidents and other urgent cases have to be sent away in consequence.

In connection with this part of the subject, the following remarks by the Superintendent of Guy's Hospital (Dr. Steele) are well worthy of attention, as showing how much more benefit might be obtained by the In-patients of even a richly endowed Hospital, if all the available funds were devoted to perfecting their cure:—

"The period of residence of Patients in Hospital, associated as it is with the facilities for continuous treatment and probabilities of recovery, as well as with questions of individual expenditure, is a matter of much importance in Hospital economy. It is desirable, in consequence, that it should be accurately approximated by careful calculation based on data obtained in each individual case treated to a termination during the year. By attempting a shorter and less elaborate method, a mean residence has been hitherto given, which must be taken to be materially short of the actual period, as by the more accurate process which has been adopted in the estimate for the past year, the average stay of each Patient, whether living or dying in the Hospital, has amounted to

36·92 days; that of the medical cases having been 37·58, and of the surgical Patients, 36·50 days. This is found to be about the general period of stay of the Patients in the large and endowed Hospitals, where the facilities for admission are less influenced by the claims of recommendation than by the nature of the diseases, and it is consequently longer than in institutions supported by voluntary charity, although *it falls far short of the period* usually required to effect the complete restoration to health. *From an analysis of the number discharged, it may be noticed, that while* 1,673 *are reported as well, the large number of* 2,507 *are returned as simply relieved, while* 396 *were discharged as unrelieved, many of these probably being in a worse condition than when they entered the Hospital.* Under the first heading are comprised such injuries or diseases which there is reason to believe have been actually cured by residence, while the second takes a wider significance, and includes under the one category Patients who, *by continuing their stay for months longer, might possibly have been classified among the first*, as well as a very large proportion whose diseases were of a chronic, often of an intractable character, but who received decided benefit during their stay in the Hospital."

It would be easy to multiply proofs of the evils attendant on the present system of Out-patient, departments were it necessary; but enough, it is believed, has been said to justify the words in which the *Medical Times and Gazette* epitomises the system as "a grievance, a sham, a waste, and a scandal."*

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* *Medical Times and Gazette*, May 15, 1869.

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