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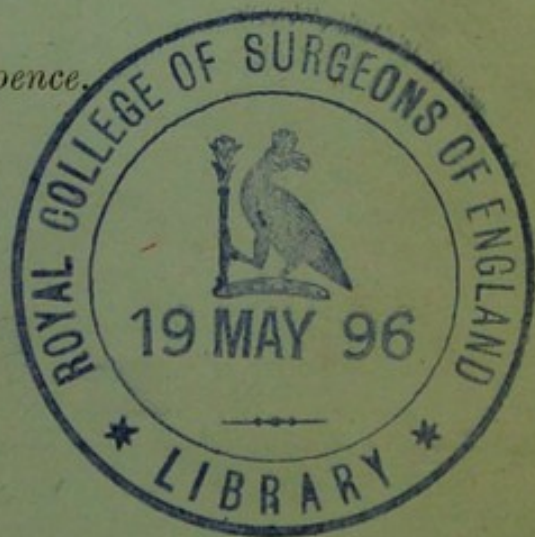


STATE AIDED *v.* VOLUNTARY  
HOSPITALS. H.

AN EXPOSITION OF THE ABUSES OF ENGLISH  
HOSPITALS.

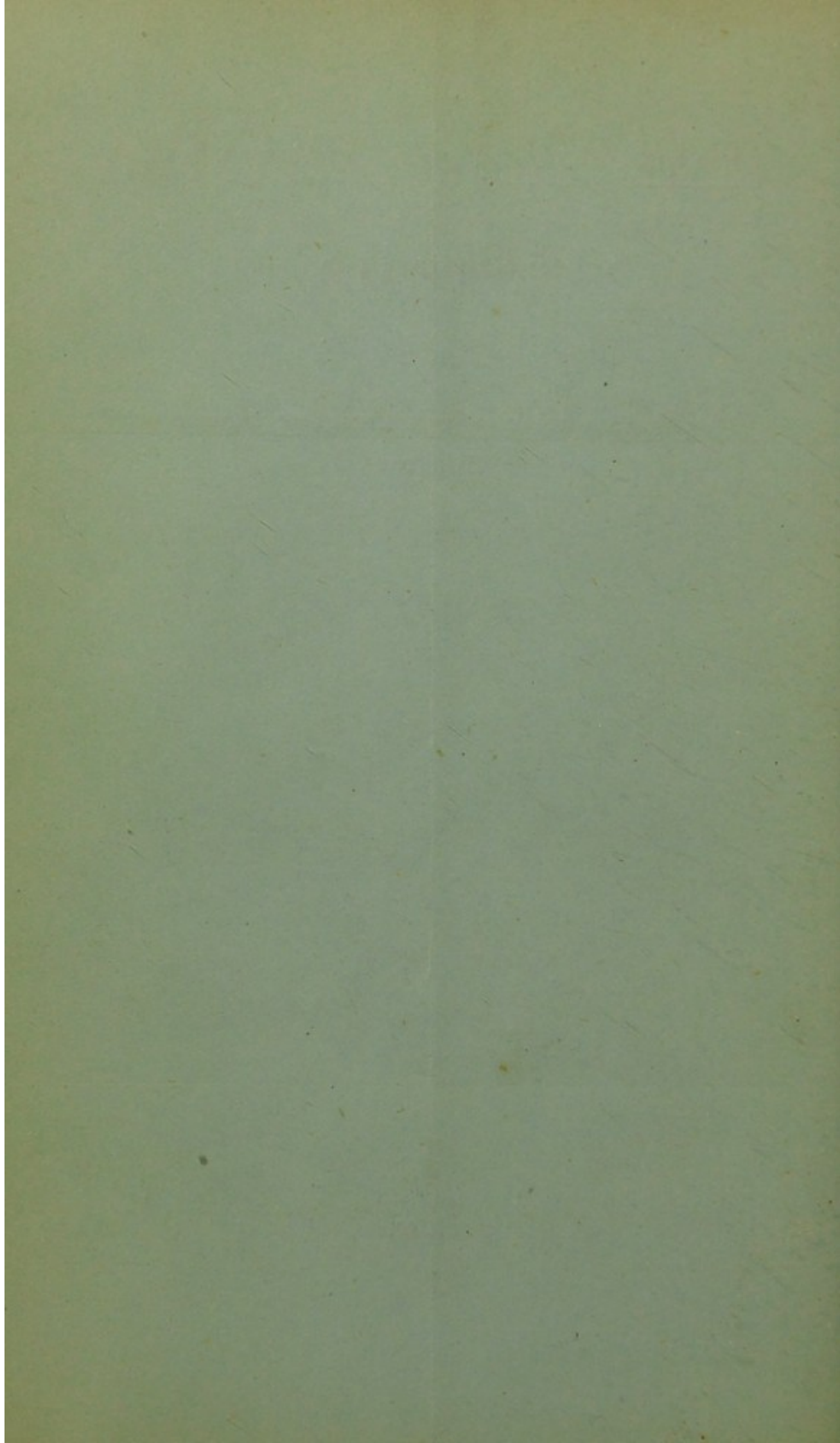
By W. KNOWSLEY SIBLEY, M.D.

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*Price, Fourpence.*  
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LONDON:  
T. BURLEIGH, 370, Oxford Street  
(late STOTT).

—  
1896.



*With the Author's Compliments.*



# STATE AIDED *v.* VOLUNTARY HOSPITALS.

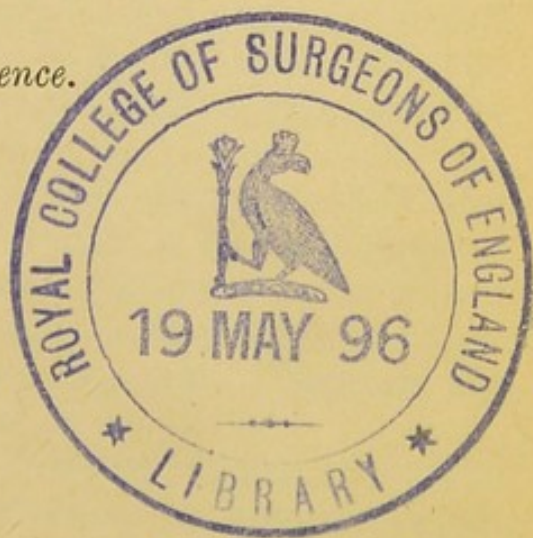
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labour—in short, everyone who is not in an independent position or a member of one of the higher professions—must subscribe to one of the State recognised insurance funds. Each one then receives a small book containing the statutes, and a number of printed forms for his contributions. These are, of course, proportional to his wages, and range generally from 0·15 to 0·50 marks ( $1\frac{1}{2}$ d. to 6d.) weekly. After the lapse of a few weeks he is entitled to the benefits of the insurance. Every week a receipt is added to the book. The employer generally retains the insurance money on pay days, keeps the books, and in most cases contributes an equal amount from his gains. In the case of illness the patient is examined by a “Kassenartz” (club-doctor), and, if necessary, sent to a Hospital, or if only a mild case, is invalided from work for a few days.

In either case, after the third day the patient may draw from the sick fund a daily allowance of from 1·75 marks to about 5 marks ( $1\frac{1}{9}$  to 5/-), the law being that the sum must not exceed one-half the individual's usual wages. If the patient is in a Hospital this money goes to pay his expenses during his residence there, 1·50 marks being the minimum amount per day. Thus, generally, there will be a small surplus; which, if the patient has a family, goes to the wife during his stay in the Hospital. He is assumed not to have a wife and family if he is only earning very low wages, which give no surplus from the Hospital expenses. In the case of death a sum of from 60 to 100 marks (£3 to £5) is handed over to the nearest relative.

The liability of the sick fund to pay these expenses generally extends to one year. If, at the termination of that period, the patient is unable to resume work he is made a pauper, and if without means of support falls to the charge of the “Armen-direction” (poor guardians) of his parish or community, unless he be “Heimathsberechtig” in the place where he works. This is a charitable Institution worked by the town government and supported by the tax-paying citizens. To a certain extent it is also supported by the charitable contributions of rich people and by bequests, but these are both very exceptional in Germany. The working expenses of this Institution are very little, as all the higher posts are honorary.

The amount paid by the "Armen-direction" for a pauper is considered as a debt incurred by him, and he is made to understand that at any time, in the event of an improvement in his position he will be called upon to refund these expenses. They continue to pay the Hospital expenses or a small pension as long as necessary, or, if the case be incurable, provide a place for the patient in a Hospital for incurables. Moreover, there are in most of the Hospitals a number of "Freistellen" (free beds), founded and maintained by private or royal charity. These are under the administration of the "Armen-direction," so that a certain number of pauper patients can be placed by them in a Hospital free of expense. In most Hospitals they have the right of occupying beds on so many days of the year, and thus are not limited to the number of beds at any given time in use, but have the right of so many "Pflegetagen" (nursing days), as the expression is.

In FRANCE all the Hospitals—in consequence of a law passed in 1851—are under one uniform administration. The "Central Administration of Public Charities" intervenes in the control of Hospital property, through the medium of the Prefects of each Department. With the exception of Paris all the Institutions are managed by Committees, which are composed of the Mayor and six elected members of each Commune, two being elected by the Municipal Council and four by the Prefect.

In Paris there is one great medical school, under the control of the Government. All the Professors and teachers are elected by competitive examination. Each student is told off to a particular clinical school by the central authority, the students do not themselves select the Hospital they will work at. All the appointments in the school and Hospital are won by public competition. There are no student's fees, all education being free. So again the Physicians and Surgeons attached to the Hospitals are all elected by severe competitive examination, which usually takes some ten or fifteen years' work after a man has obtained his M.D. degree. There is a salary attached to each post, and the clerks and dressers in the Hospitals are also paid a small sum for their services.

Of all countries, probably, NORWAY and SWEDEN present

the most perfect system of State relief. In Christiana there is the State Hospital, with a large medical school and National University attached, and any deficiency of funds is annually met by the Government. A considerable income is produced from the public baths in connection with the Hospital, together with the payment received from patients, so that the institution is practically self-supporting; an annual budget being submitted to Parliament. The supposition here is, that every one can pay something towards treatment in illness; even every pauper is paid for by arrangement with the poor-law authorities.

In HOLLAND the Hospitals are managed by the State, by the Municipality, by the State and Municipality combined, or by one or other of these, in conjunction with societies or institutions belonging to various religious sects. The Municipality always has part or complete control of the management of the provincial hospitals in the large towns, and supplements the revenue as far as necessary.

The Government directly supervises all the Hospitals in ITALY. In 1890 all the public charities were transferred from the care of the clergy, who had managed them up to that time, to the local authorities. The Council of Administration is supreme, and can interfere largely in the actual working of the hospitals. The appointment of all officials is in the hands of the Council of Administration. If patients desire gratuitous treatment they must produce, in addition to the medical certificate, a declaration of poverty signed by some responsible person or corporation.

In RUSSIA most of the Hospitals are in the hands of the municipal authorities. The pay system is strictly enforced in the out-patient departments, as the rules provide that no patient shall receive free medical relief without the production of a certificate of insolvency.

In SWITZERLAND the administration of the Cantonal Hospitals is by a Commission of Members, two-thirds of whom are appointed by the Grand Council and one-third by the State.

In BELGIUM the State system is universal, every Commune has complete control over its Hospitals, and each Hospital has a Director, who is responsible to the Commission.

In most of the BRITISH COLONIES the Hospitals are

under the Government. In some places money is also received from the charitable, and from the payment of patients.

An intermediate system is also described as existing in some parts of INDIA, and here the State provides part of the funds and the individual Institutions collect the rest.

In AMERICA there is State control, with a more or less voluntary system. The majority of the patients occupy pay beds, or at any rate pay something towards their treatment; there is but little free medical relief; there are not so many beds in proportion to the population as is the case in our own country. As a rule the individual Hospitals provide free beds according to their income or surplus means. All patients are required to show their credentials, and are then grouped according to their means. The municipal Hospitals proper are constructed and supported entirely by the municipal authorities for the care of the sick poor. These are usually managed by laymen, who act under the direction of special Committees, or of the Commissioners appointed to deal with the municipal charities.

The foregoing are some of the chief points of the State-aided systems abroad; the purely voluntary system exists in the British Isles alone. The first and most striking feature is that here there is no central control, or even general supervision by any responsible body. Each Institution struggles on by itself, often at the expense of its neighbours. In London the Hospitals are divided into two classes, the endowed, namely, St. Bartholomew's, St. Thomas's, and Guy's, and the unendowed, including all the rest of the Hospitals, general and special. Whoever chooses may start a Hospital for any special disease or any particular fad, and there will be no system of inspection and no controlling authority, and he may at once appeal to the public for money.

Compared with other nations, England abounds in Hospital abuses. These can largely, if not entirely, be attributed to the voluntary and uncontrolled system. The chief features in which our Hospitals compare unfavourably with those of other countries seem to be: (1) the absence of central organisation or control; (2) the difficulty of obtaining sufficient funds; (3) the habitual excess of expenditure

over income; (4) the over-crowding of the out-patient departments; and (5) the indiscriminate treatment of persons, especially in these departments, whether able to pay a private doctor or not.

For the sake of convenience these headings may be separately considered.

1. *Absence of Central Organisation or Control.*—Each Charity is really a private body or company; the Committee or Board, who elect themselves from the Governors, *i.e.*, anyone who gives from one guinea a year and upwards, are practically a Board of irresponsible Directors, who have power to say exactly how the funds are to be spent. Each Board believes its administrative power to be superior to any of its neighbours, and resists any public enquiry or investigation into its affairs to the utmost. Usually it is only by the strenuous efforts of some enterprising journalist, who takes the trouble to attack and expose some Charity week after week, that a Hospital is forced to enquire into its own working, and thus the periodic Hospital scandal arises. However small the Institution, and few the beds, each has a full complement of well-paid lay officials—superintendents, secretaries, clerks, dispensers, collectors, stewards, and chaplains. In fact, the only economical unpaid department is that of the various medical men, but for whose work the Institution could not exist.

The want of some better and more efficient control of Hospital management is clearly shown by the great difference between the average cost per bed of patients in the different London Hospitals. This, according to recent figures, varies from £88 to nearly £130 a year, and comparing this with the cost per bed of the Infirmaries, where, in addition to all the other expenses of the Hospitals, the medical staff is paid, a striking difference is manifest. In the London Poor Law Infirmaries alluded to, the average cost is only from £30 to £50 per annum.

One obvious result of the lack of central organisation is the enormous amount of energy wasted by Hospitals struggling and competing for popularity, for funds, and for students, one against the other: together with the great waste of public money in advertising for these purposes. Some of the Hospitals at the present day spend nearly as much in

advertising as they get in annual subscriptions. Thus, excluding the three endowed Hospitals, the remaining eight London Hospitals with Medical Schools spent, in 1894, £8,266 under the heading of advertisements, appeals, &c. so that 25 to 50 per cent., and even more, of the subscriptions received in answer to appeals is spent in obtaining the contributions themselves.

2. *The Difficulty of Obtaining Sufficient Funds.*—The large majority are dependent on the most promiscuous charity for their existence, many more or less live by their wits—that it is to say, by clever devices of the secretaries or Boards to get money. The plea which appears to underlie all the appeals for funds is too often that the institution is so many hundreds or thousands of pounds in debt. In order to go on it would seem that an enormous amount of money must be spent in advertisement. Each Hospital advertises against the other; one extensively catches the charitable public with its cancer wards, and fain would impress them with the fact that beds are devoted to hopeless incurable cases. Another, with its electrical departments; a third, its school for massage; a fourth, its “No horrors, no infection.” The more badly-managed and the more heavily in debt the Hospital becomes, the more is the fact advertised. At the present day, the public tend to subscribe to all forms of charities much in proportion to the amount of personal benefit or advertisement they derive from the charity in question. Wealthy householders and large business establishments give their one or two guineas in order to save a doctor’s bill, knowing that by doing this they will get all their servants and assistants treated for nothing, and in some cases themselves too. “Governors have the right of sending their domestic servants for free treatment” (*vide* advt. in the *Times*). Now that the abuse outcry is gaining hold, a few Hospitals have been forced in self-protection to start some sort of enquiry into the financial state of the patients attending the out-patient departments, and refuse to treat persons who drive up in their carriage, or who bring their maid with them to help with the toilette, and even attempt to extend this refusal to the better class of maids and valets. What is the result? The masters and mistresses

are extremely annoyed, and transfer their subscription to a less-deserving institution, where all who apply are treated, and no questions asked. Before long, therefore, the financial position of the better-regulated and less-abused Hospitals will indeed be "*in extremis*."

The question of raising money on special occasions leads to the most extraordinary devices being adopted—concerts, bazaars, lotteries, dances, and even street collections, accompanied by bands or grotesque processions.

3. *Habitual Excess of Expenditure over Income*.—Our Hospital Boards, having complete control of their own affairs, providing they can find speculative tradesmen to supply goods on money-lending principles, go on each year getting more and more heavily into debt, and appealing to the public on those grounds. To attempt more work than the building and funds permit to be efficiently done, is becoming more general every day. The appeal for funds on the ground of the Charity's debt has already been alluded to, and this is the ever-repeated cry—a principle so immoral that, if it came from any but a charitable institution, would be an all-sufficient reason for a public enquiry. "*Charity in extremis*" is nowadays a favourite topic for letters to the newspapers and leading articles.

4. *The Overcrowding of the Out-Patient Departments*.—Nothing, except the considerable amount the Hospital is in debt, catches the eye of the deluded subscriber as readily as the actual number of patients treated in the year, or since the charity started, showing from year to year a regular increase in the number. In fact, the smaller and poorer the Hospital, the more does it strive to over-burden its out-patient department. The amount received from the well-intended but much-misguided systems known as the Hospital Saturday and Sunday Funds is largely dependent upon the statistics returned by the several Hospitals as to the number of patients seen, and absolutely irrespective of the way in which they are seen. "Schools of pauperisation" is a most apt and descriptive name for these much-abused departments. At the present day they have, according to the figures of patients attended by the different charities, succeeded in pauperising one in every  $2\frac{1}{2}$  or one in every 3 of the population of different towns.

The law does not permit large numbers of healthy people to crowd into such a small space as the patients do with impunity in the waiting rooms of many Hospitals. The medical officer of health would be compelled to report and stop such overcrowding in any buildings but Hospitals and Dispensaries. In these places multitudes of sick people, suffering from every conceivable infectious and other disease, are herded together; adults with phthisis and typhoid, children with scarlet fever, diphtheria, whooping cough, measles, and, in fact, any of the exanthemata may be seen struggling in a densely-packed and over-heated waiting-room. Numbers of people suffering from heart disease and various forms of neurotic troubles are completely collapsed through the struggle and excitement in the out-patient department, often waiting two, three, or more hours before they are seen by the physician or surgeon of the day. When at last their turn comes, they enter the consulting room, fainting, gasping, or on the verge of a fit, and suppose, in their ignorance, that the medicine they then receive will more than counteract the harm the long waiting has done.

At a meeting of the Hospital Sunday Fund held a short time ago, with regard to the question of overcrowding and abuse of the out-patient departments, and the incapacity of the Hospital Committees to deal with it, one member is reported to have said "that the Hospitals were as anxious as the Council of the Hospital Sunday Fund to reduce the number of the out-patients, but were not in a position to do so. The matter rested more with the medical profession, who gave their free services, than with the lay managers." This opinion hardly agrees with the fact that at the present time, the Honorary Medical Staffs of most, if not of all, the Hospitals are simply the unpaid servants of more or less incompetent lay Committees, who draw up and regulate every detail for the staff to obey. In fact they simply hold their appointments on this understanding. They are bound to see every patient, rich or poor, who presents him or herself, with a subscriber's letter or otherwise. Even if this were not the case, it would be impossible for the staff to enquire into the private affairs and pecuniary position of the patients: at the present time it taxes their strength of endurance, to

the utmost to find time to ask a few leading questions as to the more important medical symptoms. The physicians and surgeons complain that it is not possible for them to treat satisfactorily an incredible number of patients for three, four or more hours in succession, but the numbers go on increasing all the same. They are quite powerless to check the abuse. Until there is some recognised central authority which has power to interfere the evil will become worse and worse.

At the recent Annual Meeting of the Hospital Saturday Fund, the Chairman gravely stated that "It might surprise many who were present to hear that one in every four of the population should *annually* attend the Hospitals." The fact that a quarter of the population of the great towns should *annually* appear as paupers is not one to be proud of, nor a sound argument to use to advocate the present system.

5. *The indiscriminate treatment of persons—especially in the out-patient departments—whether well able to pay a private doctor or not.* Thirty years ago a committee of medical men under Sir William Fergusson investigated the out-patient system, and reported "That a quarter of the patients attending were able to pay a private doctor, a quarter were able to join a Provident Dispensary, and a quarter should be referred to the poor law." The evil has been progressively increasing ever since.

Before the Lords' Committee on Hospitals, which sat in 1892, one practitioner related a case of the manager of a drapery establishment, earning £200 to £300 a year, who went to a Throat and Ear Hospital and paid 2/6 for a bottle of lotion (Q. 3578). Also a woman had taken her child for 18 months to the Golden Square Throat Hospital, and paid 3/6 every time she went there (Q. 3580). Another local doctor said his son was house physician at the West London Hospital and sent him patients; as an instance, one of these hospital patients paid him 7/-, and another 2/6 on the same day (Q. 16,641).

The well-dressed crowd which is to be seen in many of the Hospital waiting-rooms, especially in those of the numerous special Hospitals, is not that of the genuine hardworking poor, for the poor who have their living to

earn cannot afford the time to spend three or four hours in a waiting-room before they are seen by the doctor, but it is essentially the idle class, and especially the wives and families of men in very fair circumstances, even, in some cases, the wives and children of men who do nothing for a livelihood but live on their private means.

The abuse has now become so great that in those parts of London which are overcrowded with Hospitals and Dispensaries, the general practitioners are practically only sent for in cases of emergency. A friend in practice in one of these districts, for instance, tells me he attends the wife of a well-to-do publican in her confinements, but never sees anything of either woman or children in the intervals, as they always go to the Hospital. The other day he was called in a hurry to see a prosperous theatrical agent in an epileptic fit, and here, again, he ascertained that the man had for years attended regularly at the Hospital to get his bromide mixture. Cases of this kind could be multiplied to any extent.

Another doctor writes: "A lady whom I know very well, and whose husband's income runs well into four figures, had a child suffering from eczema. A poor woman told her that a child of hers, similarly affected, had been successfully treated by a doctor at one of the hospitals. The lady accordingly sent her child by one of the servants; and it was treated without any enquiry. At many Hospitals the wealthier people 'tip' the porters, and so get in before those who do not."

In the *British Medical Journal* of February, 1896, the following case is reported by a general practitioner: "Three weeks ago a patient of mine acknowledged that she had for over two years been attending almost weekly at the Marylebone General Dispensary, Welbeck Street. She is in a good position, occupies a house of a rental of over £40, and pays my bills readily. I then wrote to the Secretary of the Dispensary, asking if there were any enquiries made, or any wage limit, as my patient said that 'lots of other women do the same, and even come from Eastbourne' (the third class fare is 9s. 6d.) I got a reply, after waiting a week, saying my letter would be laid before the Board."

In most of the special Hospitals a large number of the

patients come up from the country—often many miles. One of these Institutions has the reputation of providing a special form of cod-liver oil, and patients come regularly from various parts to obtain a bottle of this, when they could buy exactly the same thing from their local chemist for about one-tenth of what they spend in railway fares. The Board at this Hospital compel the visiting staff to attend in the middle of the day, to enable these numerous patients to return to their distant homes the same afternoon.

One practitioner writes: "The Hospitals and Dispensaries in my neighbourhood attend to many cases that can well afford fees—such as tradesmen doing good business, well-dressed ladies with time on their hands and suffering from some of the many results of too frequent potations. Wives of tradesmen and others frequently come and consult me, saying they have been hitherto attended by Dr. ———, and it leaks out that Dr. ——— attended them at the Hospital."

A few other points, which seem to demand notice, may be appended.

The present out-patient system is apparently particularly adapted to the needs of the chronic alcoholic. Both men and women of this class know that when their stomach or other organ has rebelled against their excesses, they have only to go to the nearest Hospital, where a bottle of medicine is kindly provided to soothe the outraged system, and enable them to return to their debauches. Patients suffering from some of the various disorders caused by drink, form, in many out-patient departments, a large proportion of the total number. If such patients had to pay as much for medicine as they spend in drink, it would at least put a curb upon them; for it is common experience that the very poor do not furnish many patients of this description. At any rate, it is no part of the function of a medical charity to foster drunkenness.

A few words with regard to the medical schools. In London alone there are twelve Hospitals with medical schools, and more endeavouring to get students. Each attempts a complete staff of lecturers and teachers, and advertises the special benefits for a student to be obtained at its school. The salaries are so poor that practically no

teacher is able to live on them ; in fact, in the large majority of cases the greater part of his time is spent in quite a different subject to that which he is told off by accident to teach. The medical schools in London suffer greatly from lack of sufficient funds, and in but few cases can afford to keep pace with what science of the present day demands. For instance, but few even attempt a bacteriological laboratory. At the present time this is beginning to be severely felt, and shows itself in the falling off of entries in the London schools, with a corresponding increase in the more modern and better-equipped provincial ones.

The Hospitals with Medical Schools, hold out with the one hand every inducement to persuade young men to enter the medical profession, and with the other hand deprive them of an ever increasing number of patients in fair positions, by giving every encouragement to such to be treated gratuitously.

The fact that our great scientific Institutions should have to compete for support with such establishments as homes for cats, dogs, fallen horses and women, societies for the conversion of the Jew and the heathen, and even with homes of massage and "baths de luxe," is no less than a national disgrace. Also for Hospitals to be keenly interested in the gambling and turf speculations of certain popular philanthropists is far from a desirable state of things.

The charity of the British public is strangely inconsistent ; according to the *Illustrated Church Annual* it subscribes £1,375,571 annually for foreign missions, and yet only (about) £316,000 is the amount annually subscribed for the support of the London Hospitals (Burdett).

A short time ago, when the vivisection sensation, got up by a certain paid secretary, was very prevalent, Hospitals were divided into those which had connected with them anyone who had conducted experiments, and those whose staffs were free from this stigma, and the public was warned not to give to the former. It has been said that this feeling still lingers with some committees, when they are considering candidates for staff appointments.

Surely the foregoing facts and considerations show that the purely voluntary system compares most unfavourably with any system of efficient control by a central body.

The public is tired of the everlasting special appeal, and our Hospitals must now be rescued from the hands of competing groups of irresponsible individuals, and placed under the proper control of a central and responsible body.

A Central Board with no power but one of moral persuasion only, in fact, a sort of educational body, will be useless, and like the so-called Consulting Staff of a Hospital will never be consulted. The charitable public and the patients will object to be taught, and certainly the Hospital Committees will one and all refuse to be educated up to their work. A Central Board to be of use must have strong power, either legal (by a special Act of Parliament, or otherwise) or financial. If it has power to influence the funds connected with the Hospitals which refuse to adopt its recommendations, then it may be of immense value. Without either of these the Hospitals will simply ignore its existence, and it will have spent a large amount of labour in vain.

To sum up the whole question, Parliamentary action in some form or other appears to be the only efficient means of coping with the difficulty, all other remedies will be but temporary. Few would question the liability of the State for the care of its sick, and, from an economical standpoint, there can be no doubt that, after allowing for all organisation expenses, there would be an immense saving. The bad moral and social effect of free professional advice, especially to people in good circumstances, is apparent to everyone. The rendering of gratuitous services in so lavish a way cannot promote the efficiency of Hospital work, and the medical profession has much cause for complaint against the injustice of the present state of affairs.



