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Contributors

Sibley, Walter Knowsley, 1862-
Royal College of Surgeons of England

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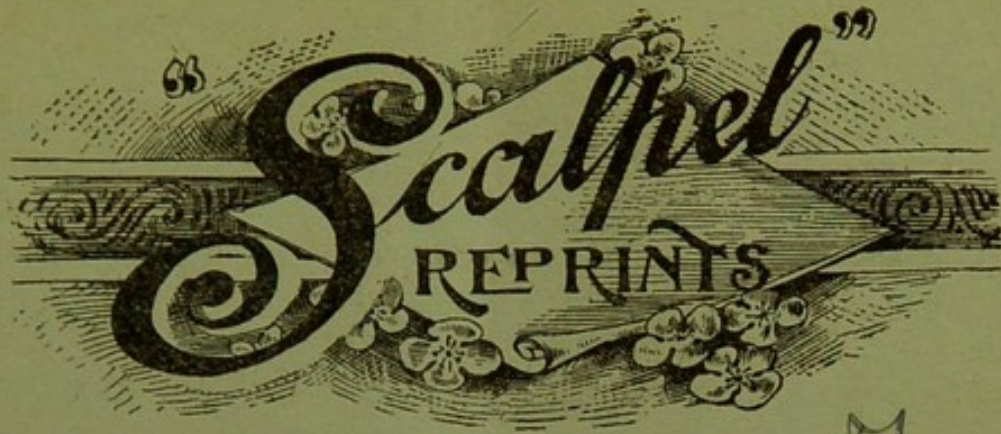


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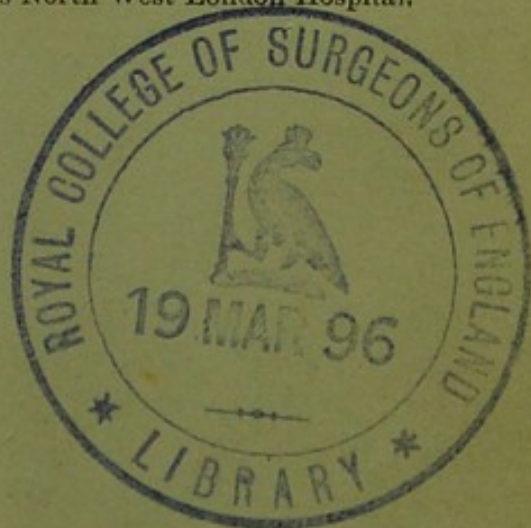
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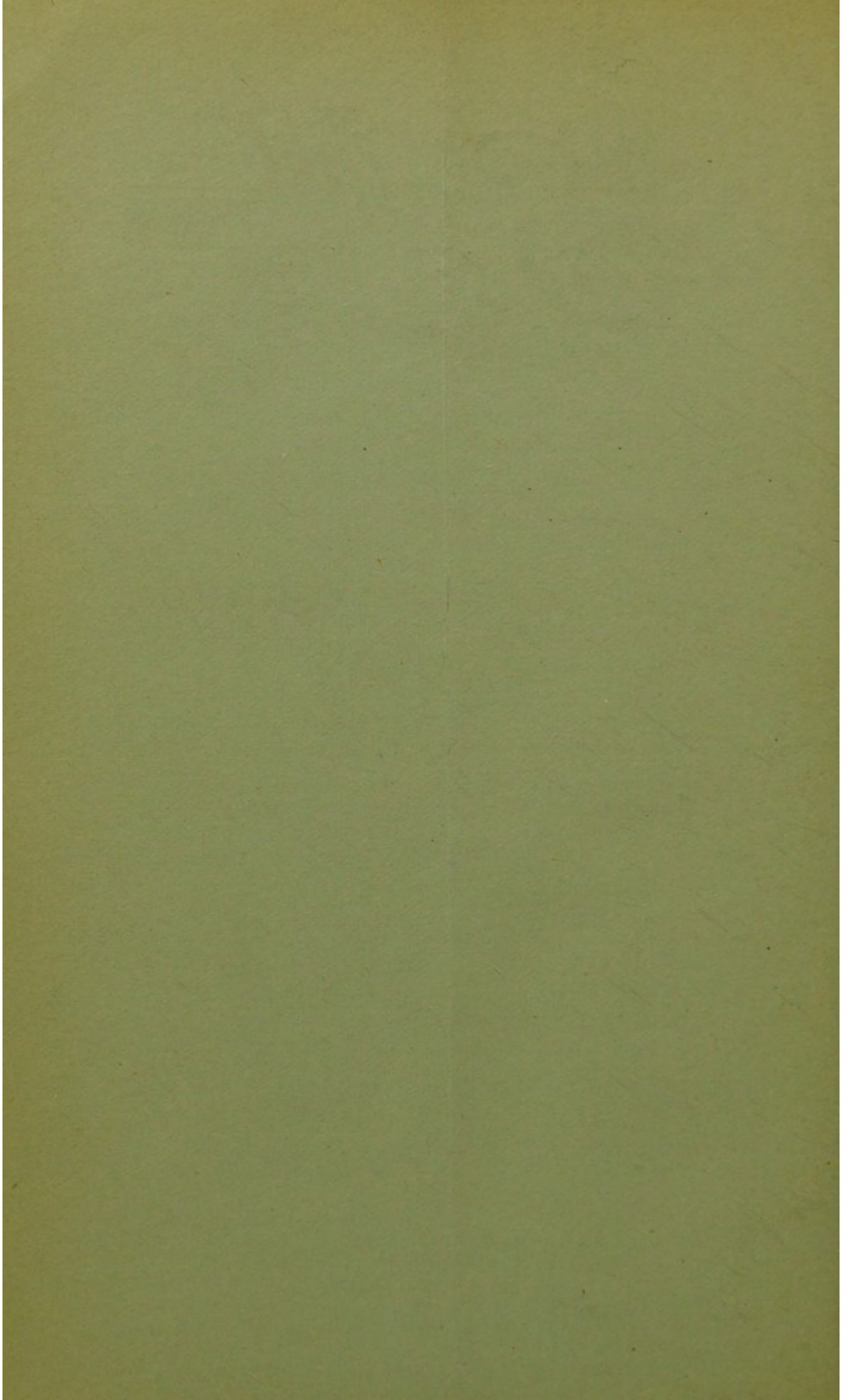
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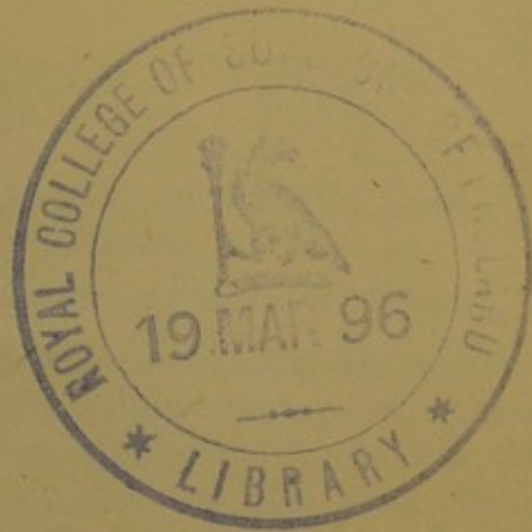
By W. KNOWSLEY SIBLEY, M.A.; M.D.; B.C., Camb.;
M.R.C.P., Lond.

Senior Physician to Out-Patient's North West London Hospital,



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GEORGE R. RYLEY, SOUTHGATE.
1896.

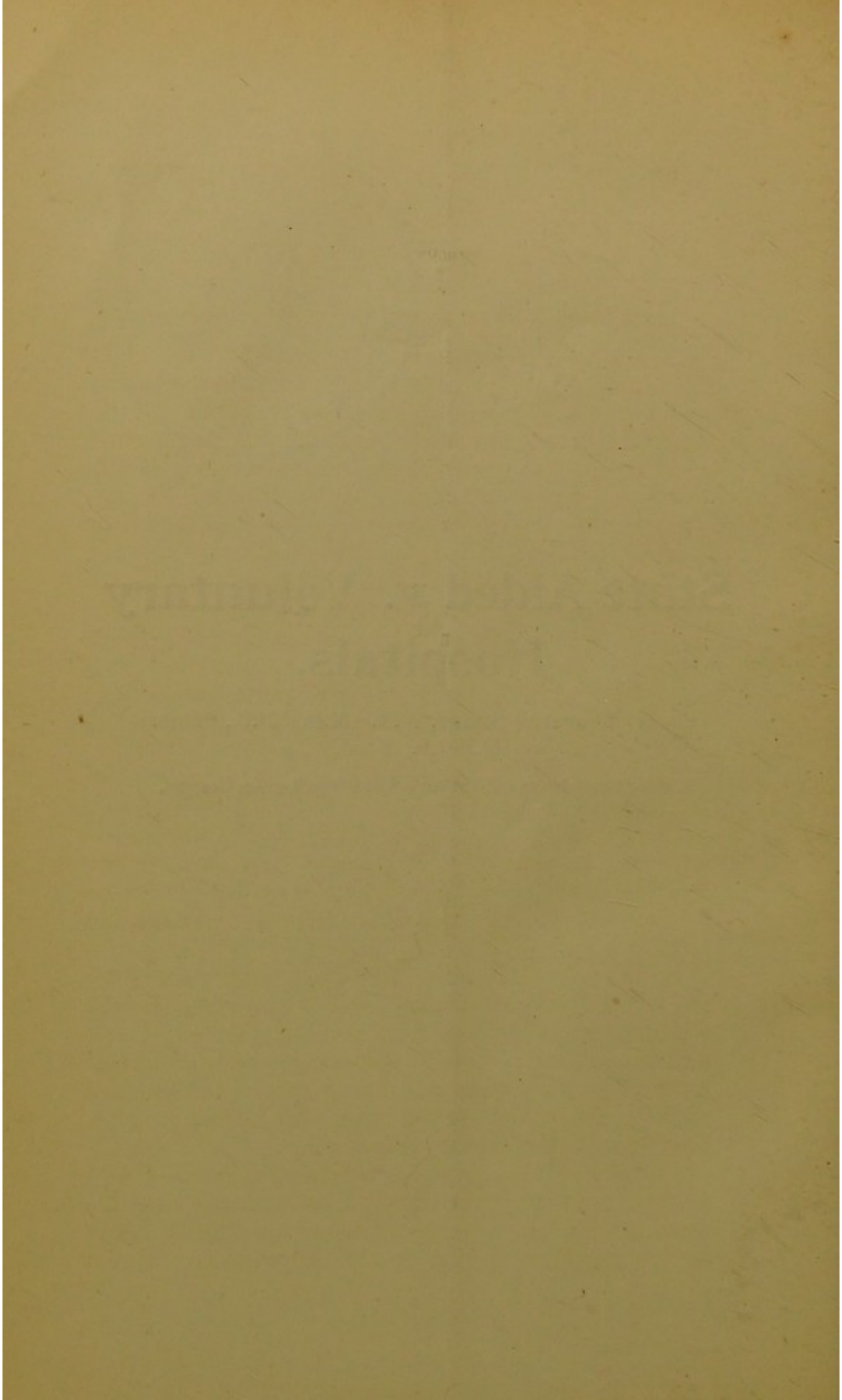




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STATE AIDED VERSUS VOLUNTARY HOSPITALS.

BY W. KNOWSLEY SIBLEY, M.A.; M.D.; B.C., CAMB.;
M.R.C.P., LOND.

Senior Physician to Out-patients North West London Hospital.

There are two great Hospital systems throughout the world. In the one the state or government (local or general) provides the necessary funds for the support of the Institutions and, at the same time, superintends or controls the organisation. In the other or voluntary system, each Hospital is supported by voluntary subscriptions and managed by a private, self-elected body of individuals.

The former or state system exists, with the exception of our own country, practically throughout the civilised world; although in some lands many faults might be found with the working, on the whole it is protected from the abuses of the voluntary system, which we alone of all nations still struggle to maintain.

The question of Hospital finance and management at the present time concerns the British Public in no small degree, and in order to estimate the advantages and disadvantages of the system upon which our Hospitals are administrated, it may be of use to describe briefly the way Hospitals are managed in some foreign countries.

In GERMANY all the charitable Institutions are under the control of the state, which superintends the administration and founds new Hospitals when and where necessary. Every German in need is entitled by law to relief from the Poor Board. He has the right to obtain the necessaries of life, relief in sickness, and decent burial after death.

The law of Germany is briefly as follows:—Every man, woman, or child engaged in profession, trade, or common labour—in short, everyone who is not in an independent position or a member 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 (1½d. 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 invalidated 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 (1/9 to 5/-), the law being that the sum must not exceed 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 per day. Thus, generally, there will be a small surplus; this, if the patient has a family, goes to the wife during his stay in 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 in the event of an improvement in his position at any time 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 are under one uniform Administration, which was settled by a law passed in 1851. 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 Christiania 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 connexion 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 great maxim 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 public 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 also much fewer beds in proportion to the population as compared to our 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 system 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 Guys, and the unendowed, including all the rest of the hospitals, general and special. Whosoever will 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 overcrowding of the out-patient departments; and (5) the promiscuous treatment of persons, especially in these departments, well able to pay a private doctor.

CHAPTER II.

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

1. *Absence of Central Organisation and 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, and do not have to give their services, a striking difference is manifest. In the London Poor Law Infirmaries alluded to, the average cost is only from £30 to £50 per annum. An obvious result of this lack of central organisation is the enormous amount of energy wasted by Hospitals struggling and com-

peting 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 in 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 is to say, by clever devices of the secretaries or Boards to get money. The only 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, and finally adds, “such are permitted to remain until relieved by art or released by death.” Another, with its electrical departments; a third, its school for massage; a fourth, its “No horrors, no infection” (*vide to-day's Times*). *Quousque tandem?* The more badly-managed and the more heavily in debt the Hospital becomes, the more is the fact advertised. At the present day, probably owing to the general scarcity of money, the public 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 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 treated for nothing, and in some cases themselves too. Governors have the right of sending their domestic servants for free treatment (*vide* to-day's *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, or 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 sometimes street collections, accompanied by bands or grotesque processions.

3. *Habitual Excess of Expenditure Over Income.*—Here again each Board, having complete control of its 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 these grounds: attempting 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 and 5. *The Overcrowding of the Out-Patient Departments, and the Promiscuous Treatment of Persons, especially in these Departments, who are Well Able to Pay a Private Doctor.*—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 overburden its out-patient department. The amount received from the well-intended but much-misguided systems known as the Hospital Saturday and Sunday Funds is directly dependent upon the statistics returned by the several Hospitals as to the number of patients seen, and absolutely irrespective of the way 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 present out-patient system undoubtedly encourages drink in the class of people who attend. The men, and especially the women, know full well that, when they have drunk to excess, and their stomach or some other organ has rebelled, they have simply to go to the nearest Hospital, where for nothing they are given a bottle of medicine to temporarily relieve the affected organ, and thus enable them to return to their debauch. In many out-patient departments by far the majority of patients are suffering from one or other effect of the abuse of alcohol, and would in some cases, at any rate for the time, be compelled to give up this excess, if tem-

porary relief were not so readily presented to them for nothing. If these patients had to pay as much for the medical advice as they pay for drink it would at least put a curb upon them. Again, if habitual drunkards had some difficulty or expense in getting immediate relief from unpleasant symptoms the temptation would not be so strong. As it is, many belong to some club or society, they drink to excess, rush to a hospital, and get drugs to relieve the symptoms, and enable them to continue drinking, and at the same time they receive, also gratis, a medical or hospital certificate, saying they are unfit for work, so they are thus enabled to draw sick pay, and with this drink *ad libitum*.

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 building 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, typhoid, children with 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.

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

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.

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.

Surely from these facts and considerations it must appear that the voluntary system compares most unfavourably with the system of direct State control. It would also seem certain that our voluntary system is doomed, and cannot go on much longer. At any rate the matter is one which demands the earnest attention of every member of the profession.

