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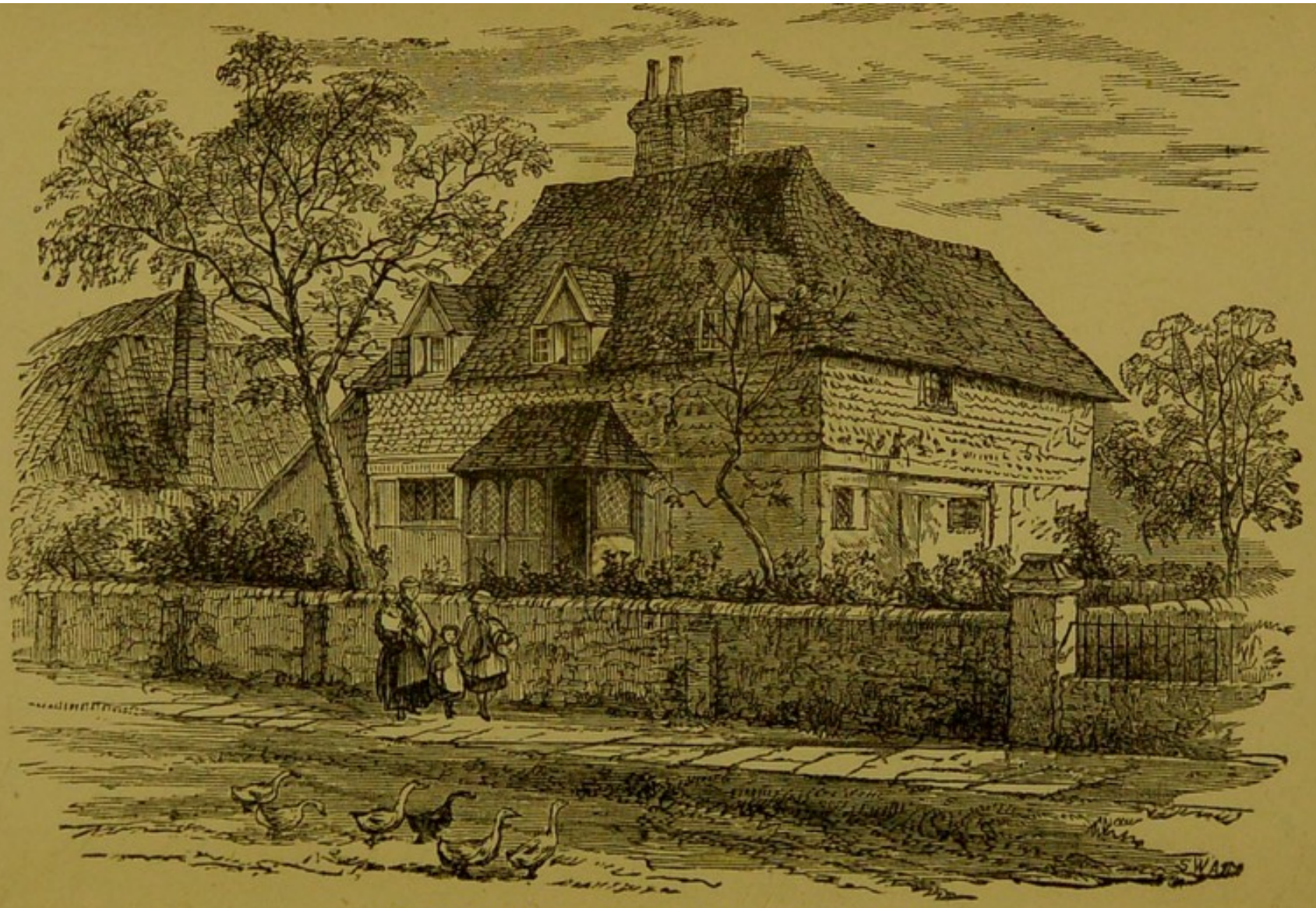

CRANLEIGH VILLAGE HOSPITAL.

HANDY BOOK

OF

COTTAGE HOSPITALS.

ILLUSTRATED WITH PLATES AND WOODCUTS.

HORACE SWETE, M.D.,

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1870

TO THE

REV. JOHN VANE, M.A.,

CHAPLAIN TO HER MAJESTY,

RECTOR OF WRINGTON AND BURRINGTON, AND PRESIDENT OF THE

WRINGTON VILLAGE HOSPITAL,

THIS "HANDY BOOK" IS INSCRIBED,

IN REMEMBRANCE OF THE MANY KINDNESSES SHOWN BY

HIM TO THE AUTHOR,

DURING A RESIDENCE OF THIRTEEN YEARS IN HIS PARISH,

AND THE

VALUABLE ASSISTANCE AFFORDED BY HIM IN FOUNDING THE

WRINGTON VILLAGE HOSPITAL.

PREFACE.

In bringing the subject of Cottage Hospitals before the notice of the public, it has been the intention of the Author to show how simply and inexpensively a Cottage Hospital may be managed. Many of the details entered into may seem trite and common place; but it has been desired to make the little book in reality what it is entitled, a "Handy Book." Those who take the initiative in the work of promoting Cottage Hospitals are for the most part busy men, and for such many of the details have been worked out.

The plan of the work was arranged several years since; but circumstances prevented the Author from carrying out his intentions at that time. He therefore placed the papers and notes he had collected at the disposal of Dr. Waring, who was writing a very able and useful pamphlet on the subject. He has not, therefore, hesitated to quote largely from Dr. Waring's pamphlet, feeling that, with the single exception of the admission of patients by governor's notes, Dr. Waring's views were identical with his own. To Mr. Napper, and the Medical Officers and Secretaries of the Cottage Hospitals described, his thanks are especially due;

as well as to Mr. Berkeley Hill, and Messrs. Allen and M. Whitwill, through whose kindness he has been able to include in the work several useful illustrations; whilst to Dr. Wynter and the Editor of "Good Words," he is indebted for the privilege of re-publishing the views of Cranleigh and East Grinstead Village Hospitals. The other blocks have been faithfully executed by Mr. T. B. Power, of Bristol.

The description of the various Cottage Hospitals is by no means as complete as could be wished, having, in many instances, to be culled from the published reports. The Author trusts to be able to rectify this in a future edition; and will be thankful to those Medical Officers of Cottage Hospitals who have already assisted him, if they will send full information of the Institutions in which they are interested.

Should the publication of this little work be the means of giving any fresh impetus to the advancement of the Cottage Hospital movement, the labour of its compilation will be amply repaid.

Dunmarklyn, Weston-super-Mare,
June 21, 1870.

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CHAPTER I.

INTRODUCTORY.

One of the most important problems of political economy, is that of deciding how to help the poor to help themselves, rather than to demoralize and to degrade them to the rank of "paupers" by indiscriminate alms-giving. Many of our modern senators are beginning to see that giving relief to the sick poor in the shape of a loan, has more the effect of relieving the over-burdened ratepayer than forcing the poor man, whose present means of subsistence has been cut off by sickness, to sell his little "sticks of furniture," and go into "the house." The system of cottage hospitals, which this little book advocates, is founded on the principle, *ab initio*, of helping the poor to help themselves.

It was an era in the history of hospitals when Mr. Napper, of Cranleigh, showed that all the good effects of a hospital might be obtained with a zealous, earnest surgeon and a good nurse, in a simple cottage, like that of the poor man; and that, putting aside the, perhaps time-honoured, custom of providing gratuitously all the appliances and diet of the hospital, the poor were not only thankful for the aid afforded in the little Cottage Hospital, but were able and willing to pay a weekly instalment towards their maintenance.

In olden times, "Charity Universal," inscribed on the portals of some of our noblest hospitals, was a grand motto; but the experience of those who work most amongst the poorer classes, has shown the demoralizing and pauperising effects of *giving* to too great a degree; whilst the free tickets of the subscribers are often largely taken advantage of, by a class well able to pay both for advice and medicine, to impose on the hospital funds; indeed, many openly become subscribers, that their servants and others employed by them may obtain cheap doctoring at the hospital.

The prejudice against the new system was so great, that in the first five years after Mr. Napper pioneered the way, only eight of these hospitals were opened. As the founder of one of the early cottage hospitals, I can bear testimony to the difficulty of overcoming the prejudice of not only the county gentry, but medical men, to the system. In the succeeding five years the number of new cottage hospitals was multiplied tenfold; and it is on account of the numerous applications for information, as to how such an Institution should be started and managed, that I now compile this "Handy Book," knowing that the feeling of distrust, as to the objects of these hospitals, will diminish as their true nature becomes more widely understood.

The great obstacle to the movement has been the opposition of medical men practising in the neighbourhood, where a new cottage hospital has been proposed. I myself painfully experienced this when starting that at Wrington; but its five years' work has done much to remove this feeling.

Many, formerly much opposed to the movement, are now giving it their aid, and a new cottage hospital will soon be commenced in consequence, in a neighbouring district.

The principles of the Cottage Hospital movement I laid before the Meeting of the Bristol and Bath Branch of the British Medical Association in 1866. (The paper is reprinted in the appendix of this book.) The simplest way to look at the matter is to consider the cottage hospital, if formed on the original model of Cranleigh, to be a receiving home for the patients of any medical man residing near enough to the hospital to make use of it. There he will find an efficient nurse, clean and well-ventilated rooms, with properly constructed beds ; and there he will be enabled to carry out his treatment, and operate, if necessary, feeling that more success must attend his efforts than if his patient remained in the crowded, and often dirty, cottage of the poor.

It is necessary for the effective working of these little hospitals, that *one* medical man should act as superintendent or director. One head must manage the whole. Very often the proposal to start a new cottage hospital will emanate from a young practitioner, both because, being a beginner in practice, he has more time than his older brethren, and because he yearns for the hospital work he has so recently left ; still this should cause no ill-feeling to so good a movement. The older practitioner, by acting in concert with him, will often gain a useful friend, and one who can relieve him of a good deal of hard work, by

looking after a troublesome case in the hospital; whilst as the senior, superintending his own case, he can lose no meed of credit due to him for the result.

Again, the cottage hospital does not diminish the fees of neighbouring medical men, and it has been laid down as an axiom, and carried out in many of the institutions now established, that if any operation be performed on a patient having a parish order, and which would entitle the medical officer to an extra fee, that fee will be handed over to him, just as if the operation were performed in the patient's own cottage. That this is no myth, the returns for Cranleigh will show, as in the first four years of its work £36 was paid in extra fees to parish medical officers. Boards of Guardians are beginning to find that the patient in the cottage hospital is able to return to his work sooner than if he remained in his own home, and that therefore the ratepayers are benefited by any operation performed there, perhaps the only argument they will listen to.

I believe much would be done to remove any prejudice with regard to the establishment of a cottage hospital, if the promoters called together the neighbouring medical men, and thoroughly explained these matters. In all cases, too, the rector or vicar of the parish should be invited to have a voice in the matter. The clergyman and doctor going hand in hand in so good a work, will generally obtain a fair hearing from their wealthier neighbours, from whom the sinews of war, in the shape of the necessary funds, are most likely to be obtained; and here I may observe that this movement has been much promoted by the clergy. The

cottage at Cranleigh, the first used as a hospital, was given, rent free, by the Rev. Mr. Sapte, the rector of the parish, who did much by his influence and purse to help Mr. Napper in the, then, new work. At Wrington I could never have overcome the apparently insurmountable difficulties without the help and encouragement of the Rev. Mr. Vane, the venerable rector of that parish. And looking over the reports of more than fifty cottage hospitals, the clergy are nearly always in the foremost place; frequently working as secretaries—no small labour—when a new institution has to be established. In only two instances have I been told that any opposition has emanated from the clergy.

In country places the prejudice against any new thing is very often a considerable hindrance to the founding of a cottage hospital. The Squire has always looked on the County Infirmary as the legitimate place to which an accident should be sent, and cannot understand why his own family doctor should want to have a hospital. Farmers are probably still more prejudiced: the usual sentence, "It was well enough in my father and grandfather's time without; and why won't it do now?" we must be prepared to hear. Still, time and experience of the work in other places will gradually break down these prejudices, and the way will be cleared for fresh operations. That there is room for many more of these little hospitals cannot be doubted by anyone conversant with the distribution of hospital beds throughout this country. Whilst, as I stated to the Medical Association, there is one bed in London, to every 716 of the population, there are counties where the proportion does not equal one

in 3000; and two counties where the population is over 50,000, and not a single hospital bed to be had, if required. At the date of that calculation there were nine millions of our population without any hospital accommodation, save that at the workhouse infirmary. Since then, about 40 cottage hospitals have been opened, with an average of six beds each; so that, allowing one bed to be sufficient for every 1000 persons, there is still scope for 1760 beds, to meet the wants of the population.

One of the advantages of cottage hospitals, as will be shown in the pages of this little work, is the small amount of expense in starting them; a fair average deduction, made from the perusal of a large number of reports, being—that to establish a hospital on the Cranleigh model, the cost should not exceed £100; and the annual amount of subscriptions required to keep it up, another £100, supplemented by the patients' payments, which will generally reach to £25 or £30, thus making the whole amount up to £20 a-bed.

In making this statement, it must be borne in mind that the cottage hospital does not necessarily mean a building of any architectural pretensions; but such a cottage as a well-to-do working-man or small farmer might occupy, with some little alterations to fit it for its purpose. Many cottage hospitals, as will be hereafter seen, are really beautiful buildings; but this is a part of the luxury, not the necessity of the movement. It is my intention, as far as I have been able to obtain information, to describe the cottage hospitals now in existence, so that the reader, who may wish

to help in establishing a new one, may have some idea of what is required, and suit the design to the means and charity of the neighbourhood. In some places—at New Bromwich, Dudley, Sherborne, and Crewkerne—the intended cottage hospital has expanded into a large general hospital, more suited to the wants of those neighbourhoods.

It has been feared by some that the establishment of cottage hospitals must tend to diminish the funds of our older institutions. This, I think, closer investigation will not prove to be the case; but rather that the purses of those who have never before given to hospitals, have been opened, and they have been enabled to experience the luxury of aiding others. This may arise, first, from the fact that small subscriptions are gladly received; whereas many of our county infirmaries have a stated subscription of one or two guineas per annum; and, secondly, as the work is carried on before the eyes of the subscribers, he personally knows something of the wants of nearly every case taken in, and feels convinced that the small donation he has been able to afford, is doing the work he wished it to do, and not expended in large staff expenses, however necessary they may be. At the Hambrook and Wrington cottage hospitals, not far from the Bristol Royal Infirmary, the subscription lists show that the majority of the contributors, with the exception of a few wealthy landowners, who support both institutions, are those who have not before subscribed to the funds of a hospital. I believe it is very rarely found that a subscription has been withdrawn from the county infirmary, in consequence of the establishment of the hospital in the village.

Premising, therefore, that there is room for the establishment of cottage hospitals; that they neither injure medical men, nor the finances of the larger and older hospitals, it may be well to shew in what way this movement is of value. 1st, to the poor, suffering from sickness or accident. 2nd, to the medical men practising in the neighbourhood; and 3rd, to the public generally living near, who may not themselves require to take advantage of the hospital.

To the sick and suffering poor.

To those who visit their poorer neighbours, the sick room of the cottager is a familiar object, the cottage itself generally consisting, at the best, of a kitchen and back shed, with perhaps two bedrooms, which are often without a fireplace; the windows, small, low, and frequently not made to open; the labouring man, who has met with a severe accident, with difficulty is carried up the narrow staircase—generally of the step-ladder description—and is placed on a bed utterly unfit for the treatment of a broken limb, and which his restless tossings has disordered. Perhaps he may possess a coverlid or counterpane; but more generally the top covering of the sick man's bed is the collection of unused clothes in the house; the floor, occupied by some ingeniously-constructed temporary bedding for the wife and younger children; no useful sanitary arrangements to be obtained; the patient parched with thirst, and with the capricious appetite of illness, turns his head away from the badly-cooked food; the wife, tired out with bad nights, and "worrited" with the children, who are constantly crying; added to which may be the close,

sickening steam of "washing out a few things," which some neighbour, with well-meant kindness has dropped in to do, keeping up an incessant chatter of village gossip that drives the sick man wild, and here we have a tolerably fair picture of the cottage home in sickness. It may be that the patient lives in one of those villages happily now on the increase, where the squire's and the vicar's wife and daughter vie with each other in helping the poor; where the clean sheets from the Vicarage, and nourishing broth from the Hall, with the superintendence of the village nurse from one of our excellent training institutions, does much to remedy the state of things we have described. Still, I doubt even then, with all the clinging to home of our English character, whether the sick labourer would not be better off in the cottage hospital. "He would not have far to go; he would arrive at a cottage much like his own, his wife by his side, and the clergyman of his parish, to whose voice and kind words he is accustomed, his visitor." The time of the wife or elder daughter, that would have been taken up in nursing, may now be employed in doing something to add to the income of the family, during the sickness of the husband and father. The sick man will there have the advantage of pure air, and be saved the inconvenience of a crowded room; the hospital though in many instances, not much differing from his own cottage, will have windows to admit bright sunlight and air; the food will be well cooked, and the necessary medicines promptly given, which greatly increase his chance of safety or rapid recovery. The absence of noise, together with the quiet and regularity of a hospital, will tend much towards this good result. And this is even more manifest in the cottage hospital than in the

county or city infirmary, where the numerous staff of doctors, pupils, and nurses, the clinical lecture, case-taking, and the excitement of seeing many others suffering, and perhaps dying, around him, cannot be conducive to the well-doing of our country poor; added to which he is able to have the attention of the doctor he is accustomed to, who has successfully brought his wife and children through many difficulties, and who is endeared to him by frequent kindnesses shown in sickness—for the majority of these little hospitals are open to all medical men choosing to make use of them. The patient in these hospitals is able to be visited by those near and dear to him; whereas, if taken to the county infirmary, in many cases the distance and expense of the journey would prevent him from enjoying this satisfaction, and would add to the discomfort and the feeling that he was cast among strangers, however kind and attentive they might be.

Dr. Waring, in his interesting pamphlet on Cottage Hospitals, remarks on this subject:—"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 behind; 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."

Dr. WARING also draws attention to "the advantage that arises in fatal cases, from the corpse not being kept in the crowded cottage of the poor, but in the mortuary chamber which should be attached to every cottage hospital, where the dead may remain without inconvenience to the patients during the interval between death and interment." It is very sad to see the coffin containing the remains of one of the cottager's family, compelled to be kept in the one and only room the living are able to occupy, where the usual meals and all family intercourse and occupations must of necessity be carried on.

There is another point in which the value of a hospital in the immediate neighbourhood of the poor man's cottage or

sphere of work is so obvious, that, if it were not for the prejudice in the minds of many in favour of large hospital institutions, hardly needs enlarging upon — the case of severe accidents, endangering the safety of life or limb. Time lost is often life lost, in a serious accident, where loss of blood is frequently great. Not long since there was an account in the public papers of a severe casualty on a new railway in course of formation, where the thigh of the poor sufferer was severely crushed, with considerable injury to the blood vessels. The accident happened within two or three miles of two cottage hospitals, both having the good fortune to possess excellent surgeons on their staff, yet the authorities decided to send the poor man to the county infirmary, a distance of twelve miles. Three hours were lost in transit, and death ensued from shock and loss of blood. Now, it is not unreasonable to infer, that had the patient been at once received into one of the little hospitals near, two hours of valuable time, at least, would have been saved. Many similar instances must occur to the recollection of medical men, where, if means of attending to the sufferers from accidents were at hand, valuable lives would have been saved. This is the more painful, as the man who is stricken down is generally the bread-winner of the family, and the life lost is not simply the sad trial to the widow and children, but represents a positive pecuniary burden on the ratepayers of the neighbourhood.

The value of Cottage Hospitals to medical men practising in their neighbourhood.

Whilst the greatest amount of benefit of this system is felt by the sufferer received into the hospital, no small

amount of comfort and help is derived from it by the medical practitioners. The safe and speedy recovery of the patient is not only a source of deep gratification in itself, but is an earnest of future success in his profession to the practitioner. The country surgeon often refuses to operate, and sends his patient to the nearest town hospital, not because he considers himself incompetent to cope with the case, but because he feels that the difficulties of after treatment, and the entire absence of surgical comforts in the poor man's cottage, will militate against a successful result.

With a cottage hospital near, these obstacles at once vanish. Statistics, as will be shown, prove that the patient has a far better chance in the little hospital than in the county or city infirmary. Nor is surgical skill wanting. Many an embryo Cooper or Liston has wasted his talents in the country, feeling the power to act, but his conscience not permitting him to jeopardise his patient. The time has gone by when good surgeons were only to be found in towns, medical and surgical education being so much advanced by the frequent examinations now insisted on by the Medical Council. Idle or ignorant students are weeded out at an early part of their career, so that the young surgeon really has a thorough knowledge of the groundwork of the profession. I would by no means by these remarks be considered to undervalue the surgical skill of the older country practitioners. Many an operation that would have made a sensation in the operating theatre of a town hospital has been successfully performed in the cottage of the labourer by the country doctor. In a case of railway injury received into the first

little cottage hospital, where both legs were crushed, Mr. Napper sends for the assistance of a brother practitioner to remove the injured limb, and then quietly sits down and ligatures the main artery of the thigh whilst waiting for help, no trivial operation even with efficient assistance. There is no lack of skill in country places; only the opportunity of bringing it into action is wanting.

The cottage hospital will often save the country practitioner miles of hard riding, and enable him to visit his patient in a critical case much more frequently than would have been possible, whilst he was living on some desolate hillside, without proper road or approach, and probably six or seven miles from the doctor's door. It is well known that the success of the treatment of many severe cases depends more on little attentions frequently displayed, than even on the skill that originates some new and striking plan of cure. The opportunity of giving this attention is lost when the patient lives at a distance from a medical man, whose daily work is too often represented by forty or fifty miles' travelling a day.

Another very great advantage is the capability of meeting and consulting over a difficult case with brother practitioners. As this can be reciprocal in the hospital, any delicacy in requesting a friend to come and help, without the possibility of giving him a fee, is removed. The cottage hospital being open to all medical men, it will necessarily tend to promote unity of feeling. Amongst medical neighbours, except in consultation or in a hospital, medical men see little of one another's work; the feeling of honour and delicacy which is inseparable from the profession, preventing them from talking over cases entrusted to their care, and ignorance of

the details and true nature of a case which is sometimes curiously misrepresented by the public, may tempt one surgeon to look superciliously on the work of another; whilst the open consultation and treatment of the patients in the cottage hospital will, to a great degree, if not entirely, remove this feeling..

The country practitioner is benefited also by knowing that in the hospital his instructions are properly carried out; those acquainted with the habits and prejudices of the poor will at once see what is gained by this. How often the doctor orders medicine, which after arriving at the sick man's cottage, would be supposed at once to be given in the proper dose; not so, the bottle is not unfrequently put on the shelf till the "Vicar" or "Madam" calls, who are supposed to know by the colour and smell, or if the patient can induce the effort to be made, by the taste whether the "stuff" is all right. It is rarely then the whole dose is taken. When the patient is able to pay a little for his medicine, it is given in half doses to make it last the longer. Any new symptom is supposed to have been caused by the medicine, and it is constantly laid aside till the doctor's next visit. Even if given regularly the nursing is irregular and lacking in proper knowledge. Food, more important than physic, is given at long intervals, and of a kind that the sick man loathes, or if taken, cannot digest. In cases of accident the bandages are frequently altered, and the advice of the last neighbour who drops in taken in preference to that of the surgeon, who is doing all his skill and experience can suggest for the sufferer.

The want of a hospital in the country frequently tends to drain interesting and instructive cases from the practice of the

medical men. The *British Medical Journal* states :—"The system of draining all instructive cases from country districts is detrimental to the practitioner, inasmuch as it deprives him of the means of exercising and maintaining his manipulative skill, which is a great grievance in every way, inasmuch as the practice of the art in its highest and most critical, as well as in ordinary cases, is a great delight : it is a grievance, moreover, in a pecuniary point of view, inasmuch as it necessarily inculcates the notion that where there is a want of practice, there must be a want of skill ; hence the higher classes are led to call in the aid of metropolitan celebrities on every slight occasion. Knowing as we do the fertility of resource that characterises the country practitioner, and his ability in the treatment of disease, we look upon this drawback to his career as an exceedingly annoying one, and we hail with much pleasure any means by which it may be obviated."

The *Lancet* also says :—"The management of cases of accident and severe illness amongst the poor in rural districts constantly offers the most serious difficulties to the surgeon. In remote villages, in isolated districts, and in localities where the hospital is distant, the patient must suffer greatly from the absence of all the appliances and the kind of nursing and attendance which only such an institution can afford. A well devised effort made in the village of Cranleigh, successfully meets these shortcomings in that district, and may serve as a model to be usefully copied elsewhere. It is a sensible and useful development of local philanthropy for which we desire permanence and a rich fruition of useful works."

The value of Cottage Hospitals to the public generally living near, who may not themselves require to take advantage of them.

The wealthier inhabitants of villages will often receive a benefit themselves from the charity they have bestowed on the poor, in providing a hospital for their help in sickness. The benefit done to the profession, by enabling them to exercise and perfect their skill, will not only keep a really good surgeon in the country, but it will also keep him up to the mark. Severe accidents and disease do not alone happen to the poor. It is true that the rich man can put in motion the telegraph, and summon to his aid the hospital surgeon of eminence, but there are not a few cases where mortification may set in before the skilful operator can arrive, and where the knife of the village surgeon, deftly used, may save the life of the squire at the hall. To the earnest surgeon, the means of exercising his skill has far more charms than the sordid interests of the ledger and day-book; and advanced professional income presents less temptation to keep the young surgeon in the country than a well-conducted cottage hospital, with its means for properly carrying out his treatment. In a word, professional success and credit are more alluring than fees. *The Times*, January 3rd, 1866, speaking of the advantage of cottage hospitals, says:—"The lessons 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."

Nor is the means of securing the services of a good operating surgeon in time of need the only benefit to be

derived ; a good nurse is of very little less importance in a country district far from towns. Though I do not approve of the system of sending the nurse out of the hospital to exercise her skill, which should be retained for any sudden emergency, yet there have been many occasions where it has been of incalculable importance to be able to send a nurse at a moment's notice to the sick room of the more wealthy patient. I could mention more than one case where the timely aid thus afforded in the middle of the night, has done more to eradicate lingering prejudices against the cottage hospital system, than any amount of argument from the promoters. The rich man, who has himself experienced the difference, almost immediately felt, when the cottage hospital nurse has arrived, comfortably adjusted his bed, and almost by magic made the recreant leeches to "take," is not long in being convinced of the benefit of such a person being at hand in his village.

Many of the remarks previously made will also show how the little hospital has acted in relieving the ratepayers of some portion of their parochial burdens. The expenses of the undertaker, and the subsequent care of widows and orphans, far outbalance the weekly sum allowed by the board of guardians to maintain a patient in the cottage hospital, and by receiving all the advantages to be obtained there, save the life of the recipient of such parish aid. I do not allude to the regular pauper, for whom the workhouse infirmary is provided, but to the stalwart labourer, who, when prostrated by accident or disease, and having neglected to enter any provident club, is forced by the claims of his numerous family to call the relieving officer to his aid, and thus, however reluctantly, to become a burden on the ratepayers.

The rich may also feel that whatever their bounty may supply to the poor reaches its proper destination, and in these institutions is carefully used.

At Fowey Cottage Hospital a large proportion of the funds are given in kind,—dinners, fruit, wine, &c., being sent from the rich man's table to his sick neighbour. Not many weeks since I saw at the Memorial Cottage Hospital, at Capel, in Surrey, a poor woman suffering from a painful and fatal disorder, whilst on the table by her side lay a beautiful bouquet of hothouse ferns and flowers. Whoever the kind donor might have been, he would have been more than repaid had he witnessed the pleasure the gift produced. These little attentions add greatly to the comfort of the poor, and like "the cup of cold water," react to the benefit of the giver; for is it not written,

"Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto ME."

CHAPTER II.

THE PRINCIPLES & HISTORY OF THE COTTAGE HOSPITAL MOVEMENT.

The principles upon which Mr. NAPPER, in 1859, originated the cottage hospital system are three-fold :—

1st—A small number of beds, so that the work of a hospital may be carried on in a cottage like that of a poor man, and with a single nurse.

2nd—Equality of privilege to subscribers in recommending patients, the patient paying a certain sum, according to his means, weekly, towards his maintenance.

3rd—Whilst one medical man takes the general superintendence of the work, the cottage hospital is open to all who choose to make use of it, and all extra fees due from the union are paid to medical men while attending on their cases in the hospital.

The number of beds.—This should certainly not exceed six, but in thinly populated districts, four will be found sufficient. There are two reasons for this ; first, in the cottage that will be most likely available for the purpose, the rooms will be small, and a large number of beds will produce all the evils of overcrowding ; and, secondly, a larger number will neces-

sitate a second nurse; to ensure economic working, there should never be more than one, with additional help. It is the amount of large staff expenses that causes the drain upon the funds of our hospitals.

Equality of privilege to subscribers.—In all cottage hospitals accidents and emergencies should be at once admitted, without waiting for any note of recommendation. In other cases the patient is enjoined to procure from a subscriber a note, as a guarantee that the applicant is a proper person to be admitted; these notes, on Mr. NAPPER's principle, are issued to subscribers as they may want them, entirely irrespective of the amount of their subscription; thus the farmer or shopkeeper has as much right to recommend patients as the squire, though the amount of their subscription is probably much smaller. That this is an important principle I will endeavour to show. The cottage hospital is founded to afford the privilege of a certain number of beds to supply the wants of the district: this has been found by experience to be about one bed to every 1000 people. If the old principle of governors' notes (found to lead to much of the abuse of our larger hospitals) be carried out here, the rich man could at once fill the little hospital with his nominees, so that it would really become the appendage of the Hall. Dr. WARING, I am aware, takes a different view: he says, "In deciding upon the sum to be paid weekly for maintenance, 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. . . . . In other words, by this rule, the subscriber who recommends the patient, pays 5s. a week towards his maintenance, and placing the weekly cost at 7s., this would only leave 2s. per week to be contributed by the patient." Now this statement is not only at variance with the original scheme, but it seems to sap the very foundation of the movement, and instead of the cottage hospital supplying beds to those who really need them most, they will be secured to those whose friends are able to pay the most. On this point Mr. NAPPER writes :—"Accidents and cases of emergency are at all times admitted without orders ; but all other applicants must be recommended by a subscriber. The hospital is mainly supported by donations and small annual subscriptions, but the number of beds being necessarily small, subscribers, whilst recommending, are not entitled to *order* the admission of patients, and as a standing rule, *such only are admitted as cannot be efficiently treated at their own homes ;* whilst infectious, incurable, and consumptive diseases are excluded."

The simplest way of looking at the matter is to remember that the cottage hospital of six beds, in a purely rural district (many of those started in manufacturing places, have developed into general hospitals), supplies the necessary accommodation for 6000 people; that having been once started and furnished, it will cost about £120 per annum to keep up, about £25 to £30 of which will be paid by patients, so that in a country neighbourhood, having a population of 6000, £90 to £100 will have to be obtained annually. In so small a community the 10s. subscription of the farmer or shopkeeper should be as

valuable as the £2 2s. of the more wealthy landowner. Both know the poor sufferer equally well; the smaller subscriber possibly more intimately than the larger; the point necessary to be obtained is the recommendation of a proper case, and the probable amount of weekly payment that can be fairly expected from the applicant is thus arrived at; thus the feelings of the small subscriber, whose purse has been perhaps only recently opened to help in hospital work, are not hurt by finding that the smallness of the amount he has been able, and perhaps even denied himself, to give, has not debarred him from the privilege of recommending a poor man to the hospital. It may be well to fix a limit below which a recommendation cannot be granted. In the Wrington Village Hospital any subscriber of 10s. and upwards is permitted to recommend patients, but the number of notes is not restricted to the amount given, the secretary at first supplying him with a few forms, and renewing the supply as they are used.

The amount the patient should pay weekly is not always easily decided. Practically, I find 6d. a-day to be most suited to the patient's means. In cases where the union has to help, 2s. 6d. a week will perhaps be the outside amount. Some patients, however, will be able and willing to pay 5s., or even 8s. a week; this amount, when fixed, should be paid weekly, in advance; or at any rate not be allowed to accumulate from week to week. My own experience has been that the patients are more satisfied to pay; it renders them independent, and takes away the feeling they dislike "of being beholden to any one." As a patient at the Wrington Village Hospital said to me, in true Somerset vernacular, "Thur, when I've a pay'd

the money I do knaw I've a right to ring thic bell," alluding to the handbell for the patient to ring when they require the attention of the nurse. If the patient is very poor, still it is better he should pay even 6d. a week than nothing at all.

The *British Medical Journal*, Oct. 20, 1860, remarks on this subject :—The major portion of the receipts are of course obtained by donations and subscriptions from the wealthy in the neighbourhood ; but the principle of self-aid, no matter how small, is established by the system of weekly payments, and we are delighted to find that a remote village in Surrey has set the example in a manner which must sooner or later be followed by our great metropolitan hospitals. When we see poor agricultural labourers thus contributing towards the expenses of their maintenance and care, how can we feel anything but disgust for a system which fills St. George's and other West-end hospitals with plethoric butlers and lady's maids, whose salaries are amply sufficient to provide all their medical wants outside of the hospital ? It is not the first time that the country has taught the town "how to do it."

One medical man should superintend the general work of the hospital.—In order to command success it is absolutely necessary that one head should manage the whole. This point was brought before a sectional committee on cottage hospitals, at the Bristol meeting of the British Medical Association in 1863, when the prevailing opinion appeared to be that one surgeon only should take the entire charge of the cottage hospital, whilst the whole medical community of the district should be invited to co-operate, by lending assistance in any cases in which they might be interested. Thus, if a

practitioner of the neighbourhood had a case for admission, he should by courtesy be privileged to visit his patient and advise with the medical officers respecting the mode of treatment to be followed ; and if a case for operation, he should have the option of performing it himself, or leaving it to the care of the hospital attendant. By this means the cottage hospital is made subservient to the interests of the whole medical body of the district.

In the arrangement of the guardians of the poor with their medical officers, a certain scale of extra fees is allowed in case of severe accident or operation ; thus £5 is paid for an amputation, £2 for a fractured leg, and so on. It has been laid down as an axiom in the management of cottage hospitals, that these fees should be paid to the union officer if he attended his patient in the cottage hospital, just the same as if he had done so in the poor man's own cottage. This is the case at Cranleigh, where £36 was paid in extra fees during the first four years of the existence of the village hospital. It has also been the case at Bourton-on-the-Water, Hatfield, Broad Oak, Cheesham, Iver, Litcham, and many other cottage hospitals. In some unions, however, the payment of extra fees is commuted in the annual salary, as is the case at Wrington and Bromyard.

History of the Cottage Hospital Movement.—Although some desultory efforts had been made in one or two places, the commencement of an organised movement first originated at Cranleigh, in 1859. For some time Mr. Napper, who was practising in that neighbourhood, had felt the necessity of some quiet room, in which a severe

case of accident or disease occurring amongst the poorer classes under his charge might be placed, and where the advantage of careful nursing might be obtained. Whilst he was consulting on the best plan for carrying the idea into effect, the rector of the parish, the Rev. Mr. Sapte, riding over the common on his way to solicit the aid of his principal parishioners in the good work, happened to hear of a severe accident that had just occurred, and that the poor sufferer had been carried into the nearest cottage. Hastening thither, he found Mr. Napper, with the assistance of his dispenser, the policeman, and an old woman (the druggist volunteered his aid, but had fainted and was useless) engaged in amputating the poor man's thigh. This case showed so unequivocally the importance of pressing on, with the intention of having some room or place with proper appliances for such cases, that Mr. Sapte at once placed at Mr. Napper's disposal a small cottage, rent free, which, after being white-washed and simply furnished, was in a few weeks opened as the first cottage hospital.

Very much at the same time, Mr. A. Davis, of Fowey, in Cornwall, opened a house for patients. He says he had a room in a cottage for severe cases before Mr. Napper started the Cranleigh Village Hospital, but cannot claim being the originator of the cottage hospital system. At Middlesborough, in Yorkshire, a similar work (as far as having a hospital on a small scale is concerned) was commenced.

The plan of having a small hospital or weekly payment by patients, was not however now for the first time introduced. At Wellow, a small village in Nottinghamshire, there has for many

years been a hospital, but on what principles I have no knowledge: I have repeatedly made attempts to gain information, but have not been able to do so. At Southam, also, near Warwick, a hospital of a few beds was established by the late Mr. Smith, in 1818, solely for eye and ear cases. The patients received into this institution paid for the first nineteen years, men 6s., women 5s., children 4s., and 3s. 6d. per week towards their maintenance. This hospital, in 1863, was opened for ordinary cases, to which four beds were allotted, and in 1868 two new wards were built, enabling the committee to open a cottage hospital of 12 beds. Whilst, therefore, the principles of the movement were not entirely new ; still no small amount of credit is due to Mr. Napper for thoroughly organising the system, and still more for showing practically that all the comforts and appliances of a hospital can be obtained in a humble cottage.

This simplicity I am glad to find Mr. Napper still carries out. When I visited Cranleigh a short time since, I found the cottage and its fittings just as when first opened. It has been frequently wished to build a cottage on a more extended scale, but he is unwilling to alter the style of the mother cottage hospital, the very humble character of which has encouraged the institution of similar hospitals in other places; whilst the expenses of a building of greater pretensions would only deter others from following so useful an example. The frontispiece gives a very faithful view of the Cranleigh Village Hospital, a more detailed description of which will be found in another chapter. The publication of the first report of this interesting field of work, led to many enquiries among

medical men as to the feasibility of opening cottage hospitals in other rural places. Fowey Village Hospital was opened in 1860 ; one at Bourton-on-the-Water in 1861, and the number of new institutions increased year by year, till at the present time about 60 of these useful little hospitals are at work, and several more in course of erection. I have taken some trouble to gain correct information on this point, and the following list can be depended on as an accurate account of the number at present established, and the year in which they were opened. An asterisk is prefixed to those institutions which partake more of the nature of general, than cottage hospitals :—

1859.	
Cranleigh	Surrey.
*Middlesborough	Yorkshire.
1860.	
Fowey	Cornwall.
1861.	
Bourton-on-the Water	Gloucestershire.
1862.	
Par Consols	Cornwall.
1863.	
East Grinstead	Surrey.
Iver...	Buckinghamshire.
*Walsall	Staffordshire.
St. Mary's, Dorking	Surrey.
Southam	Warwickshire.
1864.	
Wrington	Somersetshire.
Ditchinham	Norfolk.
Ilfracombe	Devonshire.

1865.

St. Andrew's	Fifeshire.
Tewkesbury	Gloucestershire.
Guisborough	Yorkshire.
Wallasey...	Cheshire.
*Weston-super-Mare	Somersetshire.

1866.

*Yeatman, Sherborne	Dorset.
Buckhurst Hill	Essex.
Capel Memorial	Surrey.
Reigate	Surrey.
*Crewkerne	Somersetshire.
Oswestry and Ellesmere...	Shropshire.
Rugeley	Staffordshire.
Cromer	Norfolk.
*Barrow-in-Furness	Lancashire.
Harrow	Middlesex.
Crimond...	Lanarkshire.
Petworth...	Surrey.
Great Bookham (closed in 1867)...	Surrey.

1867.

Sudbury	Suffolk.
Mansfield Woodhouse	Nottinghamshire.
Fareham, Shedfield...	Hampshire.
Fairford...	Gloucestershire.
Hatfield, Broad Oak	Essex.
Congleton	Cheshire.
Driffield...	Yorkshire.

Wirksworth	Derbyshire.
Dunster...	Somersetshire.
Malvern	Worcestershire.
Hambrook	Gloucestershire.
Savernake	Wiltshire.
Richmond	Yorkshire.
Charmouth	Dorsetshire.
Scarborough...	Yorkshire.
Warminster	Wiltshire.

1868.

Mildenhall	Suffolk.
Litcham...	Norfolk.
Melksham	Wiltshire.
Weybread	Suffolk
Longton	Staffordshire.
Tetbury...	Gloucestershire.
Burford...	Oxfordshire.
Alton	Hampshire.
*Shepton Mallet	Somersetshire.

1869.

Cheesham	Buckinghamshire.
Bromyard	Herefordshire.
Speen	Berkshire.
Newick...	Sussex.
Burford...	Shropshire.
Clearwell	Gloucestershire.
Bromley	Kent.
Bangor	County Down, Ireland.
Bournemouth...	Hampshire.

1870.

Yate	Gloucestershire.
Royston	Cambridgeshire.
Walker	Northumberland.
Ashford	Kent.
*Wakefield	Yorkshire..
Leek	Staffordshire.

IN COURSE OF FORMATION.

*Harrowgate	Yorkshire.
Shaftesbury	Dorsetshire.
Chalfont	Buckinghamshire.
*West Bromwich	Staffordshire.
*Dudley	Worcestershire.
*Kendal	Westmoreland.
Tavistock	Devonshire.
Market Rasen	Lincolnshire.
*Petersfield	Hampshire.
Trowbridge	Wiltshire.

CHAPTER III.

THE COTTAGE HOSPITAL AND ITS FURNITURE.

Whether it is intended by the promoters to build for the special purpose, or to alter an existing building, the cottage element should not be lost sight of. A purely cottage hospital should not have more than three beds in a room ; these rooms should be bedrooms, not wards. In building or selecting a cottage for a hospital, all ideas of existing county or general hospitals should be laid aside, and the mind imbued with the idea that it is the cottage that is to be converted into the hospital, and not that the hospital is to be built with regular wards, sister's rooms, &c., in the outward form of a cottage.

The accommodation that is absolutely necessary for a hospital with six beds, to be worked with one nurse, is as follows :—A good kitchen, which is used by patients who are well enough to sit up and enjoy conversation, &c.; a more comfortable room, to be used as a committee-room, and by any patient able to leave the bedroom, but not sufficiently strong to sit in the kitchen ; this room will be found of great advantage, but is not absolutely necessary ; three bedrooms, two of which are fitted for three beds, and the other with a single bed for a severe case ; this room will require a good window and a fireplace, as it will be used as the operating

room of the institution. A nurse's bedroom—this should be situated as near the patients' bedrooms as possible, so that she may be easily called at night by any patient requiring attention. If there is another small room on the bedroom floor, it should be fitted up as a bath-room. The offices should consist of back-kitchen, wash-house, house for coal, &c., shed for ambulance or wheel-chair; and, what is most important, a room lighted by a skylight, to be used as a mortuary chamber, where, if required by a jury in case of a coroner's inquest, a *post mortem* examination may be made. This room or building should be accessible by some other mode of entrance than that through the hospital. A jury may there view a body, or a *post mortem* examination be made, without any patient in the hospital being aware of what is going on.

A plot of ground attached to the house is a very great advantage, and should, if possible, be secured. Not only is a back yard almost indispensable, but a small garden, with bright sweet-scented flowers, adds much to the cheerfulness of the aspect of the place, and allows recreation to be taken by the convalescing patient without fatigue. The flowers grown here should be the old-fashioned sort, such as cottagers delight in—sweet briar, marjoram, boy's love, with a few roses and bright scarlet geraniums. These will please the poor sufferers, and add much to the home character of the cottage hospital.

There are two points which are of the first importance, and should be carefully attended to in the selection of a site of a cottage already in existence. 1st, the supply of water, and, 2ndly, the capabilities for effective drainage A good spring of water is of the utmost value ; and proper means for collecting

rain water is not much less needed. A couple of good sound wine pipes, placed side by side, so that the overflow of one will fill the other will, perhaps, be sufficient to collect the rain water of the sized building that is desired; they should be well painted outside, and provided with covers; these are easily kept clean and sweet, and require no pump to be attached to them. If a building of any pretensions is intended to be erected, a good tank or cistern for rain water should not be left out of the specifications. To this there should be a proper man-hole, so that it may have a thorough cleansing at intervals. Soot, which is washed down from the roofs, and speedily decomposes, together with decaying leaves and other vegetable matter, will find its way into the cistern, necessitating a thorough cleansing at least once every year. It is not likely, at any rate, in rural districts, that an organised system of drainage will be found; and as the cottage hospital should set a good example in sanitary matters, no drainage from it should be allowed to find its way into neighbouring ditches or streams, and thus help to pollute the supply of water in the adjoining neighbourhood. If the water system of latrines be adopted, a properly constructed cesspool will be found the most effective plan of getting rid of the drainage of the institution, even if the dry earth system be preferred, (which I most strongly advocate) a cesspool will be required for the liquid drainage.

Here is one reason for the necessity of a piece of ground around the building. The cesspool should be placed as far from the cottage as possible, due regard being had to the most advantageous position for periodical cleansing, and

that any overflow will not be injurious to neighbouring houses. The cesspool should be constructed of sufficient size to require opening only once or twice in each year, which ought to be done during the cold weather. The top covering should not be less than three feet below the mould of the garden, the lower half of the pit and the floor being cemented and made watertight, the upper half built of dry wall without mortar; by this means the solid particles are retained in the lower half, whilst the more fluid are absorbed into the ground around, and are thus rendered inocuous where a garden is attached to the hospital.

The introduction of the dry earth system is of great advantage in getting rid of the danger of deteriorating the air by the products of decomposition, and, indeed in the cases of typhoid or enteric fever, disseminating infection. This is extremely simple, and presents very little practical difficulty. The principle was brought into use by the Rev. Mr. Moule, a Dorsetshire clergyman. It is a well known fact that deleterious gases are absorbed by charcoal or carbonaceous matter, and especially by the earth, the ordinary mould of the garden, especially if the subsoil be clay, is well adapted for the purpose. At the Convalescent Home, at Weston-super-Mare, where there are thirty patients, as well as six officials, this system has been in operation most effectively from the opening of the institution, two years since, although the earth which is used is largely composed of sea sand, and is probably the worst that could be found for the purpose. At the Cranleigh Village Hospital, an earth commode is used in the wards; and at the Surrey County School,

in the same parish, the system is carried out on a large scale with the utmost perfection. The earth, which must be *dry*, (and therefore care must be taken to keep up a proper stock of it) is placed in the hopper, and when used removed *daily, and at once dug into the ground*, the ground being thus regularly day by day trenched over, and properly manured. The results to vegetation need hardly be stated. At the Convalescent Home mentioned, where the garden has been formed of little more than sand from the sea shore, the crops of brocoli, radishes, &c., exceed that of any in the neighbourhood.

An improved earth closet has been lately constructed by Lieut.-Colonel Baird, of the Bengal Staff Corps. It is more simple, and less likely to get out of order, and has the advantage of not requiring the earth to be sifted, and specially prepared for its use.

Whilst thus advocating the use of the dry earth system, I must strongly deprecate the proposal of some of its supporters to re-dry the earth and again employ it. Those who have studied the present accepted theories of the propagation of enteric fevers, will at once see the danger of such a process. The earth, when used, should be forthwith dug in, and the supply of fresh earth taken from another part of the garden. Whilst, therefore, the introduction of the dry earth system will overcome much difficulty, it is necessary to have proper drains to the cesspool for the liquid sewage of the hospital. The pipes used for this purpose should be of glazed stoneware, properly provided with an *effective* eject. Any waste water pipes from the bath, or rain water shooting, &c., should each

have separate ejects : this is most important. The best system of drainage is often rendered positively dangerous to the inhabitants by the neglect of this simple precaution. I have found cottage hospitals where the waste-pipe of the bath led into drains without an eject, the idea being that, as it was only water from the bath, no eject was required, and forgetting that the waste-pipe then became a ventilating shaft from the drains. A narrow tube carried from the cesspool up a wall or tree, will be of great service in preventing the accumulation of gases of an injurious character.

It is also a very important matter that the position of the sink in the back kitchen should be properly considered. Some of the most fatal fevers have been traced to the leakage from the sink and wash-house communicating with the well ; a few yards of extra piping from the pump, will enable both pump and sink to be placed at such a distance from the well, that such contamination is avoided. Still, even then, thoroughly well jointed glazed stoneware pipes should be used, as in a gravelly soil distance does not always imply safety. Where the water system is used, the supply pipe should be at least two inches in diameter, and be provided with an ordinary stop-cock, so as to ensure thorough flushing. To ensure this, if the syphon pan, known by the name of the Board of Health sanitary pan, be used (and they are cheap as well as effective), any overflow pipes of clear water may be placed so as to enter above the syphon, which will considerably aid the flushing of the drains.

If, however, the style of cottage sought for is not to be found, and there is a difficulty in procuring funds, the pro-

moters need not be discouraged; the first attempt at a cottage hospital may be made in a very humble building; the work can be commenced with three beds instead of six. The cottage at Cranleigh is very small, the bedrooms being almost entirely in the roof, with dormer windows; yet the results of treatment have been excellent. At Bourton-on-the-Water the difficulty was to get a proper approach, as the patients had to be carried down a narrow lane, still the work progresses; whilst at Wrington, the only house that could be obtained was extremely dilapidated, and had always been considered the very nest of fever. In the best room downstairs, from twenty to thirty sheep were penned at night. The sanitary condition was frightful, and I had much difficulty in inducing the committee to allow the trial to be made. A little repair, thorough cleansing, and proper drainage, converted the old house into a thoroughly comfortable and cheerful little hospital. It has been well said, "Little beginnings make great endings," and beginning the work humbly at first is not the less likely to lead to complete success.

In any old house selected, the walls should be thoroughly scraped, and where the plaster of the wall is saturated with dirt, as will probably be the case in the lower rooms, it should be hacked off and fresh plastered. No paper hangings should be allowed in any hospital: they are a fertile cause of keeping up a deleterious atmosphere. Not only are they, except they be of the most expensive kind, absorbent, but the size used to prepare the walls for papering is, by its decomposition, itself a nuisance. The walls should be well white *limed*, not white-

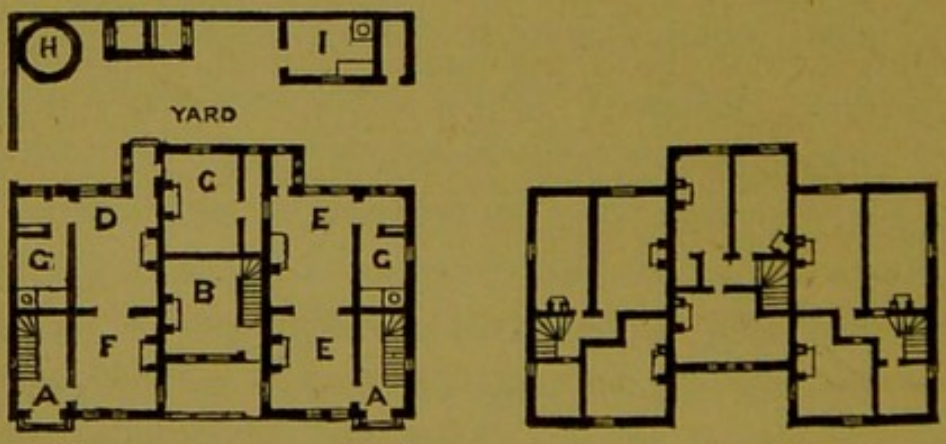
washed with whiting, as most painters will propose, but a good coating of freshly-slacked lime well applied ; they may then be coloured to please the eye. The best colour for this purpose is a warm buff. At Savernake the walls are coloured green, but this has the objection that the colour contains particles of salts of copper (frequently the arsenite) which are very irritating, and the arsenite positively poisonous to those living in rooms thus coloured. At the Capel Memorial the colour is a pale yellow, very trying to the eyes ; and both this and the green make patients look paler and worse than they really are.

Much has been said lately, as regards hospitals, about "cubic capacity." It is an undeniable truth that, for purposes of health, every individual requires a certain amount of air ; and much of the tardiness of recovery from illness is owing to the amount in a room which the patient occupies both day and night not being large enough. In hospitals where many are congregated in the same room, 1000 cubic feet to each bed ought to be secured ; where only two or three occupy the same room, 800, or even 600 might do, but this should be the lowest limit. In towns, where the outside air is less pure than in the country, this is especially necessary. Now, there are many cottage hospitals where it is impossible to obtain more than 500 cubic feet per bed, and yet the results have not been discouraging. This is owing to the fact that what air is admitted, is of the purest quality, and that the lattice windows and ill-fitting doors allow a considerable amount of fresh air to pass through the rooms ; and also that in these small rooms there are rarely more than two

beds, the mischief increasing in ratio to the number placed in the same room. The advantage of this segregation of patients into small rooms rather than wards, will be again referred to in a later chapter, when treating of the statistics of the results of the treatment in cottage hospitals. Where a new house is built for the purpose, a room for three beds should not be less than 14ft. by 16ft. and 10ft. in height. Every room should, if possible, have an open fireplace : where this cannot be obtained, a ventilator (Sheringham's) should be placed in the outer wall.

In deciding on the architectural plans and material of any new hospital, regard should be had to the usual style of building in the country. Not only is this cheaper where the workmen are accustomed to their work, but there is a greater unity of design in following the prevailing style, when it is not positively unfit for the purpose intended. A Gloucestershire stone house, with its roof of slabs of Pennant grit, would look quite out of place amidst the brick and weather-tiled cottages of Surrey ; whilst to import stone to a brick country, or to carry large quantities of brick to a place where the best building stone could be raised on the site itself, would be greatly adding to the expense. As the selection of the material is guided by the geological nature of the country ; so the style of the building must be in a great measure guided by the nature of the material, a very different architectural plan being suitable for brick and for stone buildings. In the Midland Counties, where brick is largely used, cottage hospitals have been constructed very cheaply. Longton Cottage Hospital, in

LONGTON COTTAGE HOSPITAL.



GROUND PLAN

FIRST FLOOR PLAN

Staffordshire, built, as the accompanying cut will show, with some taste, did not exceed £700.

REFERENCE TO GROUND PLANS OF THE LONGTON COTTAGE HOSPITAL.

T. Naden, Esq., Architect, Birmingham.

A Hall.
B Surgery, 14 by 12.
C Kitchen, 14 by 12.
D Women's Wards, 14 by 13.
E Men's Ward, 14 by 13.
F Children's Ward, 14 by 13.
G Bath Rooms, 6 by 6.
H Ice House.
I Wash House.

The first floor rooms are all bedrooms or special wards; 14 by 10.

A very effective hospital for twelve beds has been built at Sudbury, in Suffolk, for £800. This has two pavilion wards of six beds each, of one storey, with an open timber roof; one ward on either side of a central executive block. Photographs of the Sudbury Hospital, and of the interior of the pavilion wards are published, and if referred to will give at once an idea of the building.

In the West of England, where most buildings are erected of stone, with freestone dressings and quoins, the expense is somewhat greater. Perhaps the cheapest mode of erecting cottages, is that in use in Surrey, where the lower half is built of brick, and the upper timber framed, with lath and plaster walls, weather-tiled on the outside. The frontispiece, and the view of the East Grinstead Cottage Hospital, are very good specimens of this style.

It should, however, be always carefully borne in mind, that whatever style or architectural plan is selected, no idea of a picturesque or well "broken up" building should be for a moment allowed to interfere with the design most suitable

for a hospital. To avoid this, I should recommend that the ground plan be first designed, and that in all cases medical men be consulted as to the most complete design. I have seen hospitals where the nurse's room was placed as far as possible from the patients she was intended to look after, and where the operation-room was at the end of a long and tortuous passage, with no ward communicating with it, obliging the poor sufferer, doomed to undergo a severe operation, to be carried a considerable distance to and from his bed. In another case the room for *post-mortem* examinations had no window, only one small grating, so that an examination, on the results of which, perhaps, the life of an accused prisoner may depend, must be conducted by candle-light. All these arise from the design of the outside being considered first, and any details of the actual work of a hospital being made subservient to it. In seeking information as to the structure of a cottage hospital, what I ask to see is the ground plan, caring very little for the outside ; not that I would undervalue a building of a pleasing exterior ; but that is only what the outward clothing is to the inward man.

At the present time many new cottage hospitals are being erected ; and a memorial hospital to the late Marquis of Westminster is proposed to be built at Shaftesbury. When this is the case, the spirit which actuates such endeavours frequently leads to the expenditure of a considerable amount of funds ; nor would it be well to check an intention of founding a permanent memorial to some dear friend, whose good deeds live in the memories of his neighbours, and are justly handed down to posterity by the foundation of an institution

for the relief of the sick and needy of future generations, in the parish in which he was known and beloved; here is a rock on which the most promising scheme may split, and the desire for æsthetic ornamentation may, unless carefully guided in a right direction by those who know practically the real wants of a hospital, prevent much of the usefulness intended by the benevolent founders.

The Capel Memorial Hospital, built in 1864, to the glory of God and the good of the parish, by Mrs. Charlotte Broadwood, as a memorial to her late husband, the Rev. John Broadwood, of Lyne, in the parish of Capel, is in a measure an example of the necessity of this care being taken. It is a substantial and beautiful structure, well built, and thoroughly well found in everything; there is really not a want either for surgeon or patient that is not supplied; yet a more practical consideration of the ground plan before deciding on the exterior, would have made it a much more valuable model for imitation. Dr. WARING writes:—"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 ideal* of a cottage hospital. It is truly a memorial hospital or a village hospital, but it has no claim to the designation of a cottage hospital. It is a fine stone building, in which the cottage element has been sacrificed to the desire of having everything as complete as possible. The money expended on the building would have been sufficient to build three cottage hospitals, such as those which the promoters of the system contemplated, and which it is desirable to see established."

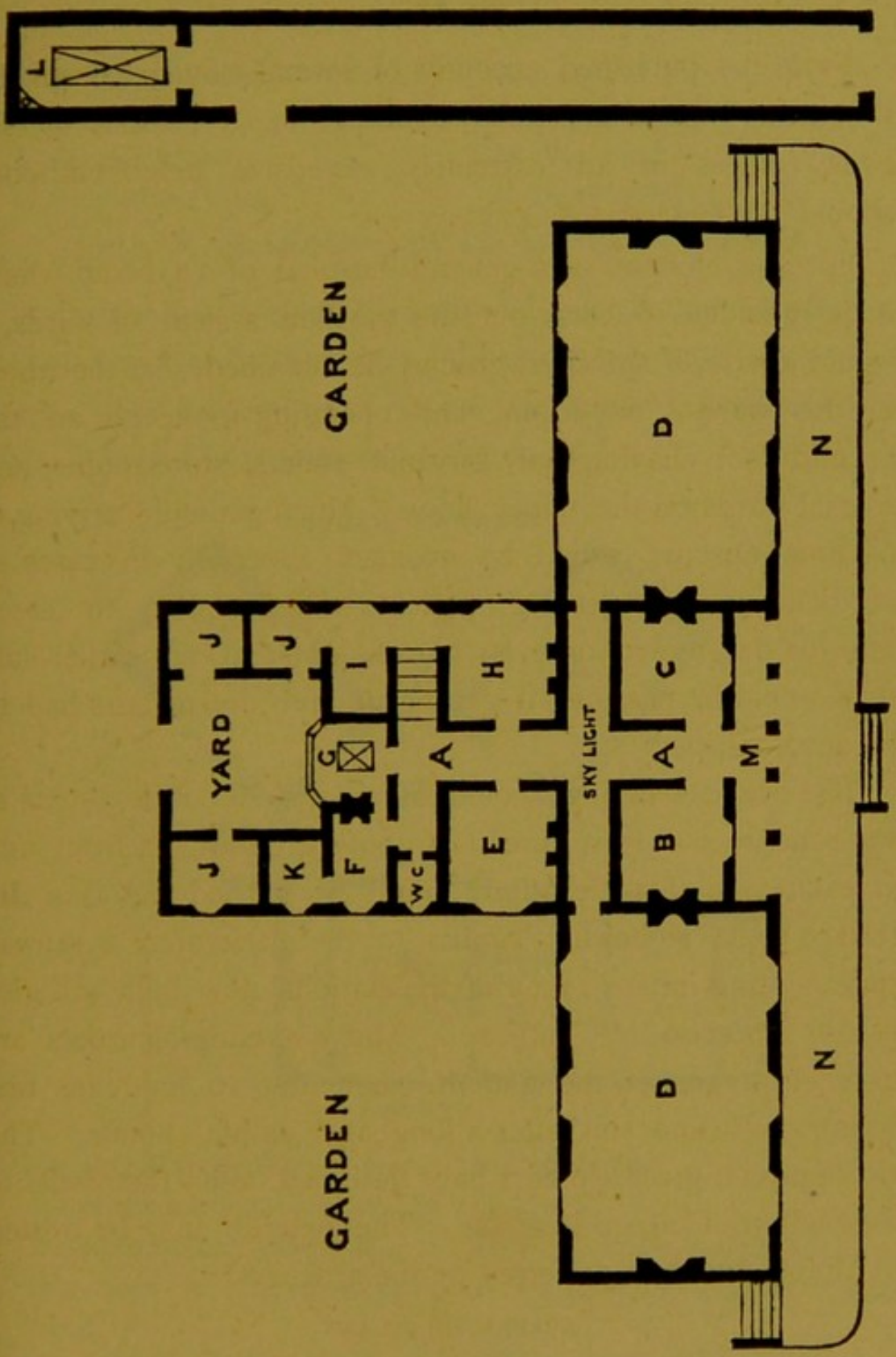
From the published accounts of several cottage hospitals, it appears that a very good building, to give room for six beds, unless in an extremely expensive neighbourhood, should be erected for £500.

For the erection of a general hospital of 12 beds, where it is intended to carry out the pavilion system of wards, I would advise, if sufficient ground be obtained, that the whole of the wards, day-room, and operating-room be on the ground floor, having only servants' rooms, store-rooms, and special wards on the upper floor. Much painful carrying of patients upstairs would be avoided, especially in cases of accident; a convalescing patient will be able to creep into the day-room, or even out of doors, at an earlier date than would be possible, if getting up and down stairs had to be accomplished.

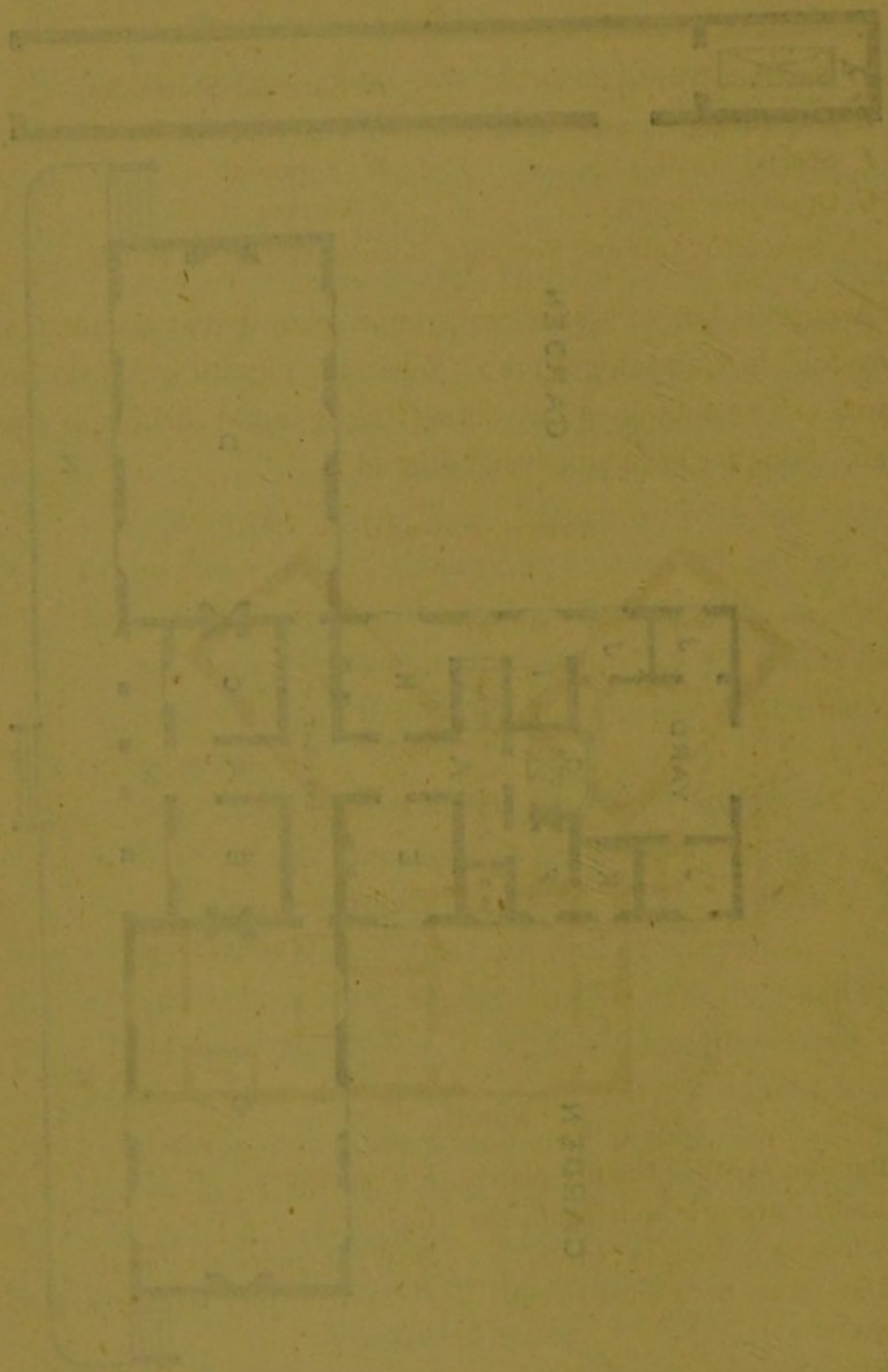
The whole building should be erected on arches, so as to raise the floor at least three feet above ground. In front and at each side this elevation might be carried out as a dry terrace walk, somewhat similar to the platform of a railway station; and indeed many of the stations now built will give useful hints on the subject. The overhanging roofs are excellent to shelter the patient, when able to enjoy his first sitting out in the sun after a long and painful illness. The cut opposite, gives a plan I have designed, after the model of the Sudbury Cottage Hospital. The exterior may be treated in almost any style preferred by the architect.

REFERENCE TO CUT.

A Hall and Passages.
B Nurses' Room.
C Surgery.
H Kitchen.
I Back Kitchen.
J Kitchen Offices.



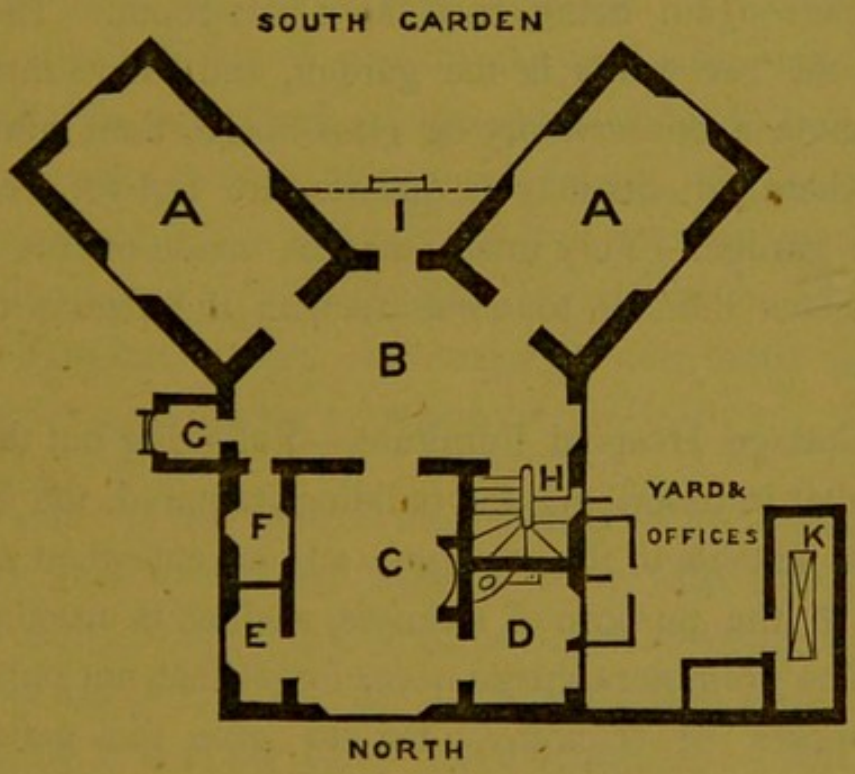
GROUND PLAN OF A COTTAGE HOSPITAL
FOR TWELVE BEDS.



D Pavilion Wards, 30 by 15.
E Day Room.
F Special Ward.
G Operation Room.
K Surgical Stores, &c.
L Post-mortem Room.
M Verandah.
N Terrace Walk.

Special Wards and Servants' Rooms over B C E and H.

A curious but very effective ground plan is that adopted at Royston, in Cambridgeshire. What the elevation is I do not know. The subjoined cut shows the general details of this plan, though I have somewhat altered it.



A Pavilion Wards ; the fire-places are constructed underneath the windows looking outwards.
B Day-room or Convalescent room.
C Kitchen.
D Back Kitchen.
E Stores.
F Dispensary.
G Porch.
H W. C. under stair head.
I Conservatory leading to garden.
K Post-mortem room with skylight.

At Royston, the triangular space is cut up into staircase and offices. I have thrown the staircase back, and placed the offices outside the building, and have added a porch, with inside glazed doors, so as to convert the triangular space into a day-room. The two pavilion wards, 14ft. by 12ft., and 10oft. high, are intended for two beds each, giving a cubic capacity of 840ft. per bed. The upper storey has the same treatment over the kitchen, being nurses' room and operating room, and two pavilion wards, as in the lower storey ; the triangular space again being used as a day-room. The space between the two wards is the garden, and I have introduced in the angle a conservatory or glass-house, both above and below, where patients may sit out who are not yet able to go into the garden. Very much may be made of this design, but it seems difficult to combine with the plan a pleasing exterior.

The Cottage Hospital Furniture.—Following out the same idea as that in describing the building required, the furniture should be suitable to the cottage ; and except when specially adapted to the purpose of sickness, such as is usually found there. The promoters should never forget that not only is this for purposes of economy, but to give the patient the home impression which is impossible to be attained in the regular hospital ward.

The Entrance Hall and Staircase.—The furniture here needed is very little indeed. A mat, scraper, and comfortable form or bench, on which any person waiting may sit down, will be sufficient. The alms box should have a place here, with some appropriate motto, or a scroll over it.

This may be painted on sheet zinc. Many of the ladies of the neighbourhood will probably be found adepts in this work and likely to assist in mottoes for decoration, such as "Peace be to this House," "It is more blessed to give than to receive," &c. A board, with a few of the more important rules, and another with donors, benefactors, and contributors, will not be out of place in the entrance hall or passage. The staircase should neither be carpeted or polished, either being a very fertile cause of a patient's falling, and perhaps complicating the injury he has already received. It should have a good hand-rail; a bar of iron on the wall side, standing out three inches from the wall (if the space will allow) is a great help to a weakly patient in getting upstairs. If the staircase is narrow, a portion of the outside rail may be made movable, with a hinge and bolt. This is done at the Hambrook Village Hospital, where the turns in the stairs are very awkward for carrying up a patient.

An adjunct to this part of the building is an invalid chair, properly constructed. An old arm chair, with iron handles, screwed on back and front, the front handles being level with the seat of the chair, and the back, with the head rail, will be sufficient, if nothing better can be obtained. Alderman's invalid carrying chair is not very costly, and as the handles fold down, takes little space; it has the advantage of the weight of the person being carried working on a pivot, so that the level position is always kept up.

A very comfortable and cheap carrying chair is in use at Hambrook, made of wicker-work, with three webbing loops

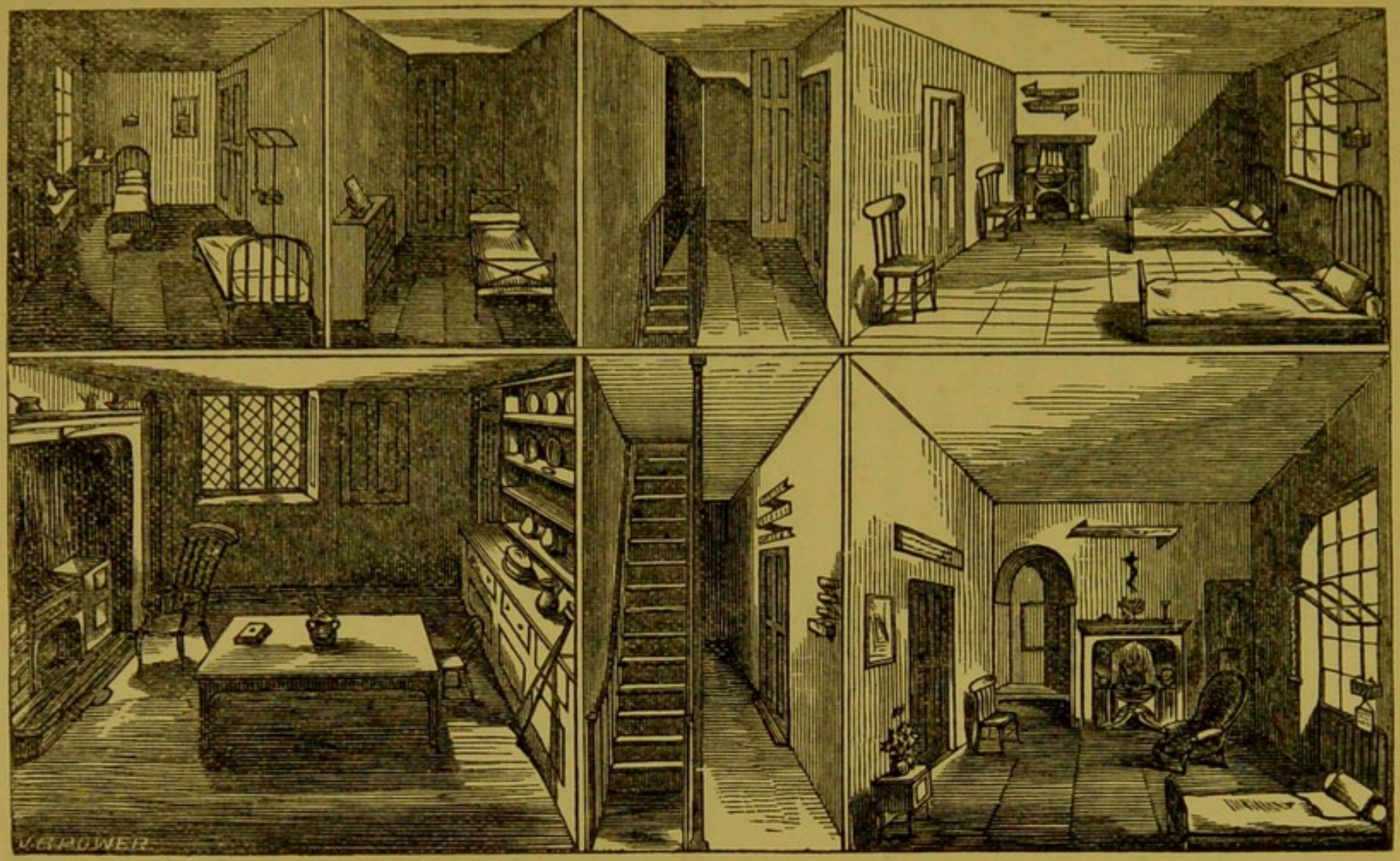
at each side, through which poles may be inserted at the required height; it has a foot-board hung on webbing, and a board, which, when inserted under the cushion or seat, enable a case of fracture of the lower limbs to be comfortably carried. This chair is both light and cheap, which is no small advantage.

The Kitchen.—A good fire grate will be a necessity, with boiler and oven; the close range is certainly the best, as with a little expenditure of coals, it enables food to be kept hot or warmed at any time. Some of these ranges have high pressure boilers, which supply hot water to the bath or any part of the building. They, however, require a considerable amount of attention. If not kept perfectly clear from clinkers, they do not get warm enough to boil the water, and when a bath is wanted on an emergency, no hot water is to be obtained. Should the water of the district be hard, they soon fill with rock, and the outside of the iron burns away. Besides this, if the supply of water be not regularly given, or the ball-tap gets out of order, they sometimes explode. If it is required to have a constant supply of hot water, it is better to have a separate boiler for the purpose in the back kitchen, unconnected with the fire place. Such boilers are not very expensive, and are more easy to keep in order. The kitchen table and dresser should be such as are found in the better class of cottages. Serviceable Windsor chairs are the best for wear; the low-backed ones being the most comfortable. In rural districts, the old-fashioned settle will be greatly welcomed by the patients; the high back and overhanging head-board is a capital contrivance for keeping off the

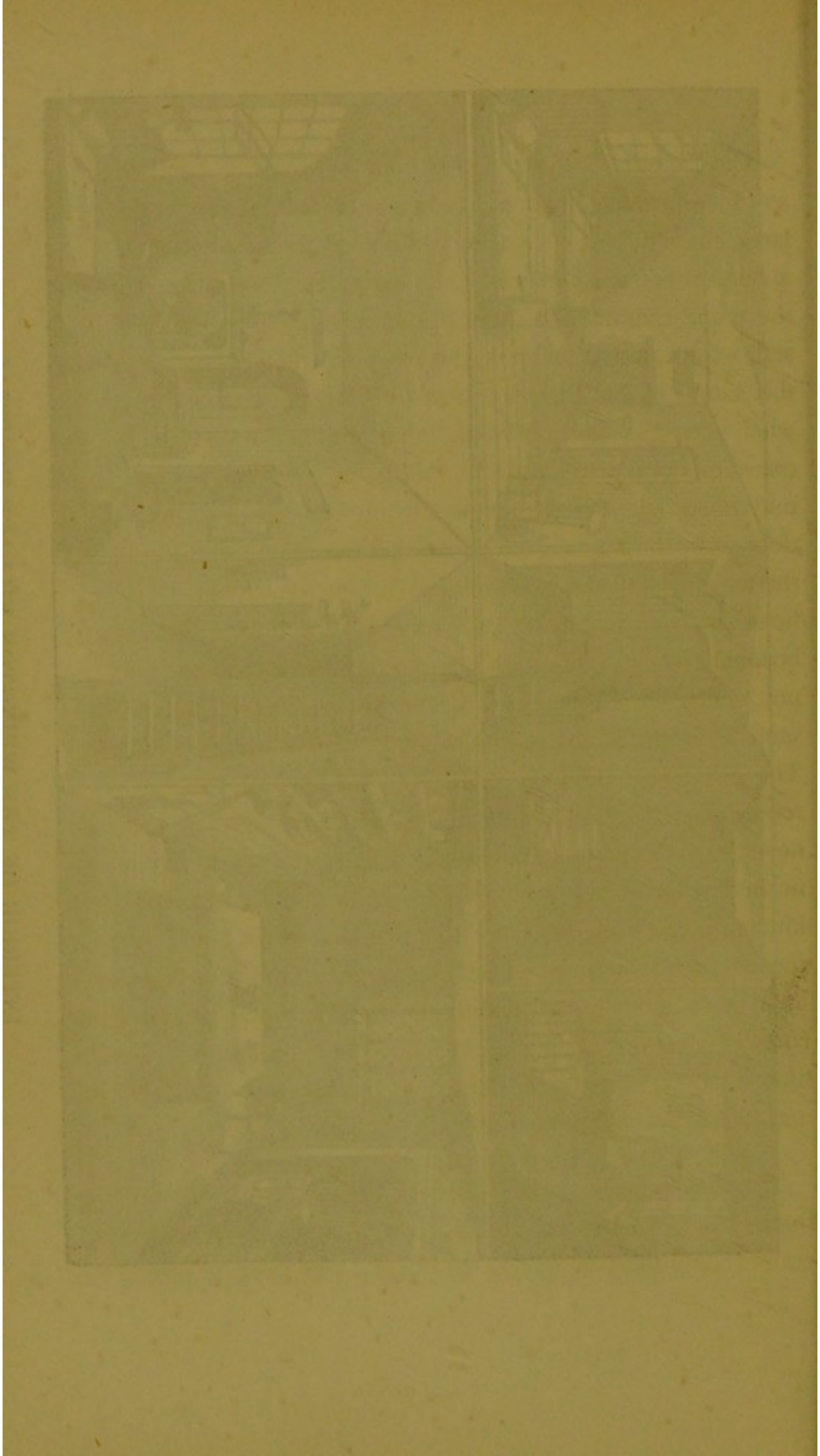
draughts. When the cooking is done, it can be wheeled round to the fire, and there is sufficient room for the patient, who is hardly able to sit up, to rest his legs. The floor of this kitchen need not be carpeted ; a roll of cocoa nut matting can be laid down before the fire ; but if the floor be of brick or tile, it will be found sufficiently warm without any covering. By not having the patients kept in too much luxury, to which they are unaccustomed, they will not feel so much the want of it on their return to their own cottages ; when, though not yet perfectly well, they can no longer keep a bed from the more urgent wants of another applicant.

A shelf for books, an American clock, and a cheap vase or two for flowers, which should always be filled, if possible, complete the furniture of the cottage hospital kitchen. The brighter articles of ironmongery will find a place on the mantel shelf ; pots and pans being consigned to the humbler, but not less useful back kitchen. In selecting crockery for the patients, it will cost very little, if any more, to have good stone ware, white, with a coloured rim, with the name of the hospital on a ribbon or garter. Any respectable china ware-houseman will get this done, and their bright and cleanly look will set off the kitchen dresser to advantage ; the bedroom ware may also be of the same pattern. The estimate given in the appendix include the prices of these. The walls of this and every other room should be decorated with pictures and mottoes. At the Wrington Village Hospital, a ribbon over the kitchen fire place has the well-known lines of Bonar, illuminated on it. "He liveth long who liveth well ; all other life is short and vain." Many other useful mottoes will suggest themselves.

The National Society have published a very good set of mottoes, well and brightly illuminated, at cheap prices—4d. and 8d. each; they are about two and half feet by nine inches. The coloured pictures of the *Illustrated London*, and the *Illustrated Midland News*, are excellent for the purpose of decorating our cottage hospitals; they are not difficult to procure from those who take in those papers. The plain gold bead or the Oxford frames are made so cheaply, that this expense can generally be met. Where great economy is an object, they may be pasted on calico, strained on a table or against the wall. In pasting the back of the picture it should be thoroughly wetted and left a little time to soak, bubbles being prevented by this mode of procedure. An edging of the oak paper mouldings, used for panelling rooms, should be then pasted round the pictures, which may, when dry, be sized with Russian glue, and varnished with crystal varnish, employed for varnishing wall papers, and being then cut round, are ready to put up. Holes may be punched round them for brass eyelets, which may be obtained from any shoemaker, and they may then be changed from room to room, so as to give the pleasure of fresh pictures at a small expense. In pasting the moulding, care should be taken to adjust the shadows rightly; the moulding may be reduced in size, according to the size of the picture, one strip making three different patterns of these sham frames. I adopted this plan at Wrington five years since, and at the little hospital they look as bright and cheerful as when first put up. On the opposite side is a diagram of the interior of the Wrington Village Hospital. It is not very artistic, but it gives a fair idea of the style of the interior of a cottage hospital.



INTERIOR OF THE WRINGTON VILLAGE HOSPITAL.



The Day or Convalescent Room.—This will be also used as a committee or board-room, and will, if the cottage be large enough, prove a useful addition to the other rooms. As a rule, in cottage hospitals, both with the view of keeping up the home character of the institution, as well as lessening the staff expenses, the patients who can leave their rooms will sit in the kitchen ; but there are times of the day, as for instance, when cooking is going on, that another room, in which convalescent patients may sit, will be most useful. This room may open out of the kitchen : at any rate there should be a door from the kitchen into it, so that the nurse, whilst engaged there, may still have command of the day-room. I have, however, been in one or two, otherwise well-arranged cottage hospitals, where there has been no day-room, and the patients not being allowed in the kitchen, are obliged to occupy the same bedroom whilst in the hospital. This is clearly a mistake. The very fact of finding themselves well enough to leave their room, gives fresh life and hopes to the patients, and I have never in my experience found the privilege of sitting altogether in the kitchen in any way abused. Indeed, the cottage hospital kitchen is the most cheerful room of the whole ; and by this means bedroom windows can be opened, and the beds and linen thoroughly aired before the patient again goes to his room, giving that feeling of freshness which all know so well, after being confined with illness to the same room for days, and perhaps weeks.

The day-room, as a step for the now convalescing patient, from his bedroom to the general kitchen, will be more comfortably furnished. A carpeted floor, and a couch or

reclining plane, will not be out of place here. A very useful and cheap couch may be easily constructed of a simple frame of deal, with webbing, made with a foot-board ; the lower legs may be six inches high, and the upper two feet ; a mattress, covered with American leather, with the pillow attached to it, will be all that is required to make it a useful resting couch ; the deal may be stained and varnished, so that it will be a very respectable piece of furniture. A chiffonnier book-case will be valuable ; the lower cupboard may contain the books of the institution, and the book-case will hold the cottage hospital library. A proper representation, through the clergyman of the parish, or some subscriber, will generally ensure a free grant of useful and entertaining books from the Society for Promoting Christian Knowledge, or the Religious Tract Society ; and here I would remark, that though every bed should be provided with a Bible and Prayer-book, and there should also be a large-print copy of each in the kitchen or day-room ; yet that, while books of a strictly devotional character should form a portion of the library, it ought not to be restricted to books of religion only. Cheerful reading, as well as cheerful surroundings, such as pictures, flowers, &c., will all help the convalescing patient to cast off the natural depression of spirits caused by illness.

We do not, in the upper classes of society, see the patient recovering from illness, or confined to his couch with a fractured limb, always reading the Holy volume, or religious books, and yet many expect the poor to do nothing else, and think it is wrong to supply them with any light or entertaining literature. The two excellent societies I have

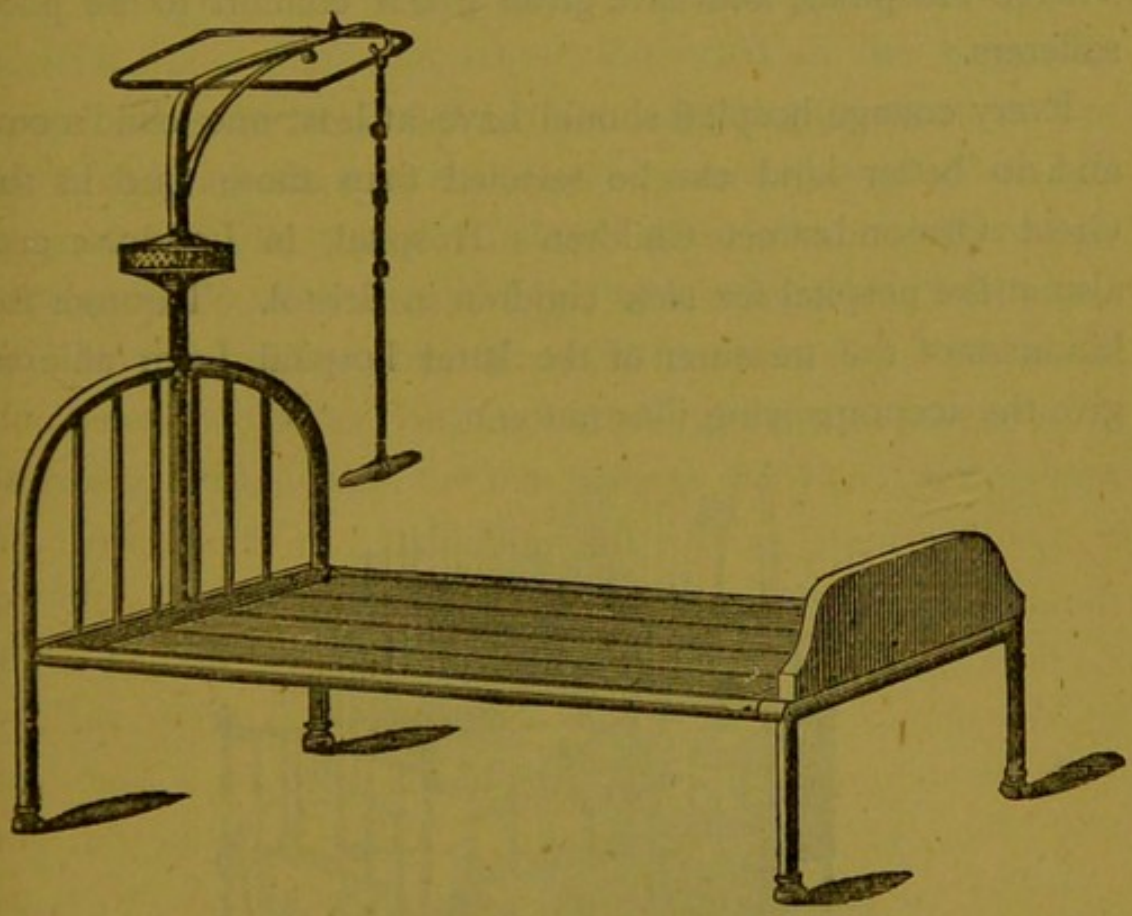
mentioned have more liberal notions. Their catalogues, while they contain no works that can injure the mind, have a large number of cheerful books specially adapted for the working classes. In making the selection, children's books should not be forgotten; indeed picture books are a great source of pleasure to children of a large growth. A benevolent lady in the West of England has provided many hospitals with cards that can be easily held in the hand of the sick man, covered with pictures, little tales, hymns, and useful pithy sayings, in large readable type. These are sized and varnished, and are lent about from bed to bed. I have seen much pleasure given in this way to the poor sufferer who had not strength enough to hold a book, or was unable to concentrate his mind sufficiently to read one. While speaking of books, it will not be out of place to mention the very useful scrolls of texts and hymns, in large type, now sold; they may be hung on an upright staff of wood, with a foot to it, so that they may be placed where the invalid can read them from the position he is perhaps compelled to occupy in bed. I need not say that the day-room, as well as all the rooms in the cottage hospital, should be decorated with pictures, and that the bouquet of flowers should not be forgotten. On the table of this room should be found the visitor's book, with column for date, name, residence, and remarks. The case book, containing the name of the patient, with the nature of the disease and result of treatment, will be looked at with interest by many visitors.

The promoters of every cottage hospital should feel that their hospital ought to be a model for imitation by others;

and visitors will carry away with them impressions which may often decide the question whether or not to start a similar institution in another locality. Thus, good will not only be done to the poor of the immediate neighbourhood of their own hospital, but will be carried on in like manner in more distant parts. Each hospital will be a centre of influence, radiating far and wide.

The Bedrooms.—The number of beds in these rooms should not exceed three. Two will be quite enough if the room is no larger than 10 feet each way. No carpet, except a slip by the bedside will be required here. At Savernake the managers object even to that; but a carpet to keep the cold from the feet of a sick person on his getting out of bed is certainly a necessity, and no useless luxury. The kind of bedstead will of course depend on the price that can be afforded. A good iron bedstead can be obtained for 18s.; it should not be on castors, as for cases of fracture a firm bed is of the greatest importance. If these beds are used, a straw paillasse will be required for each, which will cost 8s. The beds should not be wider than 3ft. 6in., and ought to be 6ft. 6in. in length, which will not be too long for a tall man, when the space occupied by the pillow is taken into account. A far better bed, and one which I strongly advise being used, is Allen's patent hospital bed. This was first constructed for the Bristol General Hospital, and shown in the exhibition of 1851. It is constructed of iron gas-piping, jointed and painted, and of the most convenient size for hospitals—6ft. 6in. by 3ft. 6in.; the legs are strong and without castors. The makers have two varieties of this bed; that which I had in

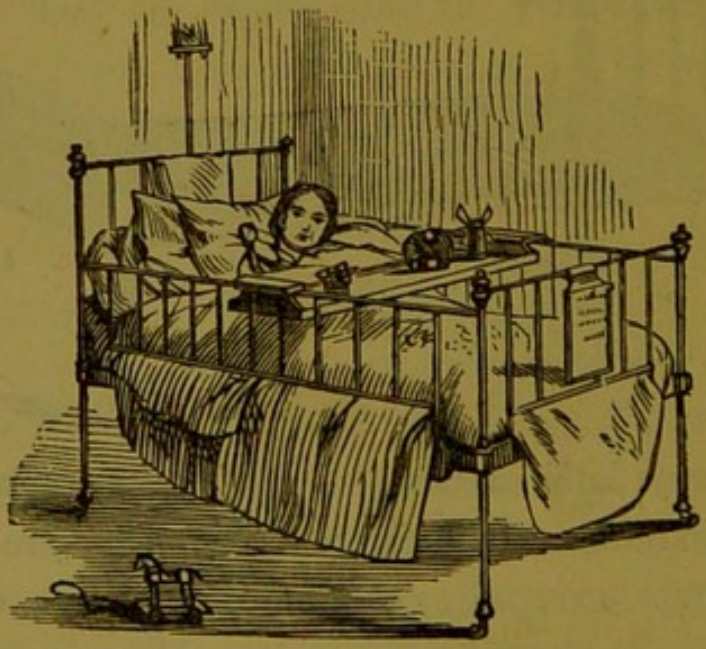
use at the Wrington Village Hospital, a strong sacking stretched on iron bars, and so arranged as to be screwed tight with a spanner; this bed sacking, in cases of fracture, can be made so tight as to give a musical note when struck. The other plan has been lately brought into use at the Bristol General Hospital. The cut gives an illustration of it. It is



made with wide laths of deal. I confess I am more in favour of the original form of sacking. The laths are hard at all times; whereas, except in cases of fracture, the sacking may be a little slack; these beds require neither a paillasse nor fracture-board. Another very important feature of these beds is the strong arch over the patient's head, from which hangs a chain and handle, so that a debilitated patient can lift himself up to drink, or change his position, whilst a tray for

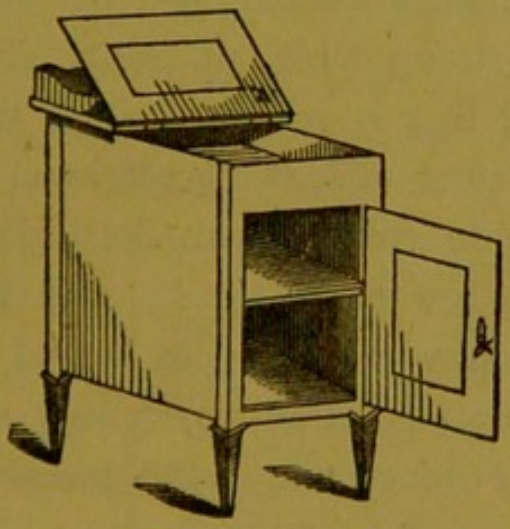
medicine bottles and hook for the prescription card, completes the arrangement of these excellent hospital beds. Considering their utility and perfect adaptation to the purpose intended, the extra expense is not very great : they are sold at £3 each, by the manufacturer, Mr. Allen, of Clifton, Bristol. They are in use at the Wrington, Hambrook, and Cheesham Village Hospitals, and have given much comfort to the poor sufferers.

Every cottage hospital should have at least one child's cot, and no better kind can be selected than those used in the Great Ormond-street Children's Hospital, in London ; and also at the hospital for sick children in Bristol. Through the kindness of the treasurer of the latter hospital I am able to give the accompanying illustration.



It is an iron cot or crib, constructed so that the sides are on hinges, and fasten up in place with a catch. By this means, as seen in the cut, the bedclothes are retained in their proper position, notwithstanding the habitual restlessness of the poor

little patient. A tray for toys, food, &c., hangs on the upper rails of the side, and can be pushed to or from the child as required. I hardly know a more pleasing sight than the wards of these hospitals for children—the little ones, who are well enough, sitting up in their cots, in warm scarlet Garibaldi's, and playing with their toys in the sliding tray. There is no place where sickness bears a more cheerful aspect; and it is a hospital from which the visitor interested in the work may carry away many very useful hints. Besides the usual cottage bedroom furniture, a locker placed by each patient's bed, will be a considerable comfort. It is not intended to act in any way as a commode, which should be separately provided; but to contain the many little things the patient may require; whilst the top forms a table, on which a vase of flowers may be placed. The cut gives a view of the one used at the Savernake Village



Hospital. They are made of deal, varnished. It will be found an advantage if the bed tables, made for the patients to take their meals in bed, have the front legs an inch or two shorter than the others, as the patient lying in bed forms an inclined plane; this evil is easily avoided by having the

front legs shorter. One or two bed-rests should be provided. Those made with arms are the most comfortable to the patient. A very useful bed-rest may be made of a pillow firmly stuffed in the form of a wedge, the pillow being about 2ft. 6in. square, and the thick end of the wedge 1 foot. The wedge can be then placed under the shoulders of the patient, and can be more easily adjusted than the rack of the usual form of bed-rest.

The Operating Room.—This is a room that should be obtained, if possible ; and where space allows, a small room should open into it, where the nurse may look after a severe case, requiring operation, without the patient having to be carried far. This room should be lighted by a good window that opens readily. A bay window will be the best, as it admits light on three sides. A skylight, if it can be had, is of great service ; there should also be a fire-place in this room. A good strong table, 4ft. long, 2ft. wide, and 3½ft. high, will be all that is really required, though a properly constructed operating table is a great boon to the operator. The floor should be covered with floor cloth, and the room should be furnished with cupboards, shelves, and washstand. There is no reason why this room should not be used as a surgery or dispensary ; but on no account as a bath-room or lavatory. It does not require much imagination to conceive the depression the sight of the operating table and accessories would cause to the poor man who came to the hospital with a diseased knee, or other case from which he might forebode an operation, when he was obliged to make daily use of the operating room as a lavatory ; and yet this is actually the case in one cottage hospital I have visited.

One of the greatest blessings of chloroform is, that it not only relieves the patient from the pain caused by the surgeon's knife, but also from the dread inspired by seeing all the arrangements in progress. A surgeon of a cottage hospital writes to me :—"We much need an operating room, as we are now obliged to use the matron's room for that purpose, and to give chloroform to the patients in the wards." In my opinion this is always the way it should be given. This is admirably carried out at the Bristol Royal Infirmary. The time for the operation is fixed, and the room prepared without the knowledge of the patient, who has previously consented to undergo the operation. When the surgeons think the proper time for it has arrived, the house surgeon alone, or with the patient's dresser, visits the patient, and asks him to try the chloroform, to see whether it will suit him ; presently he is in a deep sleep ; the nurses carry him on his bed to the operation room, the limb is removed, the stump dressed, and he is carried back to his bed, and wakes to find the same surgeon sitting by his side. His first question is, "Well, do you think I can take the chloroform ?" When he is told that the operation has been performed, it is difficult, except to one who has witnessed it, to conceive the relief to the sufferer. He has not even seen an instrument, nor heard of any preparations being made, and now hears that what he has been dreading for weeks is happily passed. Had he been first taken into the operating room, the emotion of fear, increased by the sight of the necessary preparations, and the unaccustomed faces of those who assist the surgeon, would have very probably not only have made a strong impression on his mind, but greatly retarded the favourable action of the chloroform, as one of the

most important conditions, for the successful exhibition of this anæsthetic is perfect quietude, both mental and bodily. I need not enter into the necessity for hot and cold water tins, basons, &c.; they will be all ordered as required by the surgeon.

The Bath Room should contain a bath of not less than five feet in length. The enamelled iron baths now made are very good; they are fitted with waste pipe, and taps for hot and cold water; if the water supply is laid on at the bottom of the bath, it makes less noise when the bath is being filled. The floor should be covered with either kamptulicon or linoleum; the latter is very durable, and warm to the feet on getting out of the bath. The bath should be constructed with a step on those sides not against the wall; this is a very great assistance to patients in getting in and out of the bath. Where no separate bath-room can be had, very excellent movable baths can be obtained, which may be used in the wards by the patient's bedside. A hip bath, and a lamp or vapour bath should also be provided. Amongst the articles of bath-room furniture, may be mentioned a steaming apparatus. This will be found of the greatest service in severe cases of bronchitis; it consists of a common block-tin two-gallon saucepan; a hole 1½in. in diameter is made in the lid, and a tin pipe about 5ft. in length is soldered on to it. The saucepan, filled with water, is placed on the fire place of the room in which the patient lies, and the pipe projects into the room. It may be prevented from tilting over by a cord tied round the pipe and fastened to a nail over the chimney board. In cases of croup, where a greater amount of steam is required,

a blanket or sheet may be thrown over the tester-rail of the bed, and allowed to hang over the foot-board, so as to make a kind of tent of the bed; an earthenware pan, partially filled with water, is then placed on the bed, and a half brick made red hot is dipped into it; the other portion of the brick may be in the fire, to serve as a relay, when the steam begins to subside. By this means, with very little trouble, a perfect steam bath may be made. I have seen little children in this bath, who were before struggling for breath, in a short time at ease, perhaps playing with their toys. This simple bath was much used by Dr. Wm. Budd, at the Bristol Royal Infirmary; and I have seen it most successful in saving patients in apparently fatal cases of croup.

The Nurse's Room will be furnished in a plain and comfortable style. As she will often be "turned out" at night, she should have a proper dressing-gown and slippers provided for her. A night-light should always be burnt in the room, if gas is not laid on. The only special article of furniture here will be the nurse's dressing-tray. This is a mahogany tray, with brass hoop handle, much like the dinner trays for knives and forks; it should be divided into compartments for lint, strapping, and bandages, clean sponge in small bits, oiled silk, packthread, silk, and wax, as well as a pair of scissors, probe, and director, and should always be kept ready for the surgeon. The nurse should also be provided with a tourniquet (instructions for its use will be given in the chapter on the nurse's duties); a yard or two of Mackintosh sheeting, and thin gutta percha, with a supply of linen and flannel bandages, old linen, tow, &c., will be under her charge, as well as bed slippers, hot water bottles, spitting cups, &c.

The Offices. — Separate places for coal, ashes, &c., will be required. The coal-house should be large enough to contain two or three tons, as by getting in the supplies in the summer a considerable saving may be effected. This should, however, be under lock and key, and in charge of the nurse. The most important of the offices is the mortuary chamber, or *post-mortem* room. This should be lighted by a skylight, and supplied, if possible, with water, and a waste-pipe, affixed to a large-sized china bason, a firm table, 6ft. by 2½ft., similar to that in the operation-room, will also be required here. The floor should be tile or brick, with a drain in one corner. Both the drain and the waste pipe should have a proper eject. As this room, it is hoped, with the small number of beds the hospital supplies, will not be much required, it may be used as, and known by the name of, the wash-house. A most important adjunct to this room will be a coffin, constructed with sides, on hinges, with a good fitting lid and proper handles. This is used in many hospitals for carrying the dead in a seemly manner from the wards ; by the sides being made to open, the attendants can easily and reverently place in the body, when it can be carried at once to the mortuary chamber.

Accessories to the Furniture of a Cottage Hospital.— Store cupboards for linen and the patients' clothes should be provided in some convenient place in the building. The supply of blanketing and linen should be somewhat larger than what would be absolutely necessary for each bed. Some severe cases will necessitate frequent change of bed linen. Old sheeting will prove especially useful. The lower part of

the linen or store cupboard may be divided into compartments—one for each bed,—where the clothes of those patients who are obliged to keep their beds may be put. This will prevent both needless litter in the ward, as well as the closeness of the air to which the clothing will give rise. A spare bedstead and bedding, that may be put up, when necessary, in an attic or spare-room, for a case of burn, cancer, or any other ailment, where the state of the wounds of the poor sufferer would be detrimental to other patients, will be of much service.

Tins for hot water and india rubber bottles will of course be provided. Maw's vulcanized water bottles are not very expensive, and last a long time, even with hard use. If Allen's patent beds are not used, one or more sets of fracture boards will be required. They are simply deal boards an inch thick, cut in lengths to fit the width of the bed, and sufficient in number to cover the whole of the bottom; on these the mattress is placed, so that the injured limb may be on a firm support. Fracture cradles, made of iron hoops, will be necessary to keep off the pressure of the bed clothes from an injured part. There should be two or three of a size suitable for the lower limbs, and at least one that would keep the bed clothes off the whole body. This will be found very useful in many cases of burns.

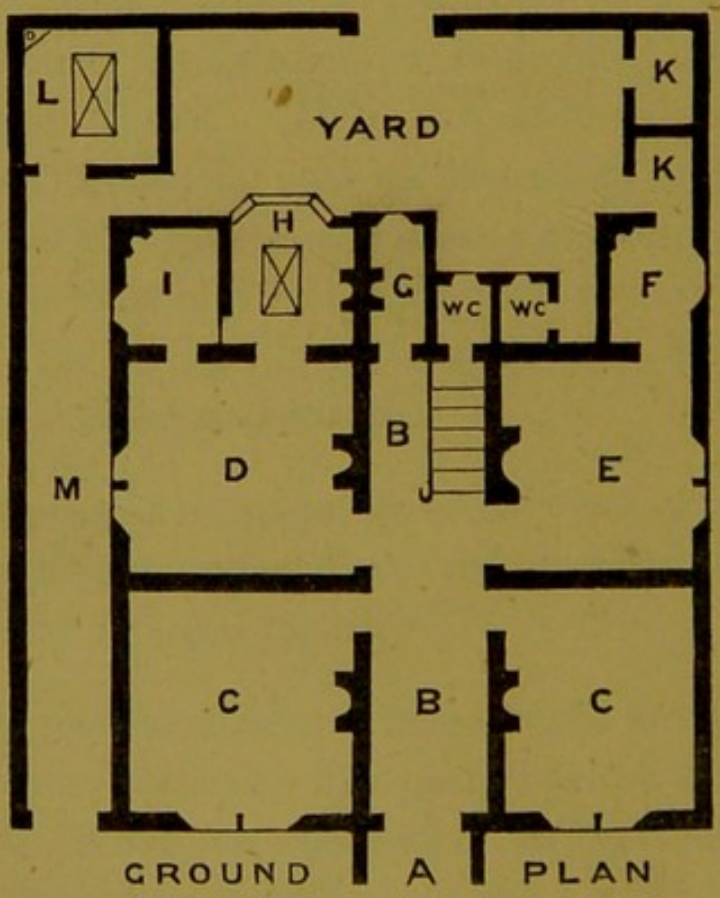
A folding-screen should not be forgotten among the furnishing requisites. A very excellent three-leaved screen may be had for a guinea. It is used to isolate patients, and will spare the patient in an adjoining bed from the sight of suffering or death. The screen should always be used,

if another patient is occupying the same room, whilst a body is being placed in the coffin. Amongst the accessories which are more valuable than others may be mentioned a water mattress. That made by Maw and Sons is thoroughly serviceable, and will not cost more than six pounds. The water mattress should be the full size of the bed—6ft. by 3ft. Considerable saving is effected by ordering those and similar articles direct from the manufacturers, who will give five per cent. discount, for cash. The hospital will also be a gainer by not having to pay the second profit of the retailer; thus really gaining a reduction of from 10 to 15 per cent. in the price of the goods.

If from want of space the medicines have to be dispensed in the ordinary sitting room, a dispensing cabinet will be a very useful adjunct. They are made to contain a large number of bottles and pots for dispensing, with all the needful accessories of mortars, scales, measures, &c., the whole of which is fitted in a handsome cabinet, and will cost from £16 to £18. A case of tubes, spirit lamp, &c., for chemical testing, should be also provided.

The Appendix gives prices of all these articles, as well as the form of prescription cards, &c., required in the management of the cottage hospital.

At the request of several friends, who are now engaged in starting new hospitals, this chapter is concluded by designs and plans for a cottage hospital of six beds, intended to carry out the principles insisted on in this book. It is given with considerable diffidence, and on no account intended to



DESIGN AND PLAN OF A COTTAGE HOSPITAL FOR SIX BEDS.

supersede the professional advice of an architect; but to be used as a suggestion only. The building may be erected of stone, with freestone dressings; or it may be constructed entirely of brick, white or coloured brick being used in the string courses. The design, I am aware, might be more picturesque. Dormer windows would look very well, but I have endeavoured to construct the roofing on as simple a plan as possible, so that not only the first expense might be less; but that, which is even more important, there should not be a continual drain on the funds of the hospital, for repairs of leakage, &c.; and no circumstance will be more productive of this than the introduction into the design of many roof-valleys. The rooms on both floors are nine feet in height.

REFERENCE TO CUT.

A Porch.
B Hall and Passages.
C Wards, 14ft. by 12ft.
D Nurse's Room.
E Kitchen.
F Back Kitchen.
G Surgery.
H Operation-room.
I Special Wards.
K Store-rooms.
L Mortuary Chamber.
M Special Entrance, unconnected with the Hospital, to the Mortuary Chamber.

CHAPTER IV.

THE FOUNDATION AND MANAGEMENT OF THE COTTAGE HOSPITAL.

In forming plans for starting a new cottage hospital, every care should be taken to avoid the possibility of any antagonistic feeling being aroused by neglecting to conciliate those whose interests might possibly clash. Originally most of these institutions were started by medical men, as they alone were alive to the value of the movement. A considerable amount of jealousy arose from a feeling that, whilst thus helping the poorer classes, they might be assisting to form their own practice, to the detriment of other, and perhaps older practitioners. Now, however, the success that has attended the work has become so widely known, that wealthy landowners and employers of labour, as well as the clergy, are taking the initiative, and this will prove conducive to a more successful result.

The first step, after consulting a few more immediate friends, will be to organize a meeting of those who may be supposed willing to countenance the formation of a cottage hospital. To this preliminary meeting should be invited the clergy and medical men of the neighbourhood from whence the patients would be obtained; the ministers of other denominations besides the established clergy should also be asked, as

well as the parish guardians, churchwardens, principal farmers, and shopkeepers. Before meeting together, however, the bearings of the matter should be thoroughly well considered, so that any question from which opposition may arise might at once be met at the meeting, before it is allowed to circulate in the neighbourhood. The following sketch of resolutions will probably prove useful :—

1. That ———— [the rector of the parish or principal landowner] do take the chair.

It may be well for the chairman to state that it is proposed to open a cottage hospital of six beds in the parish, for the relief of those suffering from sickness or accident in the immediate neighbourhood ; that the hospital will be conducted on the Cranleigh model ; to be open to all medical men who may wish to attend their patients whilst in the hospital, one of whom will take the more immediate management ; and that the reception of casualties will not prevent the medical men receiving any extra fee, due according to Act of Parliament, from the boards of guardians ; that the hospital will relieve the rates by providing better care for the sick, enabling the poor to have the advice of their own doctor and minister of religion, and will do much to show the value of cleanliness and sanitary arrangements in a cottage like that of the poor man.

That the institution is intended to be conducted partially on self-supporting principles ; all patients paying not less than 6d. a day towards their maintenance. From the experience of many cottage hospitals already established, it seems that about £20 a bed will be required to be collected annually, so

that, in addition to the patients' payments, about £90 to £100 must be raised annually in the neighbourhood. It has also been found that to furnish the hospital properly, will not cost more than £100, though probably some funds will have to be collected to meet the expenses of slight alterations, painting, &c., to the cottage that may be selected.

2. That ——— Esq., be requested to act as medical director, and all other medical men in the neighbourhood as honorary medical officers.

3. That ———, Esq., be requested to act as hon. treasurer, and ———, Esq., as hon. secretary.

4. That the following gentlemen, with the medical officers, treasurer, and secretary, act as committee; that they draw up rules, collect subscriptions, and take measures to secure a suitable cottage, or have plans and designs drawn for the erection of one.

5. That this meeting pledges itself to use every exertion to obtain funds for the purpose of furnishing a cottage hospital of six beds, in the parish of ———, and to collect the annual sum required, in addition to the patients' payments, to maintain the same.

6. That this meeting be adjourned to ———

7. That a vote of thanks be given to the chairman, for his kindness in presiding on this occasion, and that he be requested to act as president for the first year.

As the cottage hospital is intended to relieve sickness and physical pain, the committee should be entirely free from religious or political bias: it should be no class movement;

but should have amongst its members representatives of the upper and middle classes, Liberals and Conservatives, churchmen and dissenters, who meet with one common object—to help the poor.

At the adjourned meeting a small working committee should be selected. Three members of the committee, besides the medical officer, will be ample to manage the young institution, the larger committee meeting once or twice in the year. It has not been inaptly stated, that the best working committee is composed of three, where two are always absent, the fact being that there is generally some one person having a talent for organization who imperceptibly takes the lead Still, when dealing with the donations of others, a committee is a necessity.

The rules by which the cottage hospital is to be managed will next occupy the attention of the meeting. As the hospital will be founded on the Cranleigh model, it will be well to consider first the rules of the "Mother Cottage Hospital," and graft upon them such additions as will render them suitable to the locality for which they are needed.

Rules of the Cranleigh Village Hospital.

1. The hospital is designed for the accommodation of the poor, when suffering from sickness or from accident.

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

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

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

5. Admission of patients shall be granted by the manager, on consultation with the medical officer.

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

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

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

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

10. All subscriptions shall be payable yearly, and in advance, on the 1st of ———, and any of the trustees may receive donations and subscriptions, an account of which shall be rendered to the treasurer.

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

12. In case of a vacancy, the remaining trustees shall elect another to fill the vacancy.

For a cottage hospital of six beds, where no out-patients are received, an experience of some years in the management of the work has shown that these rules require very little alteration. Rule 3, however, should, I think, be omitted altogether. It is impossible to know when a severe accident may arrive at the hospital ; the surgeon may be on his rounds miles away, and should the nurse be absent too, the subscribers would soon loose confidence in the hospital, as there would be no one to receive the patient in time of real emergency. At Savernake a separate nurse has her head quarters in the hospital, being sent out by the managers to patients out of the house when her services are required, without interfering with the regular nursing of the hospital.

Rule 4 may have an addenda to prevent improper cases being received. At Wrington and many other hospitals, the following addition is made, "Infectious cases and patients suffering from advanced pulmonary consumption, or who are of unsound mind, shall be ineligible for admission."

Rule 6.—That the principles before laid down may be fully carried out should have the addition, "but medical men who have attended their cases previous to their admission, may continue their treatment if they desire to do so."

Rules 11 and 12 may well be amalgamated, and it will be found useful to add a new Rule 12. "These rules may not be altered or added to, nor any medical officers, treasurer, or secretary be elected, except at any annual meeting, or at a

special general meeting, convened by five subscribers of not less than 10s. per annum. No subscriber of less than that amount shall have any vote at such meeting, proxies being only allowed to ladies or subscribers living more than three miles distant from the hospital."

Where it is contemplated founding a hospital of more than six beds, and to introduce an out-patient department, the rules required will be more numerous. Those of the hospital at Crewkerne, and the Yeatman Hospital at Sherborne, will be found excellent models for the rules of this class of cottage hospitals.

Should the requisite buildings, or a site on which one may be erected, have been found, the tenure on which it is to be held is a point that will require the serious attention of the meeting. I feel I cannot place this matter in a more practical way than by quoting Dr. WARING on this subject :—

"*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 erected 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 trans-

action ; 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 or 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."

Should no building be found suitable for the purpose, and it is determined to build, "the site 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 Collection of Funds.—This will be the most important work to be effected; and funds will be needed for two purposes. Donations to start the hospital, and annual subscriptions to carry it on. As before stated, unless much alteration to an old building, or the entire construction of a new one is necessary, donations of £100 for furnishing, and an annual income of another £100, will suffice. This sum does not include alterations or rent. The patients' weekly payments, and the casual donations of visitors will generally prove sufficient for any fresh articles of furniture required, or to make up the sum which will be expended in maintenance. One of the most welcome donations, and one which will often come more easy to the giver than hard cash, will be a cottage, rent free. Of course, the committee will then be answerable for its repair and renovation for its new purpose, as well as keeping it in good tenantable order.

All gifts in kind, however, as rent, coals, supply of potatoes, or furniture, should be entered in the cash book, as if they were actually bought, the value being carried to the credit of the donors; otherwise the balance sheet of the hospital, as compared with others, will be fictitious; as, for example, one village hospital has the cottage rent free, and all medicines found gratis, making the annual amount per bed much less, and getting the credit of being more economically managed than

another, where everything has to be paid for. Again, in comparing the price of new buildings, in one case all the lime and ashes used in the building are given gratuitously ; in another, the architect's and law fees are remitted, making in the balance sheet in the report, the price less than it really was. This will be avoided by entering the money value of things given in kind as a donation. In collecting money, whether as donations or subscriptions, no sum, however small, should be despised. As soon as a friend has given a subscription, little as it may perhaps be, he begins to take a warm interest in the new scheme, and this is especially the case if he has denied himself to give.

Collecting cards, the church offertory, or congregational collections, will all help. A very profitable mode of collecting is to have boxes in the parlours of the principal neighbouring inns. Disputed debts, as well as small change, will find their way into the hospital box ; and the very sight of it will frequently lead the conversation, and make more widely known the existence and claims of so excellent a charity.

A somewhat curious form of donation was given in the case of one institution. An aged gentleman wishing to help forward the work, and feeling that it was only after his death any of his property could be available for the purpose, gave the sum he intended to bequeath during his lifetime, binding the committee to pay him the interest he could not afford to lose for his life. By this means he set on foot a valuable charity, and was able to see the good that it was doing during his lifetime.

Concerts, bazaars, and other means of that kind will help ; but they should be used as a supplement, not as a substitute to the regular subscriptions of the neighbourhood. After starting and furnishing the hospital, it is surely not too much to expect that £100 should be easily raised annually amongst 6000 people, for that will be the population to be benefited by the six beds, though patients will occasionally come from a greater distance. Whenever a patient is admitted from a new place, the clergy and principal inhabitants of that parish should be supplied with rules or reports of the hospital, and the admission of the patient made a ground for an appeal for help. An active persevering secretary will raise a considerable amount by this means.

Admission of Patients.—For this, except in the case of accidents and emergencies, a note of recommendation will be required. An accident will, of course, if sufficiently severe, be at once admitted. If there is no room, it must be made ; and here will be seen the advantage of having a spare room and bed in case of great emergency. Some kind of make-shift can always be borrowed in the village, for it should be a standing rule never to pass over a case of distress. At the same time it should be borne in mind that the extra bed so made, should not be continued, but that the original number be resumed as soon as the necessity for the addition ceases. To facilitate the help this gives to the sufferer, in many hospitals no payment is expected in the case of an accident for the first week. The necessity for hospital relief has come unexpectedly, and by receiving the patient free of cost for the first week, his family has time to look about them ; and,

if not able to afford the weekly payment themselves, to get others to help. Here will be found a very legitimate case for the parochial offertories, which will often lead to a closer connection between the clergy and their poorer parishioners ; not because alms are habitually given, and the poor man led to look on the rector of the parish as a kind of relieving-officer, but because, when the time of real need arrives, help from the church's funds is not found wanting.

In ordinary cases of illness, the patient will come to the hospital provided with a recommendation-note, which will not only give the manager a guarantee of the patient's being a proper person to be received into the hospital, but will also afford some idea as to the amount the patient is able to pay. This will depend on the size of his family, the amount of his earnings, and whether he is a member of any benefit or provident club.

The form of recommendation-note used at the Cranleigh and many other cottage hospitals, will be found in the appendix. The only point which it may be well to alter is that of the hospital guarantee. With regard to funeral expenses, a patient should have the feeling encouraged that he comes to the hospital to recover—not to die. Whilst, on the one hand, I would in no wise advocate keeping a patient in ignorance of his state, if labouring under a fatal disorder ; yet, on the other, it is equally important that the probability of death should not always be before him. To remove hope is often to bring about the very result we strive to avoid. I do not think that such a notice will be found practically necessary. The number of deaths in a cottage hospital are very

small ; and the patients coming from a thinly populated district, are all personally known to the managers, so that there will be no real difficulty in obtaining the funds for burial, even if the patients' friends are not in a position to undertake the funeral expenses themselves.

Connected with this subject, it may be mentioned that one of the greatest prejudices the poorer classes entertain with regard to hospitals, is founded on the belief that all persons dying there have a *post-mortem* examination performed on them. It should be clearly understood in the neighbourhood, that in no case will a *post-mortem* examination be made in the cottage hospital, without the express wish of the friends of the patient, or by order of the coroner, to satisfy the demands of justice, in affording evidence to convict, or acquit an accused person.

At the Hambrook Village Hospital there is the following very useful addenda to the recommendation-note, to be signed by one of the medical staff :—

"I hereby certify that I consider the above to be a case of ———, suitable for, and urgently requiring admission to the hospital.

Signed ———, Member of Medical Staff."

At the foot of the note is the following notice :—

"The recommender is requested to state what wages are earned by the patient, or by those upon whom he or she is dependent, as a guide to the house committee, in fixing the weekly payment required."

In deciding by the managers, what is a proper case, the position and income of the patient should be borne in mind, as well as the nature of the disease.

The cottage hospital is not to be considered an asylum for the incurable or the infirm regular paupers; the union has provided an infirmary in the union-house for such cases. Nor is it to give room for servants-in-place at gentlemen's houses, except under special circumstances, and where full payment of all expenses is made. The gentleman who has the value of his servants' services in health, is morally bound to provide proper medical care for them when ill; and the introduction of these cases, as well as those of small tradesmen and farmers, who are able to pay a medical man to attend them at home, is a direct robbery of a hard-working profession. The managers should not be discouraged if at times the hospital is nearly empty. The inference to be drawn from this, is not that the patients will not make use of it, but that probably the country is at that time in a healthy state, and that the paucity of cases is therefore a matter for congratulation, rather than despondency. To have a house ready with proper beds and appliances, is in itself a great and good work. In purely rural districts, I do not find the average of cases in the year more than six patients to each bed; and considering that the average residence per case is about one month, the beds are only half full throughout the year. During unhealthy seasons there will be a greater pressure, so that we must necessarily expect that in more healthy times the little hospital will be almost empty.

The Domestic Management.—In carrying this out, the services of one or more ladies interested in the work will prove peculiarly valuable. There should be some one person who will regularly visit the hospital at a fixed time, and confer with the nurse as to what supplies should be ordered, after consulting the prescription cards, on which the diet approved of by the medical officers is ordered. To ensure satisfactory results, this duty must be punctually performed. The hospital may possess an excellent staff, and a thorough good nurse, but if supplies are not duly ordered, the whole machinery will be at a standstill. I once heard an amusing account of a cottage hospital, where an urgent case was received late on Saturday night, when, on the surgeon suggesting beef-tea, brandy, eggs, &c., the only food to be found was a cold leg of pork, and bread and butter. Liebig's essence of beef should always be kept at hand. It is most useful in an emergency, and only requires the addition of hot water to be at once fit for use.

There should be provided a proper order-book, and monthly expense book, similar to the form in the appendix. The order book is much like a banker's cheque book; the order is written and torn off, to be given to the tradesman to execute, and a counterfoil is kept in the butt of the book; thus there is a complete check on all articles supplied. The monthly expense book not only enables a monthly committee meeting to know how the funds have been expended, but with very little trouble to ascertain the exact amount per head daily. This book has columns for date, number of inmates, and all articles likely to be wanted, as meat, grocery, &c., for maintenance, as well as rent, wages, &c., in the expenses of the

permanent staff, or executive department ; it is made up, presented, and passed at each monthly committee meeting, the director or superintendent having previously signed it, and calculated the expense per head in both maintenance and executive. This division is important, and it is the only trust-worthy system of statistics. For instance, the maintenance per head may not be more than 6s. per week, and it ought not to exceed that. If every bed is full, the executive expenses per head may not exceed 2s. 6d. ; if only two out of the six beds were occupied, it would rise to 8s. or more. Thus the total weekly expense of each patient in the one instance would be 8s. 6d., and in the other 14s., whilst both were consuming the same amount of food. The staff expenses that must be met, whether any patient is in the hospital or not, varying in ratio with the number of inmates.

Dietaries.—In all public institutions it is considered necessary to have an established dietary : instances of one or two such dietaries will be found in the appendix. In cottage hospitals and convalescent homes, and indeed, as far as possible in general hospitals, with regard to those patients who are able to leave the wards, the dietary should be used only as a general suggestion for the guidance of the matron. Regular rations greatly increase the expenses, by far the cheapest way being for all who are well enough to sit at the table, with the nurse or matron, and have an ordinary family meal. Appetites in illness and convalescence are remarkably capricious—one is able to eat more than his ration ; another cannot consume half of it. Nevertheless, as he is rationed, he considers it his own property, and resents at once any

alteration. The consequence is, that a considerable quantity of good food is thrown away. Some of the large hospitals have tried the experiment of rationing a ward, so that the sister of the ward and patients have their meals as a family, the sister cutting off the joint what she thinks each patient is able to take. At the Taunton General Hospital there has lately been a move in this direction, all patients who are able to leave their beds taking their meals in a common dining-room. This is found to lead to a considerable saving of expense.

Cash Accounts.—It will be found greatly to simplify the correct keeping of accounts, if every penny that is received is paid into the bank, and all bills paid by cheque. By this means the bank pass-book coincides with the secretary's cash book. The secretary or manager should keep a petty cash book, in which on one side is entered all patients' payments, contents of alms boxes, and small donations, not paid directly to the treasurer; and on the other side small disbursements under £1, any bill above that amount being paid only by the committee by cheque. This petty cash book should be made up each month, the secretary paying into the bank the whole of the receipts, and receiving a cheque for the disbursements, instead of paying in or receiving the balance of the two amounts. Each month, then, the entire financial state of affairs is thoroughly looked into and passed by the committee, giving no trouble in auditing the whole at the end of the year, and the committee having the advantage of knowing monthly whether the supply of funds meets the demand, so as to make increased exertion, if necessary, during the course of the year. In these small institutions every care should be taken

to avoid a deficit, as the public will soon lose confidence in the new idea of having a cottage hospital, and it will rapidly languish.

The Annual Report.—To keep up the interest of the subscribers, it will be necessary to issue an annual report. I have before me specimens of reports of more than 70 cottage hospitals, ranging from the single sheet of foolscap, folded like a lawyer's brief, through octavos, and duodecimos, to a beautifully got up little book, made to fit an ordinary-sized note envelope. This elegant report is that of the only cottage hospital in the Sister Isle—at Bangor, County Down. A report should, however, neither be too small or too large ; if the former, it does not contain all the information the subscribers have a right to look for ; if the latter, it increases the annual expenditure considerably, as printing may fairly be classed as an expensive luxury.

In drawing up the report, &c., the title page will give the name of the hospital, and the date of its foundation (this date is left out in the majority of reports), with a list of office bearers, committee, &c. ; then a few short sentences, setting forth the general objects and plans of the hospital ; to this will follow the rules. (It slightly increases the expense to print rules in every report ; but as the reports will be largely called for by the promoters of other intended institutions in the neighbourhood, it is well to give as much information as possible, for this reason. A price for the report to non-subscribers should be affixed.) The secretary's report of the work of the year should now appear. This should be drawn up by the secretary, in conjunction with the medical officers.

Should the nurse be on board wages, and not maintained at the expense of the hospital, it should be mentioned, as it will make some difference in drawing comparisons of the expenses of different hospitals. The medical officer's report will next have a place. This should be in a tabular form, and should on no account omit the number of days each case was in hospital. The columns may run in the following manner :— No. of case ; sex (the name should be omitted. In the country nearly everybody is known, and there is no reason why their complaints should be paraded before the public) ; age ; residence ; and occupation ; admitted ; discharged ; injury or disease ; results and remarks ; days in hospital. In some hospitals this sheet is not bound up with the report, but sent with it loose, many subscribers not caring to have a list of the various diseases flesh is heir to on their drawing-room tables. Appended to the medical report, I introduced at the Wrington Village Hospital an epitome of cases. This is extremely useful for the purposes of comparison, and the plan has, I find, since been adopted in other cottage hospitals. This form runs thus :—

EPITOME OF CASES.

Beds —— No. of cases —— Surgical —— Medical ——

Casualties —— Admitted by notes ——

RESULTS.

Cured ——

Relieved ——

Not benefited ——

Incurable ——

Died ——

Remaining under treatment ——

Cases have been received from the parishes of ———

———

———

——— &c.

The average duration of the cases under treatment has been ——— days.

———, Medical Officer.

Dated ———

———

It is a somewhat curious fact, that in hardly any of the reports of the various cottage hospitals I have received is the number of beds mentioned. This has arisen probably from the idea that the number was generally known, or it may have been mentioned in a first report or provisional scheme, and not referred to afterwards. To those who read these reports with a view to gain information how to start a new cottage hospital, the omission is very troublesome. I have had to write a large number of letters to the managers of hospitals, simply to ascertain the number of beds.

The balance sheet should not mix up furnishing with the regular expenditure. Any building or furnishing account should be made out separately ; nor should the various items of the maintenance and executive accounts be intermingled. If the expense book I have proposed be used, this will be easily avoided.

It will be well to insert a certificate that the furniture, linen, &c., have been inspected, and compared with the inventory, and the condition in which they are found. This should be

signed by two members of the committee. An invitation to the neighbours to send in supplies of old linen, &c., may also be added.

A correct list of subscribers should follow, with their residence, and the amount of donations and subscriptions. If the number of subscribers be large, the secretary will find it useful to have a subscription book made, with an indented alphabet, so many pages being allowed to each letter. This book may be divided into columns for donations and subscriptions for five or six years in each page, so that at a glance, on referring to the letter of the name, it is seen whether the subscriptions are paid up, or whether the subscriber has left the neighbourhood, died, or if there be any other cause for discontinuing the subscription.

The report should not be sent to press without the addition of a proper form of bequest, of which the following may be given as an example :—

FORM OF BEQUEST.

The proper form by which any benefactions may be given to this hospital is as follows :—

I give unto the treasurer for the time being, of the ——— hospital, for the purposes of that institution, the sum of ———, to be raised and paid exclusively out of such part of my estate as I can by law charge with the payment of the same.

N.B.—This form is given on account of some unhappy mistakes in wills, by which legacies have been lost to charitable institutions, and the good intentions of testators have been

entirely defeated, because the sums bequeathed have been ordered to be raised or paid out of lands or real estates, which is not permitted by law.

The report, when sent out, should have a cover ; if not, it is very soon consigned to the waste-paper basket. For the same reason that it may be kept in sight, it should be well and clearly printed, and properly got out of hand ; the most useful size being foolscap octavo. Were all reports of the same size, it would be easy for those interested in the movement to collect those of various hospitals and bind them together.

CHAPTER V.

THE OFFICERS OF THE COTTAGE HOSPITAL. THE NURSE AND HER DUTIES.

The officers of the cottage hospital will be the treasurer, the secretary, the chaplain, the medical officer, the matron, or nurse. The duties of the honorary treasurer and honorary secretary are so well known, that it is hardly necessary to enlarge upon them; one useful hint, however, may be given to the secretary, that is, to have a waste-book for all notes of calculations, &c., in making out the averages, reports, or any other returns. For want of this precaution, the work of hours has to be gone over again, some slip of paper with calculations having been consigned to the waste-paper basket or fire. By having a waste-book all such writing is preserved, and ready for reference at any time. The secretary should, of course, keep the minute book and petty cash book, send notices of meetings, and look up subscriptions when due. This is one of the most unpleasant duties that fall to the lot of the honorary officers conducting public institutions. Much trouble is avoided if the financial year of the new institution commences on the 1st of January. Most people then consider what they have to pay to the charities they support, and it is not forgotten. A very good plan is adopted by some rectors of parishes, who send out at Christmas a sheet

showing all the charities supported by the parishioners, as clothing clubs, schools, missionary societies, cottage hospitals, &c., and the amount promised by the subscriber to each. The subscriber at once sees what is due from him, and sends a cheque for the whole amount. It has also the advantage of presenting to his notice all the parochial charities, so that he may be induced to support more than he did in the former year. Should not this or some similar plan be adopted, the honorary secretary might send each forgetful subscriber a neatly-worded circular, stating that the accounts were being made up, and that his subscription was still due, &c.; but the yearly sheet of all charities, sent by the rector, is the simplest and most pleasant way of collecting arrears.

The Chaplain.—It is a matter of considerable doubt whether this officer is necessary in so small an institution as a cottage hospital of six beds. The clerical attendance on the cottage is an integral part of the duties of the rector or vicar of the parish; and as in the case of medical men, rectors of other parishes should have full liberty to visit their sick parishioners when moved into the cottage hospital, even though it be in another parish. The inmates of the cottage hospital are a small family, and I do not myself think there is any necessity for a regularly established chaplain. Those who are well enough, will attend the church, which cannot be very far off. Should the patient not be a member of the Established Church, no difficulty should be placed in the way of attending his own place of worship, if able; or the minister of his own persuasion should be invited to visit him. Of course, it will be understood that such a visit will be only to the patient who

asks for it, and that no ministration to the patients generally will be sanctioned, without the acquiescence of the rector of the parish. To ensure the satisfactory working of a public institution, the strictest etiquette should be observed in both clerical and medical matters.

The Medical Officers.—According to the principles before laid down, the majority of the medical and surgical work will fall on one man, who will act as medical director, superintendent, local medical officer, or whatever other title it may be thought well to give him. Even if other medical men attend their own patients, he will have to act more or less as a house surgeon, arrange the diet, and instruct the nurse as to what plan to follow out with each patient. His visits, whether daily or not, will depend of course on the number of the patients and urgency of the cases in the hospital; and this is the reason why it is advisable to select a building or site as near as possible to the residence of the medical man who will take the active part in its management. The admission and dietary of patients, as well as recording important facts in their case, and drawing up an annual report of the medical and surgical work done in the hospital, will fall on the medical officer. Should a case demand consultation, it will be his duty to ask one or more of the neighbouring surgeons who are willing to attend, to visit the patients and confer together on the case. No operation of any importance should be undertaken without such a consultation; this is especially necessary when chloroform has to be administered, as this, for due safety to the patient, will require the sole and individual care of one medical man.

The medical officer will have in most cottage hospitals to dispense the necessary medicines. At Savernake and some few other institutions, this is done by a druggist in the neighbourhood, the hospital prescription book being sent in after the doctor's visit. The drugs, and all expenses connected with them, except it may be the actual dispensing, should in all cases, be provided at the expense of the hospital, and should not fall on the medical man who gives his time to the work. I regret to say that committees will sometimes place this burden on the shoulders of those who ought, in common gratitude for the work they are doing amongst the poor, to be spared every source of expense. This is painfully the case in one of the cottage hospitals conducted by a surgeon, who has done much towards the extension of the movement, and it is even made an argument by the committee, that as this medical officer is saved journeys on horseback to visit some of his poorer patients, he ought to supply all the medicine required, *proh pudor!* I sincerely trust this is an isolated example. In more than one of the more recent cottage hospitals, the medical officer is paid an *honorarium* for his services. Whether this should always be the case opens a question of some difficulty.

In strict justice, looking at the matter in a purely commercial light, the medical man who gives up his time to the service of a cottage hospital, should be paid for such service. Now, what does the word payment mean but full quittance and satisfaction for value received. If, then, it were determined to pay the medical officer, such payment could only appear in the light of a gratuity or retaining fee. A salary

of £20 per annum would, as Dr. WARING observes, "be only thirteen-pence per diem—a sum which, looked at as a salary, would be regarded more as an insult than remuneration; certainly not as an adequate payment." The time and length of distance consumed in visiting a patient, can be covered by a money payment; but who can estimate the anxiety, care, and perhaps sleepless nights, given to the patient in private practice. "It is a pleasing fiction that the physician *demands* no fee, but that the conventional guinea is rather a *quiddam honorarium*." However we may approve of the principle that would propose payment for hospital services, in my opinion I would rather indulge the gratification of feeling that the gratuitous services of the doctor were helping on a really good and benevolent work. Let the committee of these institutions only take care that, while willingly accepting such gratuitous care of the surgeon for the *poor*, they are not filling their hospitals with cases that may rob him of fees the patients are able to give. In the first hundred cases received at the Cranleigh Village Hospital, Mr. NAPPER makes the following return:—

16 were patients in humble circumstances;

7 incapable of remunerating a surgeon in any way; and

67 who would have been attended by the parish doctor; and for operations, &c., performed on these, £36 was paid to the different parish doctors under whose care they would have been, as extra fees, allowed by the Poor Law Act.

I know that many of the profession think those who advocate the formation of cottage hospitals increase the amount of gratuitous advice now growing to a monstrous evil, and rob-

bery of the junior members of the profession ; but a more intimate knowledge of the movement will show that this is not the case, but that the cottage hospital, if rightly conducted, is a help to the medical practitioner, and a considerable saving of hard work in the shape of distant journeys to his poorer patients, who may be suffering from severe forms of illness.

The Nurse and her duties.—Next to the medical officer the nurse is the most important personage in the cottage hospital. Indeed, upon the proper performance of what is entrusted to her will depend the success or failure of the whole system. It is, therefore, of the utmost importance that the right person should be chosen to fill this place. Now, besides lady nurses and those from religious sisterhoods, there are three classes of nurses who may be proposed—the regularly trained hospital nurse—the country woman, with some tact and kindness in sickness, who may have a little training for the purpose—and, lastly, a married couple, the man to look after the garden, &c. ; or, as in some hospitals, to go out to his daily labour, the wife undertaking the office of nurse to the hospital.

Both the first and last of these classes of nurses are, in my opinion, not suited for the cottage hospital. In the latter case, Miss NIGHTINGALE remarks : *"The practice of having a man and wife in joint charge of a ward or wards, has in it more evil than good for the patients ; the interests of the husband henceforth comes before that of the patients, in honest as well as dishonest ways. The woman is no longer attached to her ward, but to her husband ; and the patients

* Notes on Hospitals.—Miss Nightingale.

are more or less neglected." In the case of nursing, and the management of the hospital being under "a religious order" she says—and no one will accuse Miss NIGHTINGALE of prejudice in this matter—that, with the exception of male nursing, under male authority, this is the worst kind of nursing; "for, take it which way you will, the idea of the 'religious order' is always more or less to prepare the sick for death; of the secular, to restore them to life, and their nursing will be accordingly. There will be instances of physical neglect (though generally unintentional) on the part of the former; of moral neglect in that of the latter." In one or two cottage hospitals, where the nursing is conducted by nurses of a religious order, there has been a constant collision and want of that unanimity which is essential to success between the doctors and nurses, These are, of course, only general remarks. There are happily cases where ladies have undertaken the nursing of a small hospital with the holiest motives, and without thinking it necessary to convert an institution for the relief of the sick into a mission for the dissemination of doctrines and tracts, either of the high or low church party.

On this subject the following very excellent advice is given by Sister ZEPHERINA,* formerly of King's College Hospital :—

"Nursing the sick calls for the exercise of every Christian virtue. Patience, gentleness, forbearance, brotherly kindness, with perfect self-abnegation. Without these qualities no one can be a good nurse in the highest sense of the word. Do not let me be misunderstood in the use of the word self-abnegation. A nurse, while studying her patient first in

* Handbook of Nursing for the Sick.—Sister Zepherina Veitch.

everything, should never fall into the too common error of neglecting her own health. This neglect will be injurious to her patient, if in nothing more than the risk to which it exposes him of a change of nurses—a necessity always very undesirable in cases of serious illness. To ladies who intend to make nursing a profession, I would say—Do not undertake the work with any romantic ideas of being a 'ministering angel,' moving about your wards in a very becoming hospital dress, and followed wherever you go by loving looks, and murmured blessings, from grateful patients, or you will never have courage to face the reality of finding yourself always a hard-worked, often a weary, worn, and sorely harassed woman. Remember Solomon's admonition, 'Whatsoever thy hand findeth to do, do it with thy might.' Count well the cost of your undertaking, and then, having resolved to persevere, do so, and I say, God prosper you; for I count nursing the sick one of women's highest and holiest callings. Leave no means untried to do your work thoroughly, from its very lowest to its highest duties. Do not suppose your time wasted in learning all sorts of ward work, which contribute only indirectly to the welfare of your patients. The demand for ladies to take the superintendence of hospitals, infirmaries, and institutions of a similar nature, is now great, and is steadily increasing. For such a post no lady is fit, unless she has a practical acquaintance with every detail of nurses' work; and that she can never obtain without personal knowledge of every branch of it. I would press this point strongly, as I know it is a common mistake to suppose that a very superficial knowledge of nursing is sufficient to enable a lady to undertake the work of

superintendence ; and there cannot be a more fatal error for the interests of the institutions concerned, or one more likely to tend to disappointment, and to bring discredit upon ladies' nursing."

Dr. WARING says :—"With regard to sisters, whilst admitting their 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, that 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." This opinion, the experience I have had of the work, entirely confirms. The trained hospital nurse may be proposed to be employed by many, on account of her greater skill in nursing. This she no doubt has ; but in the cottage hospital operations are few and far between. She will be far above the patients in manners and knowledge, without having the education of a lady that would induce her to come down to the level of the patient, whilst at the same time keeping her own station. On the whole, I am of opinion that the most useful person to act as nurse in a cottage hospital, will be found to be a homely, motherly woman of the neighbourhood. She should, if time permits, be sent for a few months to a good county hospital, where, if she is quick to learn, she will pick up a great deal of useful information. Her homely, country manner, will be much more appreciated by the patients than that

of a professed trained nurse. Mr. NAPPER has trained one for himself at Cranleigh, where she acts to the entire satisfaction of doctor and patients. With a nurse too much above the patients, there will not be that home feeling in the hospital kitchen which I have advocated. The professed trained nurse will want a private sitting-room of her own, whilst the patients will be kept in the wards instead of sitting with the nurse, who should be the mother of the family. Whoever the nurse is, she should know how to read and write well, be accustomed to the sick, and not easily put out of temper by the irritation of feeling which will be so constantly shown by those who have had sleepless and suffering nights. The dress of the nurse should be plain and neat. Nothing looks nicer than a plain brown stuff dress, with white cap, collar and apron, and a black leather belt and buckle; attached to the belt should be a small satchel for scissors, pins, &c., which may be required by herself or the surgeon. Any monastic costume should be avoided in cottage hospitals. In summer plain neat print dresses may be worn.

The Nurse's Duties.—The duties of the nurse of a cottage hospital are more onerous than those of the ordinary hospital nurse, inasmuch as she has to attend to the household duties as well as actual nursing; besides which, in the absence of the surgeon, she must act somewhat on her own responsibility. For scouring and washing she will probably have another woman from the parish to help. Her first duty will be to get up the patients, who are permitted to leave their beds, those who are able helping the others. The wards should then be put straight; windows should be opened for a few minutes to

air the rooms, unless the weather be very winterly and wet. This may always be done, even if patients are in bed, the patient simply protecting himself by holding the sheet over his head. The window being opened for only two minutes, will freshen the whole air of the room, and do no injury to the patient. Having performed this duty, and prepared the breakfast, she will fulfil the time-honoured custom of reading some short form of family prayer, chosen by the clergyman of the parish, with which also the day should be closed. The medical visit will probably be about 10 a.m., by which time the doctor has seen his own surgery patients, and looks in at the hospital before his morning round.

For this visit everything should be prepared. It is a sign of very bad nursing if the surgeon wants hot water, towels, sponge, &c., and they are not ready for him. In no place should the necessity for absolute cleanliness be inculcated so much as in the cottage hospital. Everything that cannot be used again should be destroyed; soiled bandages should at once be placed in a basin of Condy's fluid, till the opportunity occurs for thoroughly washing them; the sponges used by the surgeon should also be washed in Condy's fluid; then in fresh water, and dried for future use. In all bad cases the nurse should see that if sponge is used at all, it is never used for another patient. The following regulations for the nurse I found to be very useful in the Wrington Village Hospital. They were printed on a card, and fixed in the kitchen and the nurse's room.

The nurse is to attend punctually to all the directions of the medical men.

She is to have the patients washed, and the rooms ready for the medical visit by 10 a.m.

She is to see that all slops, &c., are at once removed from the patients' room, and the drains flushed.

She is to give the diet and medicine at the times, and in the quantities ordered for each patient; and at once report to the medical officer any alteration for the worse in a patient, or in any case in which medicines ordered have not produced the desired effect in a reasonable time.

She is to shut up all outside doors and windows, except those ordered to be kept open for ventilation, at sunset; see all fires safely damped down, and candles out, except night lights, by 10 p.m.; and to see that the rooms are free from any unpleasant smell. Dissinfectants are to be freely used when required.

Accidents and Emergencies.

Notice of the admission of a patient should be at once sent to the medical officer.

Before the surgeon arrives, the nurse may get the patient in bed, carefully supporting any injured part; if he is cold and collapsed, give warm gruel, with brandy, and apply warm bottles, &c.

In Burns.—Remove the clothing very cautiously, and cover the burn or scald with cotton wool.

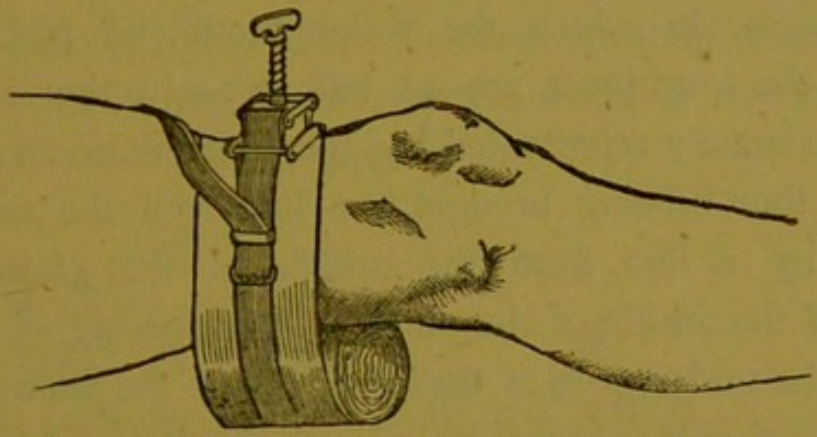
In Fractures.—Support the injured limb on a pillow, and apply wet cloths.

In Ruptures.—Heat the boiler ready for a bath, in case it should be wanted, and preserve any matter vomited by the patient.

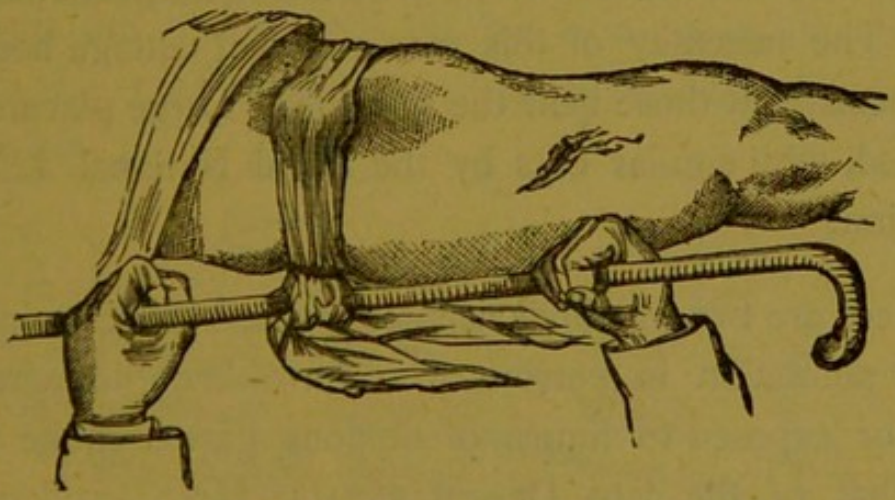
In Bleeding Wounds.—If in the arm apply roller and tourniquet to upper third of the arm ; the roller to be placed in a line with the seam of the coat. In a wound of the palm of the hand, double the finger over the palm and bandage tightly. If the wound is above the knee apply tourniquet to upper third of thigh ; keep the pad about the centre of the thigh. If below the knee, apply the tourniquet just above the knee, with the pad underneath. In small wounds the thumb may be placed on the bleeding vessel.

It may be well, however, to give more definite instructions to the nurse for the use of the tourniquet, and what means to adopt in bleeding wounds. If a patient has met with a severe cut, or any accident from which there is much hæmorrhage, the probability is that he will be brought in with the wounded parts swathed in bandages and pocket handkerchiefs. As they get saturated with blood, another and another has been put on, the only idea of the neighbours being to endeavour to hide what they cannot prevent. Very often the poor fellow will have lost one or two pounds of blood in this way, and be in a fair way of bleeding to death. All these wrappings must be at once removed ; still, it would be well before doing so, to place a tourniquet on the large vessel above the wound, as the immediate stoppage of the hæmorrhage is of vital importance. The tourniquet is a brass screw, working in a frame, over which a bandage of strong webbing passes. By working the screw, the bandage is gradually tightened. To apply this instrument, a common roller bandage should be passed round the limb twice, and the remainder of the roller placed in the direction of the vessel. The strap of the tour-

niquet should be buckled tightly over this, and the screw applied. The cut shows the application of the tourniquet to the vessels in the ham, for a wound below the knee.



Should, unfortunately, no tourniquet be at hand, a pebble or stone, wrapped up in a bit of paper may be placed over the vessel, a pocket handkerchief tied round the limb, and twisted tightly with a stick, as shown in the following illustration.



Having guarded against fresh hæmorrhage by the application of the tourniquet, the cloths that encircle the limb may be removed, and the wound exposed, all clots being removed with warm water and sponge ; it is very probable that the wound is a small one of an artery, from which, if the friends had not covered up, but simply placed the thumb on the wound, and

held it tightly there till a surgeon could attend to it, the patient would have been spared the frightful loss of blood to which he has been subjected. The lines of the principal blood-vessels, in which the roller should be placed when applying the tourniquet, are as follows :—In the arm, it is almost accurately represented by the inner seam of a man's coat, the thumb being brought in a line with the seam.—In the leg, by a line from the middle of the groin, to the middle of the inside of the thigh ; then passing behind the thigh at the under part of the knee, called the ham ; here a tourniquet should always be placed for any wound below the knee.

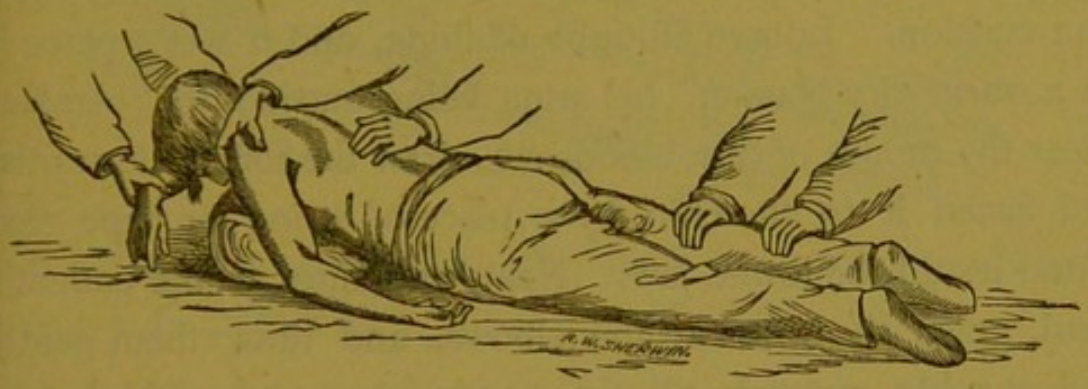
Through the kindness of my friend, Mr. Berkeley Hill, to whom I am indebted for the two former cuts,* I am able to give illustrations of the mode of restoring suspended animation. The necessity of this may occur at cottage hosptials, and especially at those near the sea-side. Large placards are published, with similar cuts by the Royal National Life-boat Institution.

"There are two methods at present used for restoring suspended animation in persons who have been immersed in water, or exposed to fumes of noxious gases, choke damp, &c. That of the late Dr. Marshall Hall, and of Dr. Silvester. They are both intended to cause inflation of the lungs, by first mechanically squeezing out the air they contain, and then allowing them to re-fill by the natural elasticity of the cartilages of the ribs, much like an india rubber bottle

*Esssentials of Bandaging.—Berkeley Hill.

or ball, which, when the air is driven out by compression, speedily resumes its natural shape, and becomes re-filled.

MARSHALL HALL'S METHOD.—Lay the patient on the floor, with the clothing round his neck, chest, and abdomen loose; if wet, remove it, and throw over his body a warm blanket. Clear out the mouth, and turn

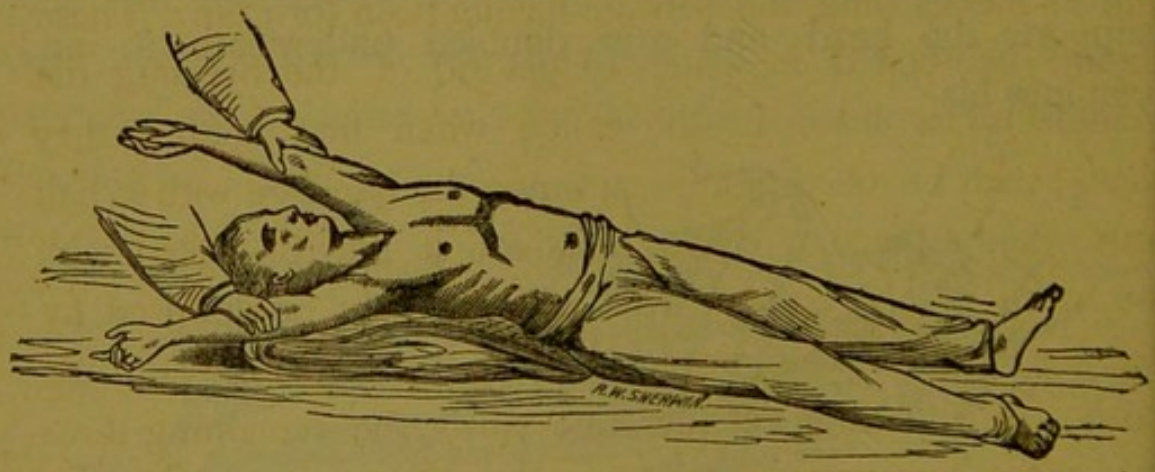


the patient on his face, one arm being folded under his forehead, and the chest raised on a folded coat or firm cushion. Next, turn the patient well on his side, while an assistant supports the head and arm doubled underneath it, and confines his

attention to keeping the head forward and the mouth open during the movements to and fro. When two seconds have elapsed, turn the body again face downwards, and allow it to remain so for two seconds, and then raise it as before. This

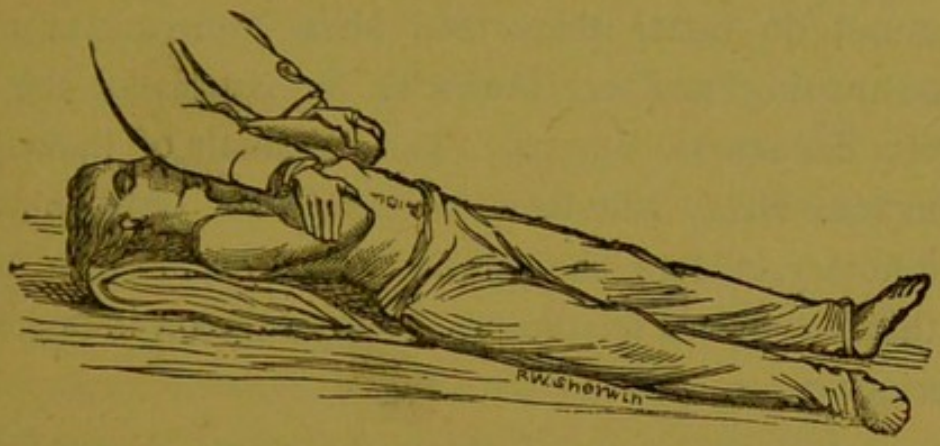
series of movements, occasionally varying the side, should be repeated about fifteen times a minute, and continued until spontaneous respiration is restored, or, until two hours have been spent in vain.

Silvester's Method.—Lay the patient on a flat surface, the head and shoulders supported on his coat folded into a firm cushion. Loosen all tight clothing, and if wet replace it by a warm dry blanket, his arms being outside the blanket. Clear the mouth of dirt, blood, &c., draw the tongue forwards, and fasten it to the chin by a piece of string or tape tied round it and the lower jaw. Next, standing at the patient's head, grasp the arms at the elbows, and draw them gently and steadily upwards till the hands meet above the head; keep them so stretched for two seconds. Then slowly replace the elbows by the sides, and press gently



inwards for two seconds. These movements are repeated without hurry about fifteen times in a minute, until a spontaneous effort to breathe is made, when exertion should be directed in restoring the circulation by rubbing the limbs upwards towards the body, and by placing hot bottles at the

pit of the stomach, to the arm-pits, between the thighs, and to the feet. Should natural breathing not commence, arti-



ficial respiration should be continued for two hours before success is despaired of."

The nurse should always be careful to keep up a stock of bandages ready rolled for use. To make these, 12 yards of strong unbleached calico should be split into strips, 3 inches and 2½ inches wide, the selvage having been torn off. These should be boiled in water to get rid of the dressing the manufacturers leave in the calico when first made; they should then be rolled tightly, straining the bandage with a half turn round a piece of board on which it may be rolled with the palm of the hand. The patients may be amused by helping in this. The most useful lengths are nine and six yards. After cutting off the nine yards, the remaining three yard pieces may be again split into 1 inch, and 1½ inch widths, and rolled as finger bandages. Small pillows are always useful, stuffed with tow; they should be made at spare times. The most useful sizes are 12 or 18 inches long, by four inches wide, and several small square pillows, six, four, and two inches square. Many other useful ways of employing time when

the hospital is not full, will occur to a good nurse. It should always be her pride to anticipate the wants of the surgeon. She cannot do better than read Miss NIGHTINGALE's little book on nursing, and the Handbook for Nurses for the Sick, by Sister ZEPHERINA VEITCH. The Essentials of Bandaging, by BERKELEY HILL, will be a most valuable addition to the nurse's library. Here she will find, clearly laid down, everything that is required for the use of the surgeon in operations and serious cases.

In preparing the operation-room, the nurse should first see that it is scrupulously clean ; that a fire is lighted ; that there are pans of hot and cold water ; thoroughly clean sponges in large and small pieces ; if new, that they are quite free from grit. She should, before the time of operation, ask the surgeon to look in and see that there is everything prepared that comes under her department. Care should be taken that the spare bed in the adjoining room, which the patient is to occupy, is thoroughly aired ; and that any parts likely to be soiled are protected by a Mackintosh sheet, and also that a proper draw-sheet is prepared to be placed under the patient.

As the nurse will be required to devote a great deal of her time to the patient, especially immediately after a severe operation, unless this duty is performed by the pupil of the surgeon, it will be well that extra assistance in nursing should be obtained for a few days, or the woman who assists in cleaning should be present, as it is of the greatest importance that the operation-room should be immediately thoroughly washed and cleaned, and the floor mopped over

with Condy's fluid. Strict attention to these necessary duties will do much to prevent that scourge of hospitals—Pyæmia.

A more pleasing part of the nurse's duties will be to show visitors the arrangements of the cottage hospital ; and here the impression taken away by the visitor will be much influenced by the conduct of the nurse. She should be civil and obliging to any visitors, and not resent any remarks made, however discouraging. Very frequently visitors will make remarks arising from want of knowledge of the subject on the arrangements of the hospital. Captious visitors will find if the walls are coloured buff, that they would be better green ; or, if green, suggest a pale blue ; the furniture will be criticised, and perhaps in those very parts where the nurse has been most exerting herself to please the patients. Happily this style of visit is rare ; but the nurse must not loose her temper if she should meet with such, but respectfully show the benefits of the plans adopted. On no account should she parade the complaints under which the patients are suffering before the visitors. Should the visitor be a medical man, the case book and prescription card will show him the nature of the case, and the nurse should answer any question asked with regard to the treatment ; and if the surgeon is likely to be at home, let him know that a medical man is visiting the hospital. No visitor should be allowed to leave without being asked to write his name and address in the visitor's book, and have his attention drawn to the alms box. On no account should the nurse receive any gratuity. In most hospitals it is not allowed by the rules, but her own pride and proper feeling should at once lead her to reject any offer of the kind.

CHAPTER VI.

OUT-PATIENTS.—WARDS FOR INFECTIOUS CASES.—AMBULANCES.—THE EVIL OF MIXING OTHER SCHEMES WITH THE COTTAGE HOSPITAL.

Out-patients.—There is considerable difference of opinion amongst the promoters of cottage hospitals, whether an out-patients' department should be added to them, or not, or whether a dispensary that has already been established should be connected with the cottage hospital.

There is no doubt that the greatest amount of imposition practised on the funds of our larger hospitals is to be found amongst the out-patients. Persons well able to remunerate a doctor for his services, as well as to pay for their own medicines appearing in a shabby dress in the out-patient's room, and accepting the charity which was only intended for the poor.

In the cottage hospital of six beds in a rural district, there is evidently no occasion for an out-patient department at all; the poorer classes are either in benefit clubs, or can obtain a note from the relieving officer for the medical man; if either of these cases were treated in the cottage hospital as out-patients (and in many instances they would necessarily be so) by the medical man who was already bound to attend them and

supply them with medicine, it would give a fair occasion for the remark that the medical man was saving himself at the expense of the hospital. Of course, by out-patients I do not refer to cases of convalescents who have already been received as in-patients, and occasionally attend, that the doctor may see how their cases are going on: they are at all times legitimate out-patients.

In a larger hospital where there is a manufacturing population, a dispensary is a valuable institution, but if for convenience attached to the cottage hospital, the funds should be kept separate from it, and in all cases such a payment should be made as will cover the cost of the medicine supplied; 1s. a week ought to be sufficient for this. The expenses of the dispensary frequently fall on the funds of the hospital, which would otherwise be ample for its use. The small amount of dispensing for the in-patients is generally willingly done by the medical officer in attendance, but if there is a large number of out-patients, necessitates a dispenser or house surgeon, and greatly adds to the staff expenses. In a small hospital where there is a dispensary attached, with the working of which I am conversant, every out-patient received is a direct loss of 7d. to the institution, and this, where the number of patients is considerable, amounts to no small item in the year. There is another point of view in which the proper attendance on out-patients at a country cottage hospital would be almost impracticable—that is the demand made by them on the doctor's time, and the impossibility of his being always able to keep his appointments with them. In country practice the doctor may be miles

away at the time he should see the out-patients, and the poor people, who may have come from considerable distances, may be waiting hour after hour for him. Now the in-patients can be visited when he comes from his round, or before he starts from the village. Where there is a house-surgeon, there is always some one qualified to attend out-patients if the regular medical officer is absent, but this would be an expense totally incompatible with the usual arrangements of the cottage hospital.

In some parts of the country, provident dispensaries have been established. These provident dispensaries are somewhat akin to the cottage hospitals, inasmuch as they are founded on the principle of helping the poor to help themselves. A very interesting paper on this subject was read at the Metropolitan Counties Branch of the British Medical Association, by Dr. J. F. Anderson, of the Haverstock Hill Provident Dispensary, and which appeared in the journal of the association. Dr. Anderson states :—

"The principle of these provident dispensaries was suggested by Mr. Smith, of Southam, forty years ago (in 1830), as a means of securing to the working classes medical aid in illness without forcing them to have recourse to the parish (for there was no hospital in Southam in those days), or to incur medical bills which it was hopeless for them to pay. He saw on all hands the evils arising from the absence of some system of this kind. At one time it was a working man trying, at his start in life, to maintain self-respect, employing one doctor after another; and, later on, when he had exhausted his credit with all of them, subsiding into hopeless

pauperism. At another, he saw disease making ravages unchecked by treatment where the patient was too poor to employ his own doctor, and too proud to go to the parish ; and he also saw the doctor working hard among the poor and making a fortune on paper which he could never realise. In the first place, as a remedy for these evils, and later, as a means of reforming hospitals and dispensaries, Mr. Smith suggested his so-called self-supporting, charitable, and parochial dispensaries. He soon, however, abandoned the charitable element, and devoted his later years to spreading his amended views on provident dispensaries. Before he died, he had the satisfaction of seeing his opinions widely adopted ; and, as a result, provident dispensaries scattered over the country."

"Pre-eminent among those who followed Mr. Smith, was Mr. Jones, of Derby, who, in his pamphlet published in 1862 —thirty-two years after his first connection with the Derby Provident Dispensary—declares his unqualified approval of the working of the system. The movement thus begun was taken up by Dr. Wm. Ogle, now of Derby, and others ; and in 1849, a society was formed in London to encourage the spread of provident dispensaries throughout the country."

"Although that society was abandoned, twenty-one years has not diminished the zeal of two at least of its members—I allude to Dr. A. P. Stewart and Mr. Stephen Alford. Those who heard Dr. Stewart's eloquent speech at the rooms of the Royal Medical and Chirurgical Society, must have been convinced that he still feels that he has a cause worth fighting for ; and Mr. Alford, after working as a medical

officer of the North Pancras Provident Dispensary for many years, has still time and inclination, in the midst of his large practice, to be one of the most active members of the committee of the Haverstock Hill and Maldon Road Provident Dispensary. These historical facts I have sketched in order to show that this provident system is no creation of yesterday, and that it is a movement which does not fall in the estimation of those who know it best."

"The advantages of these provident dispensaries are, that they supply a remedy for all the general and special objections to charity which I have mentioned. Thus, with regard to the general objections, they foster a spirit of independence, of forethought and mutual assistance, among the poor; and they tend to raise the rate of wages, as the members have to include this new outlay in their expenditure. They are also easily managed, so as to prevent imposition by well-to-do people, as the members enter in time of health, and an interval elapses between the application and admission, during which inquiries can be made. These dispensaries also afford a remedy for the special faults of privileged and free dispensaries and hospitals."

"It is an important feature of provident dispensaries that the medical officers are paid; and this is made easy by the free members' fund, which increases in direct proportion to the amount of work done; and the payment being made in this way establishes a healthy rivalry among the medical officers, which is for the good of the patients. These payments are only partial remuneration; and for any one who measures his success by his income, they are insufficient. But

this is not fair ground on which to take them up. Compare them rather with the free dispensaries, where generally the only remuneration is in the form of *kudos*, with sometimes a small *honorarium;* while the medical officers in provident dispensaries have the same *kudos*, payment in proportion to the work done, and a saving of time from dealing with patients whose antecedents are known. An idea of the amount of remuneration in these dispensaries will appear from this."

"At the Northampton Dispensary, in 1868, the sum of £1,296 18s. 11d. was divided among three medical officers. The visits to the houses of patients were 26,332; that gives a daily average of twenty-four visits to each medical officer, in addition to the patients seen at the dispensary."

"At Coventry, the sum of £477 was divided among three medical officers. For this, each medical officer spent an hour and a half at the dispensary three times a week, and made a few daily visits—doing this easily in his rounds of practice."

"At Brighton and Hove Dispensary, the sum of £262 18s. 11d was divided among five medical officers in 1868. Here neither the number of visits nor the number of cases is recorded; but the number of members was about 1,600."

"At the Haverstock Hill and Maldon Road Provident Dispensary, which is comparatively a young institution, last year (1869) the sum of £265 was divided among the three medical officers. For this, fifteen visits daily, on the average, were made—that is, five each; and fifteen patients were seen

at the Dispensary. I express the opinion of my colleagues, as well as my own, when I say that the work was easily done, and with much pleasure to us."

"It has been said that these payments make the patients more exacting, by giving them a false idea of sufficient payment. Having seen the working of all the systems, I can truly say that I have found provident dispensary patients less exacting, and more grateful, and more thoughtful of their doctor, than charitable dispensary patients; and I could quote the opinion of many to the same effect."

These quotations fully show the value of this system, and its superiority over a free out-patient room. At a meeting of medical men attached to some of the principal metropolitan hospitals, presided over by Sir Wm. Ferguson, numerous instances of imposition on the funds of the hospital by out-patients were narrated; amongst others one out-patient was entered as "the child of a soldier." On investigation, the *soldier* was discovered to be a field officer in her Majesty's service.—*Lancet*, April 2nd, 1870.

At Rugeley, in Staffordshire, the cottage hospital and provident club have been at work for some years with great success. A new hospital is about to be erected, where both these systems will be conducted under the same roof.

Wards for Infectious Cases.—In the rules of nearly all cottage hospitals, it is especially provided that cases of fever or other maladies of an infectious character should not be received. As the hospital contains a limited number of beds, it is evidently impossible to set apart a separate ward for

infectious cases; and as far as my experience goes, it is decidedly injurious to place such cases in a general ward.

In this point I am borne out by the opinion of Dr. WARING, who says such cases are not admissible into the cottage hospital :—" 1st, 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, 2ndly, 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. All such causes 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 made upon it.

At the Wirksworth Cottage Hospital, an adjoining house is used for infectious cases, and has been found of much service in checking the spread of fever at the onset.

If there were any doubt as to the advisability of opening the wards of the cottage hospital to fever cases, the experience of the hospital at Petworth would show the utter futility of such a proceeding. The Petworth Cottage Hospital was opened in 1867, with the following regulations :—" The hospital is designed for the temporary reception of persons residing in or belonging to the parish and neighbourhood of Petworth, labouring under *infectious* and other diseases or disorders, &c."

" Now, in November there was in Petworth an outbreak of fever, of a typhoid character. This fever prevailed in the

North-street, and there were a few cases at the eastern end of the town. A proposal to send to the hospital a fever patient from the latter quarter of the town was warded off by an arrangement for the treatment of the patient at home; but soon afterwards a female servant in a gentleman's house in the parish was seized with violent illness (supposed at first to be small pox), and application was made at once for her admission to the hospital. At this time there were four patients there. The hospital was consequently not full, there being one vacant bed, and the committee considered that, under the *existing rules*, they had no alternative but to receive the patient. The medical attendant of the existing patients was informed of this resolution, and on the 30th November *all patients were removed to make room for the infectious case.* In the meantime, the patient, becoming too ill to be removed, was kept in her master's house, where permission was given to the hospital nurse to remain with her, and in a few days, it having been ascertained the patient was not suffering from small pox, she was removed to her own home, so that in fact she never entered the hospital."

"On the 1st December a patient suffering from typhoid fever was received into the hospital from the North-street."

"Up to the time of the *panic*, *caused by the expected arrival of an infectious patient*, the average number of beds occupied in the house was three. During the months of December, January and February there have been three patients only."

"The committee beg the earnest attention of the governors to the inadequacy of the hospital for the reception of infectious cases. The experience of the past year shows con-

clusively that to admit such cases is to exclude all others. The hospital, which to the time of the fever outbreak may be said to have been a decided success, has not recovered from the shock ; and so long as the hospital is subject to such panics, it is scarcely to be expected that patients will be willing to go into it, or medical men be willing to send them. Some determination must be arrived at by the governors. Either the hospital must be kept entirely for such cases, which we may reasonably expect would be to keep it empty for months together, or even whole years ; or else a rule must be adopted to exclude infection, and infectious cases be provided for in some other way, either by additional buildings to the present hospital, or by renting a suitable cottage, or by the better adaptation of the original pest-house for this purpose."

Nothing could show more clearly than this the impropriety of admitting this class of cases, the cottage hospital being at once emptied of its legitimate inmates—first, by order of the committee ; and secondly, by the panic which speedily arises in the neighbourhood itself. Now there is no doubt that some kind of fever hospital—temporary or otherwise—would be the means of saving many valuable lives in an outbreak of fever or any infectious epidemic. At Weston-super-Mare the committee have recently attached to the hospital under the same management, but fifty yards from it, a small hospital for such cases, should they at any time break out in the town.

This little hospital is built in the plainest manner possible, at an expense of £240. It consists of two wards, with nurse's bedroom and sitting-room, wash-house and offices. The floors are concrete, and the walls hard plaster, whitewashed,

the only wood work being the window frames, which open freely close to the ceiling, and the doors. These wards will be fitted up with iron bedsteads, the mattresses filled with chaff, which may be burnt, and the ticking washed. The whole building can be fumigated, washed down, and locked up when an epidemic is past, till again wanted, being only used from time to time as the necessity arises.

This plan is also adopted at the Addenbroke Hospital, at Cambridge; only here the fever wards are almost in close contiguity with the hospital.

During an epidemic of typhus, in Bristol, nothing seemed to stop the progress of the disease, till, through the exertions of Dr. E. L. Fox, the patients were placed in roughly constructed wooden sheds, and their homes cleaned and disinfected. I was witness to an outbreak of fever in an isolated country district, where, after making a cordon around infected houses, the fever was stamped out; but not till six deaths had occurred in eleven cases, leaving several widows and orphans to be provided for by the rates. Isolation of the first or second case would, in all probability, have been the means of saving many of these lives.

A plan for fever hospitals in country districts is now being perfected by Mr. Napper, and will, I have no doubt, attract as much attention as the cottage hospital scheme. It will shortly be placed before the profession, and I will not deprive him of the pleasure of its announcement by doing more than making this allusion to it.

Ambulance.—An easy mode of conveyance in a case of accident or serious illness is of the greatest importance. The

ordinary police stretcher can, where there is a station, be readily procured ; but an excellent stretcher may be made by lashing an ordinary bed-sacking to two poles, about 8ft. in length, so that they may project 1½ft. on each end of the sacking. This stretcher occupies little space, as it can be rolled up and easily carried. As surgeon of a volunteer battalion, I always have one of these on the parade ground on field days. A still more simple stretcher for an accident in a country place can be constructed of a five-bushel sack and two hay-picks, which are to be had at every farm house. A hole is cut at each corner of the bottom of the sack, and the pick handles thrust through, so that the patient, placed on the sack, is easily and comfortably carried. If the sun is hot, an umbrella placed over the poor sufferer, who is already in a fainting state from the agony of his wound, will be very grateful.

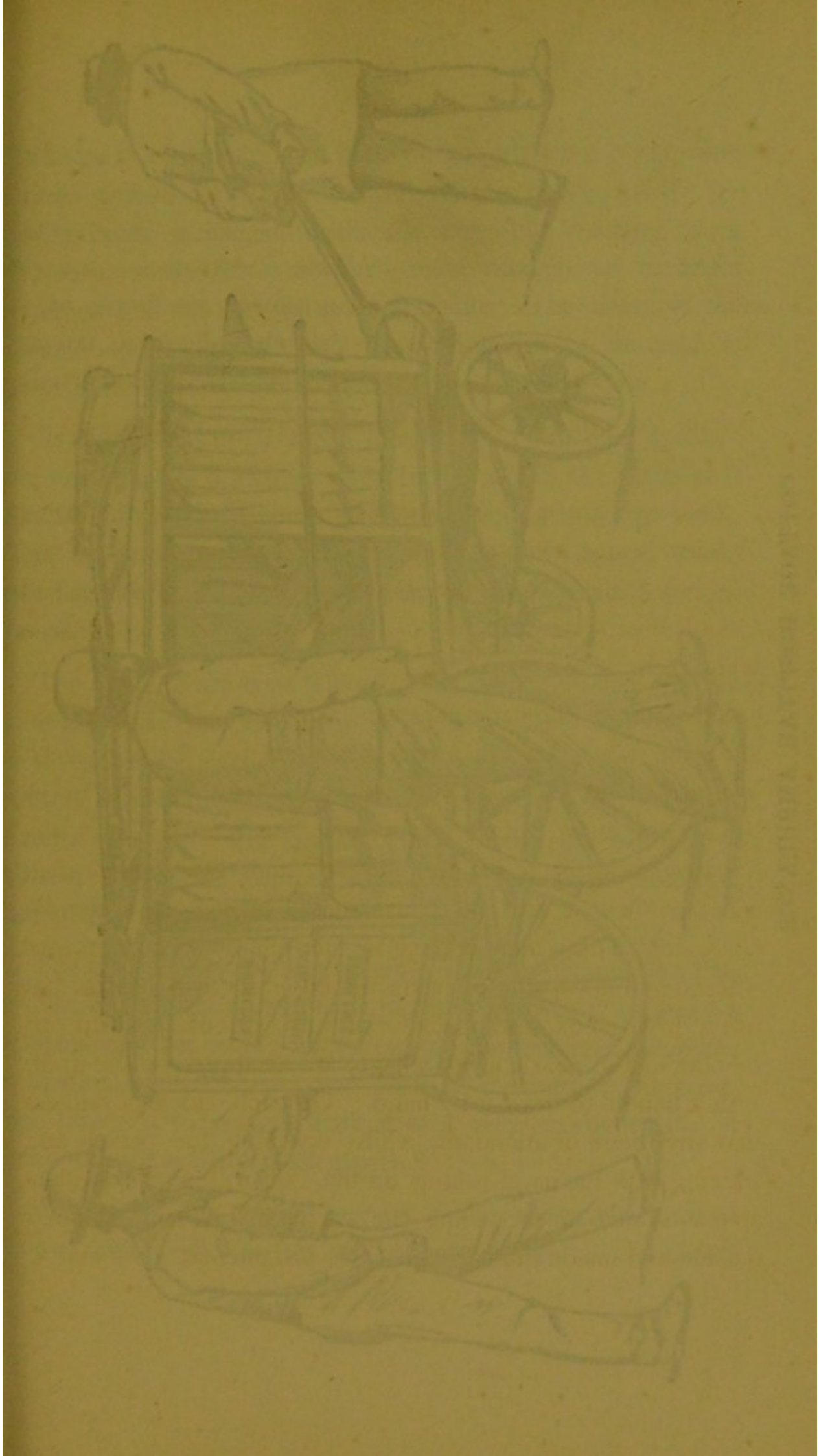
There are several forms of invalid carriages made, and a somewhat expensive carriage is constructed and used in London at some of the hospitals ; but regular ambulances have been for some time part of our military equipment, and are generally constructed on the model of a gun carriage. In the summer of 1864, feeling that village hospitals were spreading rapidly over the country, and that their utility would be much enhanced by having a cheap and easy means of carriage for the sick poor, I designed an ambulance, an illustration of which is appended.

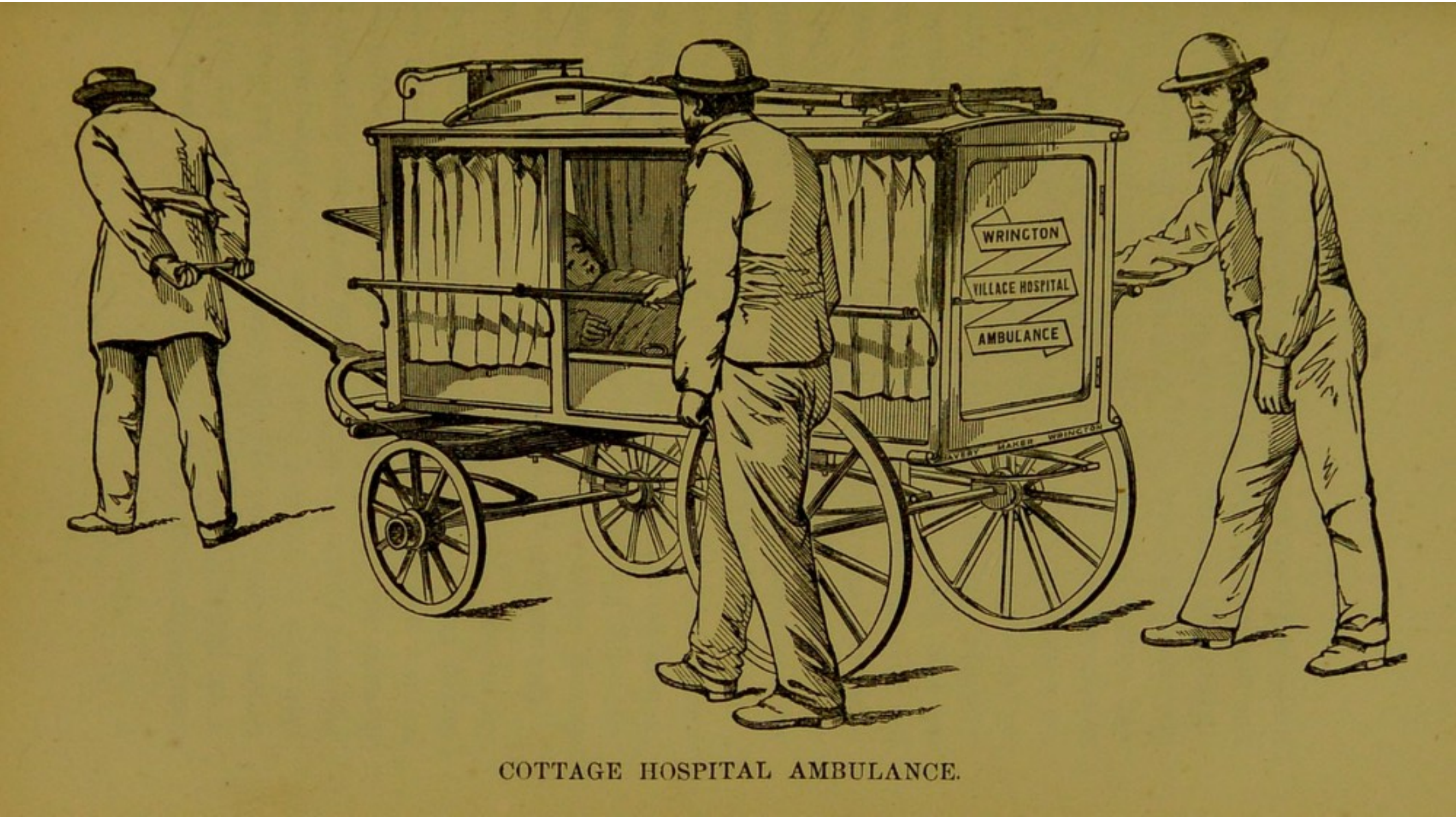
I have endeavoured to get out of the gun-carriage groove in which many of our ambulance inventors have run, and to construct one in which I have had constantly before me its practical adaptation to country use. I therefore started with

the idea that twenty guineas would be the outside price that would enable the carriage to be within the reach of our work-houses, country, and especially village hospitals; and that the objects to be attained were—freedom from conveyance of infection; ease to the sufferer, and as few changes as possible; lightness of construction; ability to examine a wound or watch a patient in transit; and that the whole should not exceed the price of twenty guineas, giving a fair profit to the maker.

This ambulance is constructed thus. The body is like a skeleton hearse, without bottom or sides, the panels at the side being filled with glass-shutters or curtains of vulcanised india-rubber cloth, capable of being drawn back opposite a wound, &c.

The back of the carriage opens as a door. In the bottom are three rollers, on which runs a wooden tray, having placed in it a mattress covered with vulcanised cloth (or, in infectious cases, straw, which may at once be burnt). This tray has two strong iron handles at each end, and one at each side; so that it can be conveniently carried up a narrow staircase. The vehicle is hung by four elliptic springs on four wheels, and is capable of being turned in its own length. It has a driving-box, and shafts for a pony or donkey, which can be obtained in nearly every village, are strapped on the roof, with a handle to draw it by hand. On each side is a rail, so that any friend or attendant, whilst watching the patient and walking with the hand resting on the rail, will give considerable assistance in propelling the carriage. A lamp is fitted outside and inside the carriage. No ornamental work exists.





COTTAGE HOSPITAL AMBULANCE.

The wood is ash, with deal panels; the wheels are ash, with turned spokes. There is neither paint nor putty used; the whole being varnished inside and out, and the iron work bronzed. A spanner is attached to the driving-box, ready for use to change the handle for the shafts. The name of the hospital or union, to which the ambulance is attached, is painted on an ornamental ribbon or scroll on the door.

Its dimensions are 7 feet 6 inches, by 3 feet nine inches; the height 4 feet 9 inches. The tray in which the mattress is placed is 6 feet by 2 feet. The total weight is under 3 cwt. The appearance is not inelegant; and the carriage would not look *outre* in the entrance hall of an hospital or union-house.

The mode of use is as follows. The carriage being brought near the place of accident, or where the sufferer lies, the tray is taken out and carried to him. This may be taken down a railway embankment, over a wall or locked gate, or up a narrow staircase. The patient being placed on the bed, is carried to the ambulance, and in the same way from the ambulance to the hospital bed.

The evil of mixing other schemes with the cottage hospital.—There is a growing tendency in the present day to make a hospital or other public institution, for the benefit of the poor, a mission-field for some other work, or for introducing peculiar tenets. "Hospital work is of a very jealous nature; it cannot brook a divided allegiance."

At Dorking, the cottage hospital has for the present broken down, mainly because an attempt was made to combine a

home for girls, orphanage and other schemes with it. A new hospital, which will be described elsewhere, is now being erected, where medical and surgical work only will be carried on.

As an instance of this mixture of missions and other schemes with hospital work, I have before me a general appeal in behalf of the funds, and a quarterly statement of an institution in North Wales, the drift of which, I must confess, I cannot understand. The appeal commences with five pages of the personal religious experience of the writer. Then an account of the British Home for incurables, of the British Nursing Association, of the Mother's Meetings, and the Home for training Bible-women Nurses, mixed up with the real work of the institution. The quarterly statement might be supposed to give a little more information, but here we have a branch association formed of the association of female workers, the hospital for the paralyzed and epileptic ; homœopathic attendance at the institution (this evidently most happily did not work, as it is scratched through with the pen) ; a lending library, and evening meeting for the wives and daughters of tradesmen. A very small portion of "the statement" referring at all to the work of the institution.

Now, all these mothers' meetings, library meetings, home for incurables, &c., &c., are very excellent; but I feel certain that such institutions mixed up with either a cottage hospital, or convalescent home, is a mistake. Let us first decide what to do, whether the institution is to be a hospital or a mission, and then whichever it is, work it heartily, and success will

attend the effort. Mix up two or three different objects, and the whole will inevitably languish and ultimately fail.

There are two objects akin to the cottage hospital, which seem to have worked well when connected with it; the one is an invalid kitchen, where dinners, beef tea, jelly, &c., are made and sent out to invalids in the parish, who are not inmates of the hospital. This is carried on most successfully at the Shedfield Cottage Hospital. The other is the plan of having attached to the hospital an itinerant nurse, which is worked at Savernake; there she has her head-quarters, to which she can return when not employed; a bed and mattress, necessaries for the sick, &c., are all made to pack up in a large box, which, with the nurse, are carried in a donkey cart to the patient's house, where her services are required. These seem to me to be the only schemes that can be legitimately attached to the cottage hospital; but even for these, the funds ought to be collected and kept separately from the general work.

CHAPTER VII.

DESCRIPTION OF THE EXISTING COTTAGE HOSPITALS.

Cranleigh Village Hospital, Opened October, 1859, with Six Beds.

This is a cottage (vide frontispiece) given by the rector of the parish rent free. It is constructed like most of the Surrey cottages, the lower storey being built of brick, and the upper framed in wood, the walls being lath and plaster, weather-tiled on the outside. The visitor enters by a kind of porch, which forms part of the kitchen. This has a brick floor, and is fitted up with plain table, dresser, and shelves, exactly similar to the neighbouring cottages ; a good cooking stove has been placed in the fire place, a back kitchen, with boiler and bath, opens out of the kitchen to the rear of the building. On the left of the kitchen is a more comfortable sitting-room, floored and carpeted, with a good couch, capable of being raised in different positions ; a cupboard of books, a few pictures, &c. This is used as a convalescent room for any patient who is not sufficiently recovered to sit in the common kitchen. The staircase opens straight out of the kitchen, with a rope for a hand-rail. On the upper floor are two small bedrooms, almost entirely in the roof ; the doors, simple

plank or ledge doors, with a latch and bobbin to pull up; there are three beds in the largest, and two in the smallest of these rooms; going through the nurse's room is a small room with a good window; this is used as an operation-room or ward for cases of special severity. There is one bed here. It is necessary to stoop to get into this room, as the door is little more than 4ft. in height. The whole arrangements are thoroughly simple, and though wanting in many of the comforts of the more recent cottage hospitals, present an excellent model, showing what can be done in the most humble cottage.

It is not however in the internal arrangements that the Cranleigh Village Hospital has excelled so much, as in the success that has attended its work, and the economy with which it is conducted. This little hospital cost at the commencement £56 19s. to furnish; and, deducting the patients' payments, has hardly ever exceeded £100 per annum to keep up. The average number of cases has been 25 in the year, most of them being cases of considerable severity.

The nurse in this hospital has been trained by Mr. Napper in the institution, and works the hospital to his entire satisfaction. He commenced the work with a trained nurse from a London hospital, but soon found the benefit of having a country woman. In none of the cottage hospitals I have visited is the home character so carefully carried out as at Cranleigh; and Mr. Napper tells me he has never, in 10 years' experience, found any difficulty arising from all the patients mixing together in one family.

Middlesborough Cottage Hospital, Opened in 1859.

This is a small general hospital of 28 beds, on the cottage plan. Patients are admitted on the recommendation of any subscriber. There is one ward devoted to the reception of special cases, where the expense is defrayed by the patients' friends. There is also a special ward for children.

For 10 years the nursing has been performed by ladies, who, through love to God and their fellow creatures, have given their voluntary services, and have endeavoured to make the cottage hospital a home for the working man in his hours of suffering from accident or disease.

The promoters speak most highly of the success of the institution, mainly depending on the nursing, and which, whilst conducted by a Protestant sisterhood, who are members of the Church of England, is open to all, without distinction of sect or party, and the most perfect religious liberty is permitted.

There are two branches of this institution—that at North Ormsby for in-patients, and at Fry-street, Middlesborough, for out-patients. It is also in connection with the convalescent home at Redcar.

The cases, owing to its proximity to large works, are principally surgical, and the operations numerous. In connection with this hospital is an institution for nurses, who are sent from it to private families on application to the superior.

The Fowey Cottage Hospital, Established 1860.

This is a cottage, given rent free, by W. Rashleigh, Esq. It contains three permanent and two temporary beds. Many of

the patients in this hospital are sailors, and are paid for specially by the owners of the vessels in which they sail. From this and the fact that a great deal of food, &c., is given by the neighbouring gentry, the hospital is worked at a wonderfully small cost. The furniture cost £22 10s. 6d., and the annual expenditure has seldom exceeded £20, the patients having paid nearly the whole amount expended in their maintenance. It is proposed to erect a building for the purpose, plans of which are now being prepared.

Bourton-on-the-Water and Cotswold Village Hospital, Established 1861, containing Six Beds.

This hospital is conducted on the Cranleigh model. It is an eight-roomed cottage, with lattice windows, rented at £12 per annum. Recently a large room was added for convalescent patients, with better arrangements in the operation room. The expense of this was defrayed by a bazaar. The cost of furnishing was £58 17s. 9d. The annual cost of keeping up the hospital has not exceeded £100 per annum. The amount expended in the year 1868, being £92 13s., of which the patients have paid £14 10s. Thirty-three patients were received in that year.

In this hospital out-patients are received; they have averaged 170 a-year. I have no information as to the principles on which they are received, and whether any payment is made by them.

Par Consols, Established 1862.

This is a branch of the Fowey Cottage Hospital, presented and fitted up at the expense of W. Rashleigh, Esq., of

Point Neptune. It consists of a building, formerly the chapel attached to the Rashleigh alms houses, and three of the alms houses for use, if necessary. This branch hospital is used more as a receiving house for Fowey Cottage Hospital than anything else, as usually, directly the patients are fit for removal, they are passed on to Fowey. The accounts are kept with those of the Fowey Cottage Hospital.

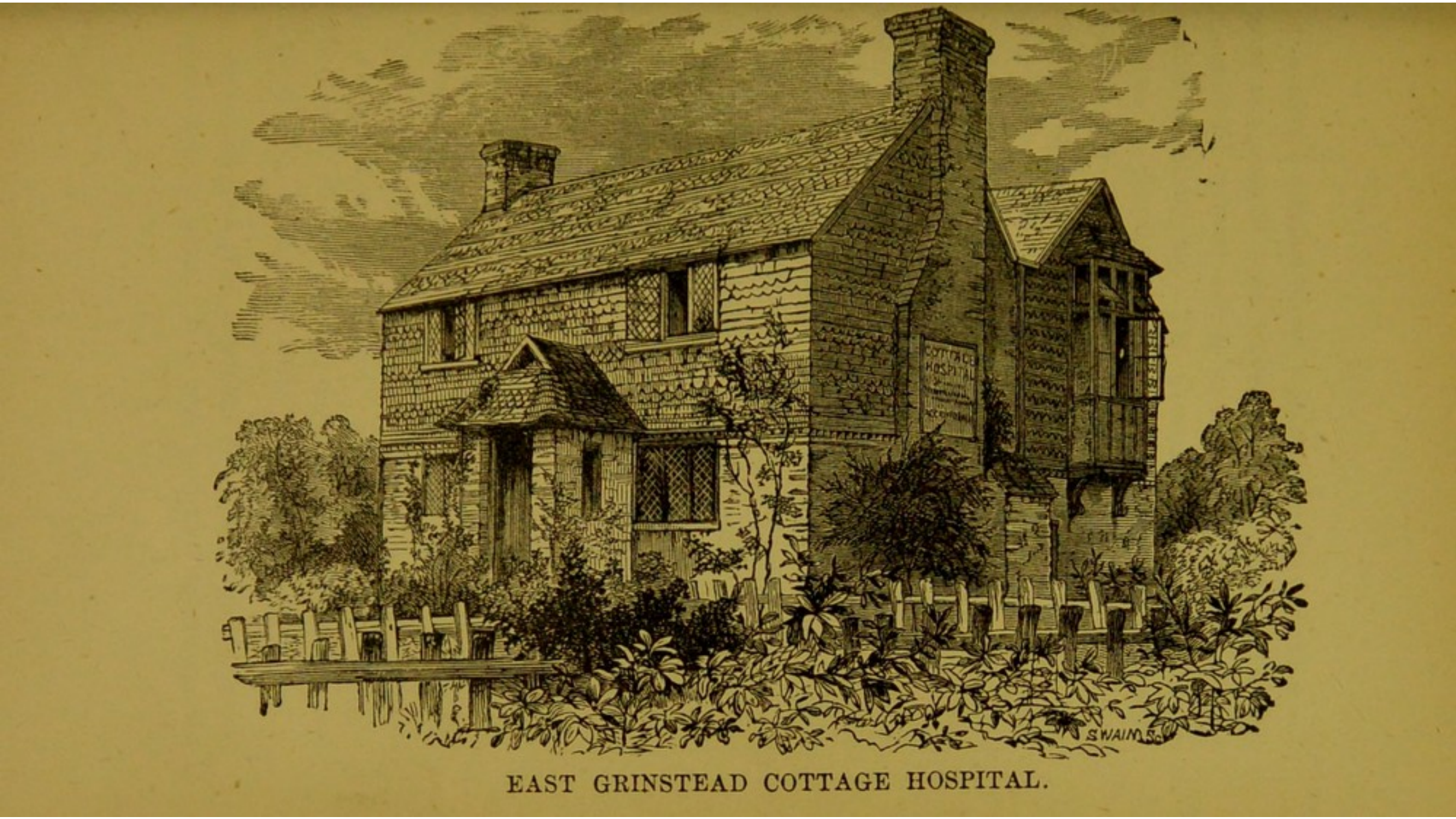
East Grinstead Cottage Hospital, Opened October 14th, 1863. Seven Beds.

This Hospital is one of the brick-and-tile cottages common in Surrey, and was founded by Dr. Rogers, who had considerable up-hill work in carrying out his intentions. At his own expense he built a large room to the rear of the cottage, which is seen in the illustration, with a timber bay-window. The special feature of this hospital is the garden, which teems with a profusion of flowers, Dr. Rogers being an enthusiastic botanist and florist.

The furnishing of the hospital cost, with the surgical instruments, appliances, &c., £167 9s. 0d. The annual expenditure is on an average about £120, of which nearly £40 is paid by the patients. This hospital is conducted on the Cranleigh model.

Walsall Cottage Hospital, Opened October 12th, 1863.

This is a general hospital, of 30 beds, conducted on the cottage plan, and on the principle of voluntary nursing. It is open to all the medical men of the town, who are visiting surgeons.



EAST GRINSTEAD COTTAGE HOSPITAL.

In 1868, on Easter Monday, the memorial stone of a new hospital was laid by the Countess of Bradford. The site selected has proved everything that could be desired in a sanitary point of view. The Committee state that, notwithstanding the prevalence of fever in various parts of the town, and although several patients were brought from houses in which fever was at the time, no fever has occurred at the hospital; and from January to October there was not a single death there, although the cases were at the usual average of severity, and the death-rate of the town was 39 in the 1000.

The new hospital will admit medical out-patients. The voluntary nursing has gained so much favour that application for sisters have come from some of the largest hospitals in the kingdom, and offers have been made to induce some of the Walsall sisters to undertake the nursing in those institutions. In fact, the Walsall Cottage Hospital has progressed so well that it may rather be classed amongst general than cottage hospitals. The cost per head is about 15s. 6d. a week.

Iver Cottage Hospital.

This is a cottage hospital of three beds, opened in March, 1863. Since the opening of this institution more than 90 poor people have been received. The furniture of this institution cost £26 18s. 9d., and the annual cost of maintenance is about £80, of which £12 was paid by the patients.

During the past year important aid was given by weekly contributions of meat. It is now proposed to enlarge the

hospital, so that it may prove a still greater benefit to the sick poor in the neighbourhood. £13 has been paid to medical men for operations under the Poor-law Act.

St. Mary's, Dorking.

This is a mixture of a training school for servants, orphanage, and hospital. The real hospital work commenced in 1863. Owing to this admixture of objects it is impossible to arrive at any statistical account of what the expenses of the hospital portion amount to. For some time the work of the hospital has been at a low ebb, but this year a new institution has been built, and a sketch of the intended building is here inserted, with plans, by T. G. Jackson, Esq., Architect.

The building comprises a hospital for eight patients—four men and four women, with a dispensary for out-patients.

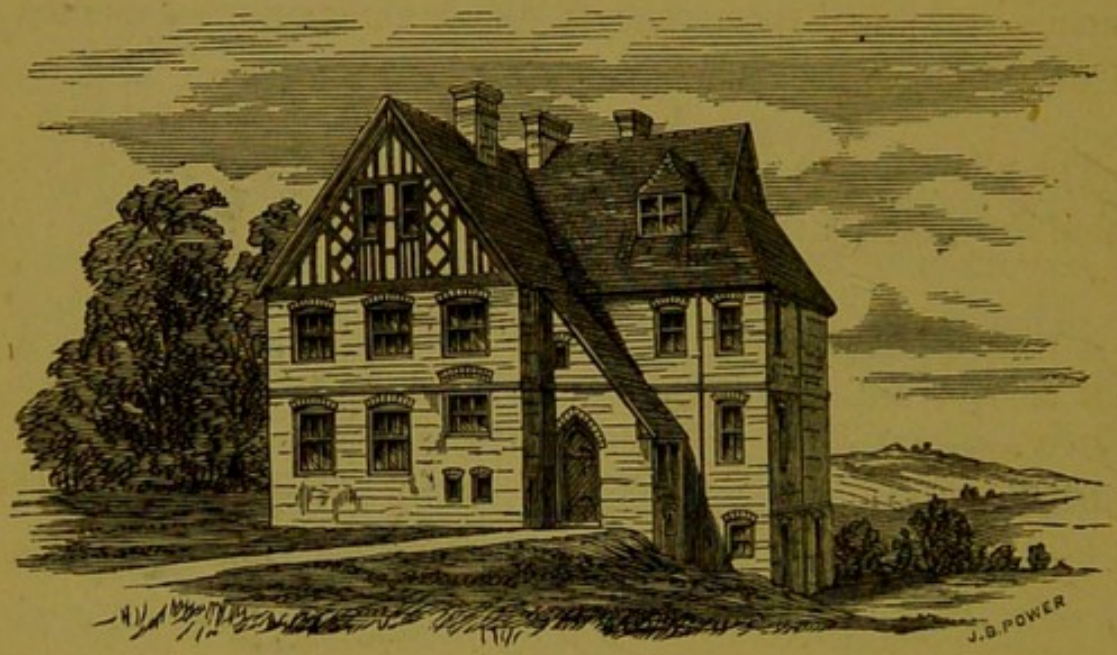
There are separate entrances for the in-patients and out-patients, and the latter are carefully excluded from the body of the building.

There is a basement storey, containing the kitchen, offices, cellarage, and a dead-house, all which, owing to the fall of the site, open on the level of the ground at the back of the building.

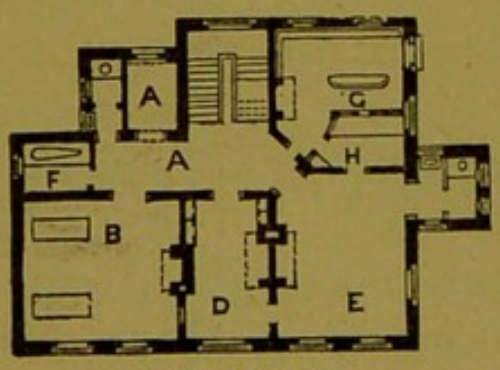
There is also an attic storey in the roof, with bedrooms and store closets.

The building is so designed as to be capable of extension, when necessary, without interference with the original structure.

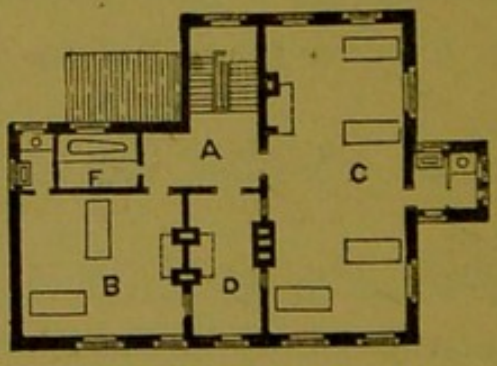
There is a bath-room to each of the floors, where the wards are situate, and a separate W. C. and slop-sink to each ward,



DORKING COTTAGE HOSPITAL.



GROUND FLOOR PLAN



FIRST FLOOR PLAN

to the ventilation of which great care has been given ; and there are various contrivances for lessening the labour of nursing and attendance, so as to reduce the working expenses of the establishment as low as possible.

The allowance of cubic space in the wards is about 1400 cubic feet per bed.

REFERENCE TO CUTS.

A Hall and Passage.
B Mens' Ward, 14ft. by 12ft.
C Women's Ward, 30ft. by 12ft.
D Nurse's Room.
E Operating-room, &c.
F Bath.
G Out-patient's Room.
H Dispensary.

Southam.

This was opened in November, 1863, with four beds, in conjunction with an eye and ear dispensary, in operation since 1818, established by Mr. Smith, the founder of the provident dispensaries. He certainly anticipated Mr. Napper by nearly 40 years, in the self-supporting plan of the hospital. The following extracts from the yearly reports are not without interest :—

Extracts from First Annual Report.

Since the establishment of this institution (13th April, 1818) the sum of £366 8s. has been contributed by donations and annual subscriptions

The expenses of furniture and bedding were.....	£153	0	10
Baths, instruments, electric apparatus	45	10	4
Medicine and leeches	10	10	0

The number of patients admitted to 1st June, 1819, was 305.

Second Annual Report.

Expenses for the year £149 18s. 6d. Patients on the list, 1st June, 1819, 18; admitted since, 267. Total, 285.

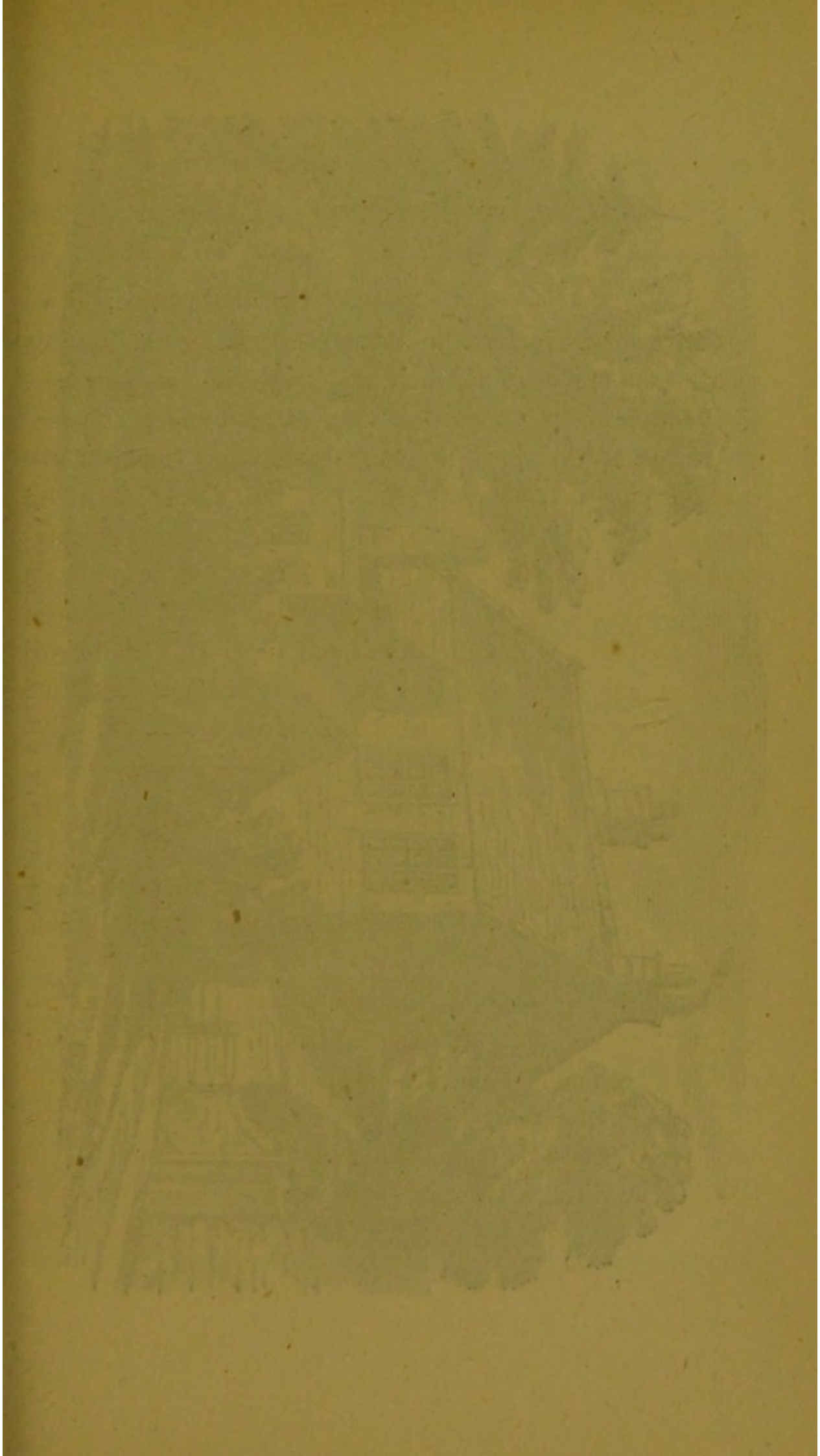
Note appended to Twentieth Annual Report.

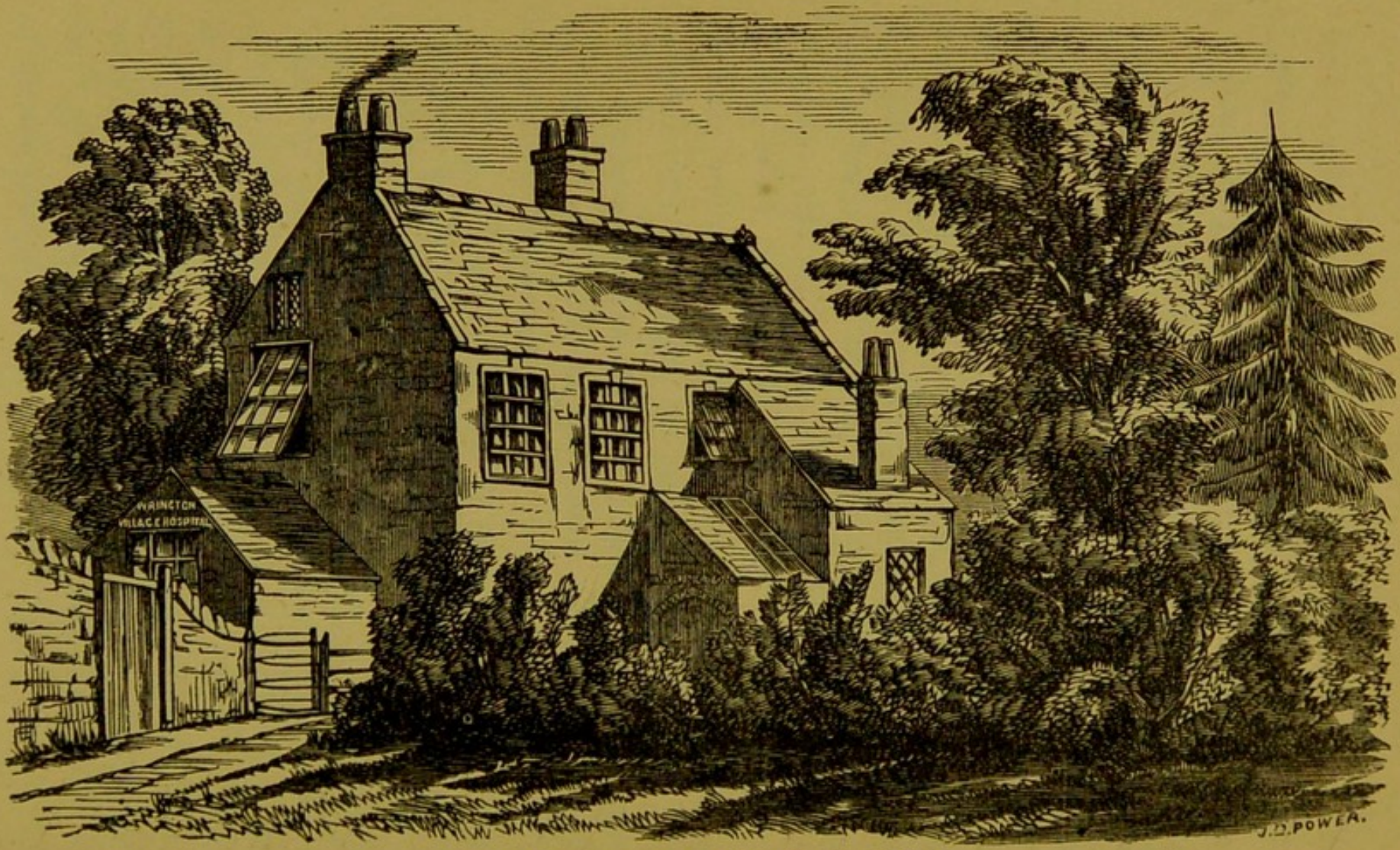
The board of patients in the house was for the first 19 years at the rate of 6s. for men, and 5s. for women per week; for children under 15 years of age, 4s., and under 10 years, 3s. 6d. per week, which gave an accumulated surplus in the housekeeping accounts of £110 19s., to which was added £10 given by WILLIAM DE CAPEL BROOKE, Esq., for the purpose of lowering the board. Last year it was accordingly lowered to men, 4s. 8d. per week, or 8d. per day; women, 3s. 6d., or 6d. per day; children under 15, 2s. 11d., or 5d. per day; and under 10 years, 2s. 4d., or 4d. per day; and this year the housekeeping account is minus £5 6s. 9d.

At a meeting held in May, 1859, there is a minute expressing regret at the death of Mr. SMITH, and appointing Mr. RUTLEDGE as his successor.

In May, 1860, the infirmary and adjoining premises, occupied by Mr. SMITH'S widow, were purchased by the committee.

At a meeting held in November, 1863, it was resolved, "that the benefits of the institution may be extended, by affording accommodation and medical and surgical treatment to the poor when suffering from sickness or from accidents, provided that the accommodation of the infirmary be not required by patients suffering from diseases of the eye and ear." "That four beds only for the present be appropriated to the new class of patients."





WRINGTON VILLAGE HOSPITAL.

In April, 1866, the charge for board was raised—men 5s. 6d. per week ; women, 4s. 8d. ; children under 12, 4s.

In 1868–69, a sum of money was raised by subscription, and extensive alterations made in the premises. There are now two large roomy wards, each capable of accommodating 12 beds, with an allowance of 1000 cubic feet to each bed, besides day-rooms, board-room, nurses' rooms, and small wards for operation cases, and an out-patient department.

There has been no record kept lately of the number of patients admitted. The average number in the house is ten or twelve.

Wrington Village Hospital, Opened July 1st, 1864.

Five Beds.

This is a dilapidated house, altered for the purpose, stone built and tiled. It has no pretension to taste or design, but is a thoroughly useful and comfortable little hospital. The accompanying view and the cut of the interior of this hospital will give an idea of its general plan and arrangements. The house was purchased, repaired and altered for the purpose, by S. Baker, Esq., who let it for the purpose of a cottage hospital at £10 per annum, and, with his usual benevolence, always has returned the rent.

The ground floor contains kitchen, ward for special cases, entrance hall, and back kitchen ; the back kitchen can be shut off from the hospital, and is approached by a separate doorway, so that on the occasion of a death or *post-mortem* examination it is used as a mortuary chamber. Upstairs are two bedrooms of two beds each, nurse's room and a bath room ;

above is a spare attic, with one bed for a case of burn, or any other malady which requires separation from the rest of the patients. The beds are Allen's patent, throughout. A capital book-case, the gift of the Rev. J. Vane, the rector of the parish, is fitted up with books, principally a grant from the Society for Promoting Christian Knowledge. The nurse is paid a weekly sum and maintains herself. The hospital is on the Cranleigh model, open to all medical men. There have been no payments from the union, as the salaries of the medical officers are commuted.

The hospital cost to furnish £92 9s. 5d.; the annual expenditure has not exceeded £115, of which £25 to £35 has been paid by the patients.

The average yearly number of patients has been 25. Considerable difficulty was experienced in starting the hospital, but the results have been most gratifying. When I visited the hospital a short time since, it was as clean and bright as when first opened. The nurse is a country woman, with some training for the purpose.

Ilfracombe Cottage Hospital, Opened in 1867, with Four Beds.

This hospital was opened at the expense of Mrs. Tyrell, and is a private charity of her own; after increasing to seven beds it is closed, as a new building is about to be opened. The cottage hospital is managed by Mrs. Tyrell and four medical men of the neighbourhood. Patients are admitted by governor's notes; the subscriptions supplementing the

payments of the patients. Dr. WYNTER considers this hospital as the "beau ideal of its class, standing alone on the hillside, in a garden of myrtles."

DITCHINGHAM COTTAGE HOSPITAL, OR NURSING HOME, ESTABLISHED 1869. EIGHT BEDS.

This hospital consists of three ordinary cottages adapted for the purpose; 146 patients have been received since its commencement, paying from 3s. to 5s. per week. The nursing is under the care of the sisters of All Hallow's, at Ditchingham. The annual rent amounts to £29; the annual expenditure to £140, of which upwards of £40 is paid by the patients. The medical staff is an elected one, who may call in the friendly and gratuitous advice of other medical men, if they think fit.

ST. ANDREW'S COTTAGE HOSPITAL. SIX BEDS.

This hospital was established in 1865, with accommodation for six patients and a nurse, in affectionate and abiding remembrance of LADY WILLIAM DOUGLAS, of Grangemuir and Dudino, by her children, relations and friends, and is to be maintained by them and by any others who kindly sympathise in the work. It consists of five airy bedrooms, kitchen, wash-house, waiting-room, and good garden; 4s. per week is charged to each patient for board, &c. The average number of patients is 35; the yearly expenses are a little over £100, and the patients' payments about £20.

Tewkesbury Rural Hospital. Six Beds.

This hospital was opened in April, 1865, with six beds. It is an ordinary house in a bye street of the town. The rooms are beautifully clean, and neatness characterizes the whole of the arrangements.

The furniture, surgical instruments, appliances, &c., cost £111 13s. The house is rented at £60; the annual expenses amount to £160, the patients paying nearly £30 per annum. The rules are rather too voluminous for an ordinary cottage hospital. Patients are admitted by governor's notes and weekly payments.

Guisborough Accident Hospital, Established in March, 1865. Beds, no Return.

This hospital consists of two cottages, rented by Mr. Bell, for the purpose of establishing a hospital for the benefit of miners and others, who might meet with accidents. The annual expenditure is about £110. The hospital cost to furnish £123 8s. 4d.

Weston-super-Mare Hospital and Dispensary. 20 Beds.

This is a small general hospital, grafted on a dispensary, established in 1857. In 1866, a proposal originated amongst the working-classes themselves to establish some beds for serious cases of accidents; they collected in a few weeks upwards of £30 in penny subscriptions, and the committee of workmen appointed to carry out the plan, were so successful, that £160 was eventually raised. The clergy, gentry, and

tradesmen then took the matter up, and a very excellent hospital was built, to which, during the last year, was added a medical ward, the number of beds now being 20.

The hospital consists of a central executive block, containing large hall, used as a waiting room for out-patients, dispensary, house surgeon's rooms and two wings—one for medical and the other for surgical cases ; it is well fitted up, several of the beds being Allen's patent. In the garden is a mortuary chamber, which is used for *post-mortem* examinations. An invalid carriage and wheel chair are attached to the hospital for the conveyance of patients. Patients are admitted on governor's recommendation notes. The medical staff is an elected body, consisting of one physician, two surgeons, and one consulting surgeon ; the house surgeon attending the dispensary patients at their own homes. Lately a small hospital has been attached for fever cases. This is built in the simplest manner, and is situated fifty yards to the rear of the general hospital : it has been before described in page 117. The average cost per case has been, in-patients £3 11s. 2d., out-patients, 5s. 1d. The cost of maintenance is about 8s. 6d. per head weekly.

Wallasey Cottage Hospital, Opened March 1st, 1866.

Five Beds.

This is a cottage rented for the purpose, attended by an elected medical officer, and not open to other medical men ; 80 patients have been received since its commencement. The patients' payments range from 2s. 6d. to 5s. a-week.

YEATMAN HOSPITAL, SHERBORNE, INSTITUTED 1866. 20 BEDS.

This is a small general hospital, built in the gothic style, and presenting a handsome elevation, with centre oriel windows. It is attended by an elected staff, and is worked by two nurses and four servants. Patients are admitted by governor's notes, household servants and persons in better circumstances being required to pay, in addition to the recommendation note, 7s. a-week.

The last year the managers of this institution have undertaken to train nurses, as the hospital, from the number of patients received, affords a capital field for the purpose. There is an out-patient department. In the four years of its work 221 in-patients, and 574 out-patients have been under treatment. The annual expenditure is between £500 and £600.

BUCKHURST HILL VILLAGE HOSPITAL.

This is a cottage hospital conducted on the Cranleigh model; the reports do not mention the number of beds. Patients pay weekly 5s., convalescents, 7s. 6d., and domestic servants, 15s. Out-patients pay 6d. for every visit.

The annual rent amounts to £40; the annual expenses exceed £200, over £30 of which is paid by the patients. The rent in this hospital forms a very heavy item of expenditure; the out-patients also cause much expense in drugs. The in-patients average 30 yearly.

CAPEL VILLAGE HOSPITAL. SEVEN BEDS.

Opened by the Lord Bishop of Winchester, Oct. 2nd, 1866.

This hospital, which is a beautiful building, but sadly deficient in the internal arrangements which would make it a

good working hospital, was erected by Mrs. Charlotte Broadwood, to the glory of God and the good of the poor, to the memory of her late husband, the Rev. John Broadwood, of Lynne. The management is on the Cranleigh model. The number of beds is not mentioned in the reports, but is, I believe, seven.

The hospital is constructed of stone, with freestone dressings, in the domestic gothic style, and is roofed with ornamental tiles. A marble tablet, on the outer wall, designates its use and its purpose as a memorial. In the window of the porch is some very beautiful stained glass. There is a wide circular staircase carried up a separate tower, with a domed roof; the peculiarities of this building have been before adverted to in page 43.

The annual expenses of this hospital have amounted to about £200, £60 of which has been paid by the patients; 25 cases have been received yearly.

Reigate Village Hospital, Opened Sept. 1st, 1869.

Eight Beds.

This is a hospital on the Cranleigh model. It is at present conducted in a small house, in a back street; but funds are being collected with the intention of building a new hospital, containing from 10 to 15 beds. The furniture cost £123, and the annual expenditure has amounted to £260; £24 being paid by the patients. The average number of cases received in the year has been 50.

Crewkerne Hospital. Ten Beds.

This, which is a small general hospital of ten beds, was founded by Richard Bird, Esq., in 1866, who gave his old factory buildings, valued at £1000 for the purpose, with a munificent donation towards the necessary alterations. These alterations, with the furniture, involved an outlay of £510 15s. 7d. There are five wards, each containing two beds. The hospital is open to all the medical men at Crewkerne.

Patients are received on governor's recommendation notes, and weekly payments of not less than 2s. Moule's earth closets are in use in this institution.

The annual cost has been £170, of which the patients have paid more than £22. The annual number of patients yearly received is 30.

Oswestry and Ellesmere Cottage Hospital and Nursing Association. Four Beds.

This is a house rented at £30 a-year, and fitted up with four beds. It was opened for patients Oct. 1st, 1866. These are attended by the medical men of the town of Oswestry. Patients pay from 5s. to 10s. per week. Many cases, however, have been admitted free.

The annual expenses are about £400; £9 of which was paid by patients.

Fifty in-patients and 45 out-patients have been attended in the year; 20 patients have been attended gratuitously by the nurses in the patient's own cottages.

A new hospital is being erected, towards the cost of which £2000 has been collected.

RUGELEY HOME AND COTTAGE HOSPITAL. EIGHT BEDS.

The Rugeley home was first founded in 1862, by Mrs. and Miss Levett, as a convalescent home; in October, 1866, it was given by a deed of gift as a home for the sick poor, and opened as a cottage hospital. The expense of furnishing has been £130; the average cost of maintenance, £160 Patients pay 5s. per week; servants in place, 7s. 6d. The patients' payments amount to about £60 per annum. There is connected with it a provident dispensary. Funds are now being collected and arrangements made to build a new hospital; a site having been given for that purpose.

CROMER COTTAGE HOSPITAL. SIX BEDS.

This is a cottage hospital, on the Cranleigh model, opened September, 1866. It is under the care of an elected medical officer; other medical men having the privilege of visiting their patients, and operating, if they desire it. The rent amounts to £18; the annual expenditure to £170, of which £20 have been paid by the patients. Patients pay from 2s. 6d. to 5s. weekly; the average cost per head being 9s. 6d. a-week. The average yearly number of patients is 30.

ST. GEORGE'S HOSPITAL, BARROW-IN-FURNESS. 18 BEDS.

This is a small general hospital, opened August 12, 1866. The nursing was undertaken for the love of God and their

fellow-creatures, by ladies, members of a Protestant sisterhood, and communicants of the Church of England ; ministers of all denominations are allowed to visit members of their own congregation.

Patients are admitted on governor's notes ; some special cases are admitted on payment.

The rent amounts to £86. Medicines, on account of a dispensary attached, to £60. The whole annual expenses exceed £550 ; £6 has been paid by patients.

The cottage system was relinquished at the beginning of this year, and a house surgeon appointed. 223 in-patients, and 412 out-patients have been under treatment since the opening of the hospital.

This year the system of nursing by sisters has been discontinued, it having become unpopular. The name of the hospital was changed from "Cottage" to St. George's, and nearly £1000 subscribed for a new building.

The present building is composed of four cottages, which have been altered to make one large house. This is objectionable in many ways ; 1st, the wards are too small for the number of beds they contain ; 2nd, the entrance and staircase are narrow. It is with great difficulty that the carrying basket can be got upstairs and into the ward most commonly used, so that all the operations have taken place in the wards, owing to the difficulty of approach to the operating-room ; and there are a number of very small and almost useless rooms.

There is a good bath-room, well supplied with hot and cold water, and a large room for convalescents, supplied with

bagatelle board, games, books, &c. The ventilation is excellent. For this information, and the very valuable statistical returns, which will appear in a more advanced portion of this book, I am indebted to the kindness of the house surgeon, J. R. Buist, Esq., M.B.

Harrow Village Hospital. Five Beds.

This hospital, a cottage on the Cranleigh model, was opened on February 15th, 1866. The preliminary expenses of alterations and furnishing amounted to £156. The annual expenses amount to £180, upwards of £30 being paid by the patients. The number of patients yearly has been 40.

On account of defective sanitary arrangements, the hospital has this year been closed, and subscriptions collected for building a new one, for which an excellent site has been offered, so that the work will be commenced forthwith. It is proposed to begin with eight beds, and arrangements are being made to connect the present dispensary with it. During the three years the institution was open, the reports show the success of the work, many of the cases having been of a very serious nature.

Petworth Cottage Hospital. Five Beds.

This Hospital was opened November, 1866, on the Cranleigh model, with the exception of the fact that it was more especially intended for persons labouring under infectious disorders. This evidently could not work long, and a detailed account of the difficulties thus created will be found in page

115. All medical men resident in Petworth can act, if they wish, as medical officers. The annual expenses have amounted to £181, of which the patients have contributed £81. This is the largest sum received from patients in so small an hospital. 27 cases have been received yearly. Owing to the panic that occurred, as might have been expected, from the introduction of infectious cases, the returns have fallen off, but the addition of a special ward or cottage for such patients, which is proposed, will doubtless again re-assure the public, and the hospital will return to its former efficiency.

GREAT BOOKHAM,

Opened in 1866; closed in 1868 as a hospital, and converted into a nursing institution for providing nurses for the sick, and for women in their confinement, to which is added a store of wine and brandy, placed at the disposal of the surgeon for the use of the sick. One room is kept ready for any very urgent case of sickness or accident in the nursing house, when a weekly sum is charged for maintenance; but for fear this should again enlarge to a cottage hospital, it is expressly laid down by the rules "that it shall be previously shown by the said medical man that the patient cannot, from the nature of the case, receive the necessary medical attendance, or nursing at his, or her own house, or that the patients' restoration to health is imperilled or impeded by the circumstances with which he or she is surrounded."

Although numerous intended cottage hospitals have been strangled at birth by opposition, this is the only case I have found in which a hospital once started has been put down,

and the animus against it must indeed be strong, when the rules are framed so as to prevent the institution, which has risen from the ashes of the defunct hospital, ever again reverting to its original use.

ST. LEONARD'S, SUDBURY. 12 BEDS. FOUNDED 1867.

Encouraged by the success of the various cottage hospitals springing up in so many places, a meeting was held at Sudbury, in September, 1866, to establish a small general hospital in that town. It was known that there was an old charity for the relief of lepers, established by Simon Theobald, and afterwards endowed by one John Colney, producing an annual income of £140, not applied to any particular purpose; and it was the intention of the original promoters to convert this charity, by the aid of additional subscriptions, into an hospital.

A favourable site was purchased, and a building erected, capable of holding 20 patients, which was furnished with 12 beds, at an expense of £140, £124 7s. 10d. of which was received from unappropriated funds of the Colney charity.

The building is one of the most effective of these small hospitals, consisting of a central executive block, and two wings, with open roof, making excellent pavilion wards. The building stands on a raised terrace, is of a very pleasing design, and judging from the photographs of the interior, must be admirably adapted for a small hospital. The entire cost of the building, well sinking, &c., amounted to £848 10s. 5d. It is open to all medical men. Patients are admitted without recommendation, on weekly payments, if found to be proper

cases for hospital treatment, subscriptions giving no privilege. The annual expenditure of the year 1869, has been £520, £60 of which has been paid by the patients. 56 cases were admitted during the year.

MANSFIELD-WOODHOUSE DISTRICT HOSPITAL, ESTABLISHED 1867. SIX BEDS.

This hospital, founded on the Cranleigh model, consists of two cottages, rented with the furniture of one of them, at £17, the former tenant being the nurse. An average of 40 cases are received yearly; the annual expenditure being £110, of which the patients have paid about £26. The medical officer receives *an honorarium* of £12 per annum. This year's receipts are in excess of the expenditure, and are carried to the building fund.

Patients are admitted by governor's recommendation notes, with the addition of weekly payments.

SHEDFIELD COTTAGE HOSPITAL, ESTABLISHED JUNE, 1867. FOUR BEDS.

This is a cottage hospital, open to all medical men in the neighbourhood, and is "under the care of a single nurse, which has been found much the best arrangement for a simple cottage hospital. She is a person of that parish, particularly clever, active, and judicious, and knowing how to treat those of her own class better than a lady could, except in rare cases."

This hospital cost £55 15s. 7d. to furnish, whilst the annual expenses have been £150, the patients paying about £9. 17 cases have been received in the year.

A small number of out-patients have also been under treatment.

A distinctive feature of this hospital, and one that accounts for the somewhat high annual expenditure, is the addition of an invalid kitchen, which provides good food for out-patients and others, in a very poor district. In the case of children, it has been found an excellent plan to let them come two or three times a-week and have their dinners at the hospital, thus ensuring their getting what was intended for them. The following is the plan of the kitchen :—

"The invalid kitchen at the cottage hospital is an independent branch of the institution, and the tickets, price 6d. each, may be purchased by any one, whether subscribing to the hospital or not.

The tickets will procure roast or boiled meat, broth, beef-tea, or puddings.

The food will be given out at the cottage hospital on Wednesdays and Saturdays at one o'clock, and as a difficulty has been found in providing it at one day's notice, owing to the distance of the hospital from a town, it is requested that the tickets may be presented at the hospital on Mondays and Thursdays, in the afternoon."

Fairford Rural Hospital, Established Nov. 1867.

Seven Beds.

This hospital is open to all medical men, and is otherwise conducted on the Cranleigh model. The cost of furnishing amounted to £97 11s. 9d., and the annual expenditure to £120, of which £13 has been paid by the patients; 48 cases were received during the year.

HATFIELD BROAD OAK, ESTABLISHED 1867. BEDS, NO RETURN.

The annual expenditure has been £120, of which £37 was paid by the patients. 13 cases were received. The report states that the boards of guardians in the neighbourhood give this hospital every encouragement.

CONGLETON COTTAGE HOSPITAL, ESTABLISHED DEC., 1867. SIX BEDS.

This hospital was started as an experiment for three years, under the sole medical charge of one surgeon. The furnishing cost £128 10s. 5d., the annual average expenditure being £105, of which £13 was paid by patients. Average number of patients 10, paying 2s. 6d. a-week. The medical officer having left the neighbourhood, all the medical men in the town agreed to attend in rotation, which arrangement has worked well. Not having received the last report, I have no statistical information to give.

DRIFFIELD COTTAGE HOSPITAL, OPENED IN 1867. SIX BEDS.

This hospital, an ordinary eight-roomed house, is open to all medical men in the neighbourhood. The annual expenditure is £110, £23 being received from patients. No fees have been paid for operations under the Poor-law Act; but provision is made for such payment in the rules. Average number of patients—24 in-patients, and 25 out-patients.

WIRKSWORTH COTTAGE HOSPITAL, OPENED JULY 1ST, 1867. FIVE BEDS.

This consists of two houses adjoining each other; fever wards of two rooms are partitioned off so as to have no connexion with the other parts of the hospital, and are approached

by a separate door at the back. The houses are stone built, similar to those used by the poorer inhabitants of the town.

The hospital is open to all the medical men of the town. The patients are admitted on weekly payments of 3s. to 5s. 6d. Baths and a stretcher are kept at the hospital, and lent out when required.

The furniture cost £43 10s. 9d. The annual expenditure amounts to £120, patients paying about £20.

The Poor-law guardians give assistance to patients in the hospital, who would otherwise be under their care. The extra fees allowed by the Poor-law Act are also paid to the medical officer.

Dunster and Minehead Village Hospital, Opened April, 1867. Five Beds.

This hospital is pleasantly situated on rising ground opposite Dunster Park. The ground floor contains hall, matron's room, committee room, surgery, large convalescent room, kitchen, &c. The upper floor, men's ward, with two beds, women's, with two beds, one ward with single bed for special cases, matron's and servants' bedrooms. Patients are admitted on recommendation of a subscriber and weekly payments. The furniture cost £100. The annual expenditure amounts to a little over £100, including the cost of medicine for out-patients. The amounts received from patients are under £10 per annum. Patients pay from 1s. to 5s. a-week. The yearly number of in-patients is about 20 ; out-patients 100.

The hospital is attended by one medical man. For cases requiring operation the other medical men in the neighbourhood are called in.

Malvern Rural Hospital, Opened January, 1868.

12 Beds.

This hospital was built from designs liberally placed at the services of the committee, by Mr. Haddon, of Hereford. The whole building, including excavations and approaches costing £1,475 13s. 6d.

Patients are admitted on the recommendation of a subscriber and weekly payments, according to the circumstances of the patient, 5s. a-week being the amount considered by the committee to be a fair payment. A detached mortuary chamber has lately been added.

The furniture, exclusive of articles supplied by private liberality, cost £126 18s. 5d.; surgical instruments, &c., £59 9s. In the last year 37 cases were received; the annual expenditure being about £220, of which £14 was paid by patients.

Hambrook Village Hospital, Opened January, 1867.

Six Beds.

This is a very excellent sample of the cottage hospital in a rural district. It consists of two stone-built cottages on the brow of a hill, facing south. A communication has been made in the partition wall between the cottages, so as to throw them into one. The ground floor contains board-room, kitchen, offices, and a small accident ward, for cases of emergency. A central staircase, affording ample circulation of air, leads to the first floor, on the right of which is the men's ward; on the left, the women's ward, separated by the bath room. Each ward contains two beds, and with a fire place and large window, is thoroughly lighted, warmed and venti-

lated. On the second floor there are rooms for a single male and female patient, separated by the nurses' sleeping room. The cubic capacity of the single rooms for severe cases is over 1000 cubic feet; that of the ordinary wards, 629 cubic feet.

The seventh bed in the accident ward is never considered one of the regular service beds, but only as a means of receiving a casualty when the hospital beds are filled, as it is found that though one nurse can well manage the six patients, any increase would at once add to the staff expenses.

This hospital is well nursed, and peculiarly clean and cheerful; a wicker carrying-chair is used to convey patients upstairs. The wards are fitted with Allen's patent beds. A third small cottage, contiguous to the hospital is used as a mortuary chamber and for *post-mortem* examinations. This can be approached by a separate door in case of an inquest. The annual expenditure averages £190, of which the patients pay about £30, the number of cases received last year being 37. The weekly payments by patients is about 3s.

Savernake Cottage Hospital, Opened July 2nd, 1866. Nine Beds.

This hospital was an old training school for servants, converted into an hospital by the Marquis of Ailesbury, at an expense of £300. The Marchioness of Ailesbury completely furnishing it at the cost of £173 14s. It is beautifully situated on the borders of Marlborough Forest, the garden extending close to the magnificent trees for which the forest is so famed, the hospital having thereby the most complete natural recrea-

tion grounds for convalescents. It is a thoroughly comfortable house, with a wing forming a pavilion ward for men. The kitchen is fitted with high-pressure boilers to supply baths. There is an excellent operating table, but it is unfortunately placed in the bath room. The addition of a special operating room, day-room for patients, and a proper mortuary chamber would make this a thoroughly perfect cottage hospital. The cottage element is well kept up, but the omission of the general day-room causes it to lose some of the home-like feeling which is so pleasant in many other cottage hospitals. The special feature to be commended here is the itinerant nurse to which we have before alluded. All patients are admitted free. The yearly expenditure average about £400, the annual number of patients being about 70.

Richmond (York) Cottage Hospital, Opened 1867. Three Beds.

This is a small cottage, rented at £7 a-year, managed on the Cranleigh model, and attended by the medical men of the town. No patients receiving parochial relief are admitted. The furnishing cost £77 5s. The annual expenditure £55, of which £4 4s. has been paid by the patients. The hospital is largely supported by the Earl of Zetland, its president.

Charmouth Village Hospital, Opened 1867. Three Beds.

This is a cottage altered for the purpose, and is used as a convalescent hospital, as well as for severe cases, the district being small and thinly populated.

Thirty patients have been received since the commencement, the patients payments being 2s. 9d., whilst the total expenses have not exceeded 7s. 5d. weekly per head.

Scarborough Cottage Hospital, Opened in 1867.

12 Beds.

This hospital was first conducted in two cottages, altered. The present building was erected for the purpose in 1869. It is open to all medical men, and is managed by a lady superintendent, with an assistant nurse. The patients are admitted on weekly payments.

For the number of beds, the average of 30 cases per year is small. This may be accounted for by the admixture of homœopathy with genuine medical treatment. As far as can be judged from the reports, this danger is now over, and the hospital will commence a more prosperous career. To ensure success, it is most important that the least suspicion of any medical heresy should be avoided, otherwise the whole of the medical profession in the neighbourhood are bound in honour to cease to take part in the work, in which they might otherwise be deeply interested.

The new hospital is built in the Italian style, and except that there is no provision for infectious cases, seems in every way satisfactory. The expenses of the hospital during the last year have been £154 16s., of which amount the patients have paid £28. The patients pay from 3s. to 5s. weekly.

Warminster Cottage Hospital, Opened August, 1866.
Six Beds.

This is an old farm-house, capitally situated to receive all the breezes off the Wiltshire Downs, the edge of Salisbury Plain being opposite. It is attended by an elected staff, and worked by a lady nurse, with the assistance of a servant. The kitchen, which is as at Cranleigh, a general sitting room, large and cheerful, with an open chimney corner; behind is a smaller kitchen, where most of the cooking is carried on. A sister's room and small chapel or oratory are also on the ground floor; above, are four bedrooms, plainly furnished. There is an absence of pictorial decoration in this hospital, but the wards are clean and well ventilated. The sister receives no wages.

The maintenance of the patients cost about 6s. a-week, 2s. 6d. on an average being paid weekly by them. 76 patients have been received since the commencement of the institution.

Mildenhall Cottage Hospital, Established March, 1868.
Eight Beds.

This hospital is open to all medical men in the town, and is managed by one nurse, with occasional help. Patients are admitted on weekly payments. The furniture cost £177 4s. 6d. The annual expenses amount to £260, of which £60 has been paid by the patients. The yearly number of cases exceeds 50.

From the published reports, this hospital seems to have been most successful in its work, and its value is increasing

in the estimation of the public. It is now intended to provide enlarged accommodation, so as to have a separate convalescent day-room or bath-room. The amount of gifts in furniture, linen, and useful articles, has been very large, and form an interesting item in the report.

Litcham Village Hospital, Opened July 1st, 1868.
Five Beds.

Open to the two medical men of the Poor-law district, comprising 19 parishes.

This hospital, which is nearly 20 miles distant from the county infirmary, was, like most of its kind, opposed by prejudice. That, however, its successful career has entirely removed, and the feeling is now one of thankfulness for such an institution. The furniture cost £63 3s. 8d; the annual expenditure was about £60, of which £6 10s. was paid by the patients. 70 patients have been received. The cost of maintenance per head has been about 10s., of which 3s. on an average is paid by the patients. During the past year £8 was paid to union officers for operations, &c., performed in the hospital.

Melksham Cottage Hospital, Established 1868.
Four Beds.

This is a cottage hospital on the Cranleigh model, open to all medical men. The furniture cost £62 17s. 5d., the annual expenditure being £84 18s. 10d., of which the patients have paid £12 6s. 4d.

Thirty cases were received. From the nature of the cases entered in the report, the work of this little hospital has evidently been most successful.

St. Andrew's Home, Weybread, Established 1868. 12 Beds.

This hospital is conducted on the Cranleigh model. 27 patients were received during the past year, at a cost of £142 3s. 3d., £8 14s. being paid by the patients. This year an addition has been made of three rooms, including one for convalescents.

A carriage, enabling patients to be conveyed to the hospital in the recumbent position, has also been provided, and can be obtained on application to the matron.

Longton Cottage Hospital, Opened 1868. 10 Beds.

This hospital, a description and view of which is given in page 41, is attended by all the medical men of the town, who take a fortnight's duty at the hospital in turn. During the last nine months 42 patients were under treatment, the annual expenditure being over £400. This does not give any just idea of the real hospital expenditure, as an invalid kitchen and an itinerant nurse are attached to it.

The nurses, in their rounds, give advice in sanitary matters, such as ventilation, and ordinary cleanliness, the use of disinfectants, &c.; they also apply dressing and leeches, and do their best to remedy the extraordinary ignorance that prevails in the most ordinary requirements of the sick room. They have supplied during the nine months, to out-patients, 1476 dinners, and 876 supplies of sick comforts, as soup, wine, &c. They have also gone out nursing in the families of subscribers 78 times. The payments by patients have been tried. Small sums under £5 altogether, have as yet been received.

The cost of the building, including contributions of bricks and lime, and the architect's fees, amounted to £797 16s. 3d., and the furnishing to £118 2s. 11d. Many valuable articles of furniture have been presented to the hospital.

There is very much in this hospital worthy of imitation. Much of its success has depended on the unanimity of feeling with regard to it, and the energy with which the matter was taken up, especially by the tradesmen and working-classes.

Tetbury Cottage Hospital, Opened 1868. Three Beds.

This hospital is on the Cranleigh model, attended by an elected staff. 27 cases were received during the last year, at a cost of £135 14s., of which £15 10s. 6d. was paid by the patients. This year a new building will be commenced on a larger scale, at the sole cost of Mr. Sothern Estcourt.

Burford (Oxford) Cottage Hospital, Opened July, 1868. Four Beds.

This hospital is under the direction of one medical man, but open to all who choose to make use of it. The furniture cost £26 14s. 4d., the annual expenditure being £58 19s. 8d., of which £2 13s. 6d., has been received from patients. 18 cases were received. The hospital is an ordinary cottage, rented at £16 6s. a-year.

Alton Cottage Hospital, Opened Oct., 1868. Beds, no Return.

This hospital is conducted on the Cranleigh model. The furniture cost, with the surgical instruments, &c., £156 15s.;

annual expenditure, £232 6d., of which the patients paid £25 14s. 44 patients were received. The hospital is rented at £25 per annum.

Shepton Mallet District Hospital, Opened January, 1869. 12 Beds.

This hospital is a semi-detached villa residence, with garden, &c. The adjoining house is also in the possession of the trustees, and is at present let to the medical man, who takes the principal charge of the hospital, which is open as well to all the medical men of the town, who attend weekly in rotation.

The patients are admitted generally free, but special cases are received on weekly payments. The furniture cost £243 7s. The annual expenditure £242 14s., of which £13 was received from patients. 47 in-patients, and 322 out-patients have been under treatment during the year.

A proper operation-room and a mortuary chamber are needed to make this hospital as complete as it should be. The rector visits the sick, and acts as honorary chaplain to the hospital, so that daily prayers are habitually read. The promoters hope eventually to take into use the adjoining house, and throw them into one, so as to make a good general hospital of from 15 to 20 beds. The site is excellent, and the ventilation good, being just outside the town, and receiving all the fresh breezes off the Mendip Hills.

Cheesham Cottage Hospital, Opened Nov., 1869. Six Beds.

This hospital is recently erected for the purpose, and is pronounced by Mr. Holmes, of St. George's Hospital, who

has been government visitor to many hospitals, "as the prettiest and most complete hospital of the kind he has ever seen."

It is open to all the medical men of the district, who will receive the extra fees allowed by the Poor-law Board.

The hospital consists of nurse's sitting and bedroom; a three-bedded ward for males, two-bedded ward for females; a single-bedded ward or operation-room, with kitchen and scullery, all on the ground floor. There is capital roof ventilation, and the earth closet system is in use. The institution of this hospital is so recent, that the report and financial statement has not yet been issued.

Bromyard Cottage Hospital, Opened June, 1869.
Five Beds.

This hospital is attended by an elected staff. The extra fees of the Poor-law Board are commuted in the salaries. The patients pay about 3s. weekly. 27 cases have been received during the year.

The furniture of the hospital cost £141, and £25 has been expended in surgical instruments. The nurse is a trained sister from the University College Hospital.

Speen Cottage Hospital, Opened October, 1869.
Six Beds.

This building, which is a very pretty cottage, in the style of the Surrey cottages, of brick and timber, with a deep porch, was erected by the vicar of the parish, the Rev. H. W. Majendie, and furnished at an expense of £119 18s. 2d. by

the contributions of parishioners and friends. To rich and poor alike, it has seemed to be a labour of love, in which all have cheerfully united.

The work has been most successful, though a great blow was sustained by the sudden death of the benevolent founder, who only lived to see his little hospital opened. The hospital, schools, vicarage, and church, make one of those charming scenes so thoroughly English; the undulating scenery, and beautifully kept church-yard are not easily matched. The vicar must have been the father of his people, judging from the remarks I heard from the cottagers on my visit to Speen. A very touching scene occurred in the church when looking round it. A poor old blind woman was standing on the benches, and her grand-daughter was directing her hand to *feel* the tablet that day put up to the vicar's memory. I could only think how a man who had inspired so much respect would have enjoyed and entered into the work of his hospital had his life been prolonged.

The hospital is open to all medical men. The beds have generally been filled with severe cases. Patients are not received from the adjoining town of Newbury, but only from the country parishes round. The patients pay from 3s. to 7s. a-week. The average cost of maintenance appears to be about 8s. per head weekly.

Newick Cottage Hospital, Opened July 1st, 1869.
Six Beds.

This hospital is open to all the medical men of the neighbourhood, though one medical officer is elected to superintend the work.

The wards are ventilated by Watson's patent ventilators, which act admirably. Moule's earth closets are also used. The furniture, which is still incomplete, cost £56 10s. 1d. During the first six months of the work of the hospital six cases were received, at an expense of £63 15s. 8s., the patients paying £20 14s. 3d. The cottage is rented at £15 per annum.

St. Mary's Cottage Hospital, Burford, Tenbury, Opened Sept. 1st, 1869.

This is a small villa, with garden, coach-house and stable, altered for the purpose. It is open to all medical men in the neighbourhood, a medical director being appointed to superintend the whole. Patients are admitted on weekly payments. The minimum, being adults, 3s.; children, 1s. 6d.; servants in place, 5s. The home was purchased and fitted up as a hospital at the expense of Mrs. Prescott, the lady president, who has placed the establishment in the hands of a committee. A chaplain is appointed at a nominal *honorarium* of £5. In addition to the usual furniture of a hospital, this institution is provided, by the benevolence of the foundress, with a complete store of linen, dressing-gowns, slippers, &c., for the use of the patients—a very important hint for other hospitals to carry out.

The coach-house has been converted into a proper mortuary chamber, lighted by a skylight, and fitted with a table with slate top. The earth commodes are used through the house. With a view to greater cleanliness, the floors are waxed and polished. This may be very well in an

ordinary house; but in a hospital must be extremely conducive to accidents, owing to the slippery nature of the floor. A poor fellow getting out on his crutches for the first time, would find considerable difficulty in walking upon it without falling. There is a capital convalescent ward attached to this hospital, which is fitted up with considerable thoughtfulness and care for the comfort of the poor patients. The nurse is a sister from the Middlesborough Cottage Hospital.

Lady Dunraven's Cottage Hospital, Clearwell, Opened Nov. 1st, 1869. Seven Beds.

This hospital was established at the cost of Lady Dunraven, and is to be free to all persons who shall have been living within the limits of the new parish of Clearwell for one year, provided they are not in a position to contribute towards their maintenance in the hospital, and are not in receipt of relief from the parish, in which latter case it will be expected that the union contributes towards the support of the patient; in the former case, each patient will be expected to pay not less than 7s. weekly. Persons from other parishes will be admitted, if there is room, on payment of 10s. weekly.

The hospital is open to all medical men, one acting as director, and receiving payment for his services.

The building is a comfortable cottage of the better class, constructed of stone, and tiled. Like many of the Gloucestershire cottages, it stands in a good garden, and, with the church and vicarage, makes a very home-like picture.

BROMLEY COTTAGE HOSPITAL, OPENED APRIL, 1869.
SIX BEDS.

This hospital consists of two cottages, altered for the purpose, fitted and furnished at an expense of £156 10s. The first year 29 patients were under treatment, at an expense of £200, of which £20 15s. 9d. was paid by the patients.

The hospital is open to all medical practitioners, and in other respects is conducted on the Cranleigh model.

BANGOR COTTAGE HOSPITAL. OPENED JANUARY, 1869.
FOUR BEDS.

This hospital, the first established in Ireland, is rented at £14 per annum, and was furnished by Admiral Ward, at a cost of £50. The nurse has permission to attend to six patients external to the hospital, in the town and neighbourhood of Bangor.

Sixteen in-patients and three out-patients were attended the first year, at an expense of £41 14s. 6d., of which £5 was paid by the patients.

The hospital is attended by an elected medical staff.

BOURNEMOUTH COTTAGE HOSPITAL, ESTABLISHED 1869.
TWO BEDS.

This is an addition of two beds to the original dispensary. The patients are charged six shillings per week. Accidents are admitted free of charge for 24 hours, after which time payment has to be made.

YATE VILLAGE HOSPITAL, OPENED JANUARY 1ST, 1870.
FOUR BEDS.

This is a simple cottage, with kitchen and small sitting room on the ground floor, and a room for men and women,

with two beds in each, as well as nurse's room on the upper floor. The patients pay a weekly sum of 3s. This hospital is a private charity of Mrs. E. Burgess, the foundress. One medical man is the regular superintendent; but it is open to other members of the profession who may wish to make use of it.

Royston Cottage Hospital, Established 1870.

Four Beds.

This hospital is a building of three blocks, set on an angle to each other, thus leaving a triangular space between them. The building was designed, and its erection superintended gratuitously, by Mr. Nash. It is two storeys high, and all the rooms—or rather wards, of which there are four—are exposed on three sides to the atmosphere, without being exposed to the north, and without any direct communication with each other. The ventilation has been particularly attended to by the use of ventilators of the most recently-approved pattern. The view from the windows, looking in a southward direction, though not due south, is pleasant and cheerful. There is a constant supply of hot and cold water, together with a necessary bath room. The cost of the building is £1000; the mortuary chamber is not isolated, but is on the basement floor below the scullery.

Patients are admitted on the recommendation of a governor, and pay a weekly sum towards their maintenance. The cubic capacity is between 700ft. and 800ft. per bed.

WALKER, NORTHUMBERLAND, ESTABLISHED 1870.

This hospital, as well as that at Crimond, is not sufficiently advanced for any report.

ASHFORD, ST. JOHN'S HOUSE AND HOSPITAL, OPENED JAN. 1ST, 1870. 10 BEDS.

In December, 1868, Sir John Hoare, Bart., and Messrs. C. P. Carter, and J. Furley, members of the English Branch of the order of St. John, met together and decided to undertake the establishment of a small hospital, at Ashford. They therefore rented a house for the term of 21 years, which consisted of two cottages, separated by a yard.

This building has since been completely altered, and now consists of sitting-room and bedroom for the lady superintendent, a ward of two beds, and another of one, lavatory, and offices. A covered passage leads to the other cottage, where are a large ward for three male patients, day-room for convalescents, and a ward for surgical cases, which is approached from the outside by broad steps, so that a severe case of accident may be easily brought in. In addition to this is another ward of two beds, nurse's room, bath-room, kitchen, and offices.

The kitchen is furnished with one of Benham's ranges, having boiler to supply the baths and wards with hot water. Ventilation has been carefully attended to. All the rooms are furnished with Sheringham's ventilators, whilst in the midst of a group of wards there is a ventilating shaft.

The nursing is conducted by a lady, who acts as superintendent, and two nurses, who are allowed to be sent out in

turn to nurse in private families. The medical staff includes all registered practitioners in the town.

In connection with the hospital, but yet independent of it, as it should be, is a provident dispensary, which works well.

The total cost of the alteration of these cottages, and the necessary fittings, amounted to £250.

Patients will be admitted on weekly payments, of which 3s. 6d. is the minimum. Extra fees of the Poor-law Board will be paid to union medical officers.

WAKEFIELD. THE STANLEY COTTAGE HOSPITAL, OPENED MARCH, 1870. SIX BEDS.

This is a cottage built for the purpose, and will be conducted on the Cranleigh model, being open to all medical men, the patients paying weekly sums towards their maintenance.

The other hospitals, mentioned in page 31, are only in course of formation, and not sufficiently advanced as yet to enable me to give any information which would be of service. The number of projected institutions is however daily increasing, and should a future edition of this little book be at any time required, a much larger number will need description. Since sending the foregoing sheets to press, I have received information of one or two more, the existence of which I was not previously aware.

STRATTON COTTAGE HOSPITAL, CORNWALL, OPENED MARCH, 1867. SIX BEDS.

This is a cottage built on purpose, and is attended by an elected medical staff. The patients pay weekly sums, of which 3s. 6d. is the average. All expenses have amounted to 15s. per head weekly.

The hospital was built as far as possible in accordance with the suggestions of Mr. NAPPER.

KNOLE, SEVEN OAKS, KENT. THE COUNTESS D'LA WARR'S COTTAGE HOSPITAL, FOUNDED 1868. SIX BEDS.

This hospital was founded by the Countess D'la Warr, Baroness Buckhurst, for the reception of poor persons of both sexes, who may be suffering from accident or disease.

It is open to medical men of the parishes round, five of whom are on the staff, or patients may be treated gratuitously by the acting medical officer. Patients must contribute a sum of not less than 6d. per day. The services of the acting medical officer are provided at the cost of the foundress. 23 patients were under treatment during the last year, the whole cost for the year being £212 15s. 7d., the patients having paid £30 10s. 3d.

The medical officer receives £25 per annum, and attends all patients who are not treated by their private medical attendant. Each medical man makes up his own prescriptions. This year the number of patients received has much increased, and the hospital seems to do, as most of its kind, real good in relieving the sufferings of the sick poor in the neighbourhood.

King's Sutton Village Hospital.

This hospital is founded on the Cranleigh model. I have no return as to the date of the establishment or the number of beds.

It is attended by two medical men acting as surgeons ; has a small consulting staff, but any other medical men of the district are invited to become members of the honorary staff. Arrangements have been made not to interfere with the payment of extra fees from the Poor-law Board, which may become due to union medical officers.

Stockton-on-Tees Surgical Hospital, Founded Sept., 1862. Six Beds.

This is a small general hospital, where the patients are received free of charge, and are attended by an elected medical staff. The nursing is carried on by a single nurse, assisted by a servant.

The annual expenses for the year 1866, when 34 patients were under treatment, amounted to £151 8s. The rent and taxes costing £16 10s. 6d.

CHAPTER VIII.

GENERAL AND STATISTICAL RESULTS OF THE TREATMENT OF CASES IN COTTAGE HOSPITALS.

Information as to the result of any scheme, whether good or bad, can alone prove reliable when it is reduced to figures, and then only if all the supplies of information which are compared, are founded on similar data.

For instance, one hospital makes up 18 beds, whilst another has only 6. In the latter case all the beds are full all the year round ; in the former, only 12 are filled. Now, comparing the results of these institutions, the larger hospital ought not to cost three times as much, but only twice as much as the former, if the staff expenses be first deducted. In estimating the economical success of a hospital, the only true way is to divide the expenditure first into that of staff or executive, which will include rent, taxes, salaries, printing, postage, and all expenses incidental to the working of the institution ; and those of maintenance, as food, wine, beer, and drugs. The whole expenses of food should be divided per head, per week. The drugs only, amongst the patients in the same way.

Thus, in a cottage hospital of six beds, the executive expenses may be £45 ; the maintenance £70 ; and drugs £5. The number of cases perhaps 28, with an average residence of 38 days. The hospital is worked with one nurse, with a

charwoman, who is fed in the house twice monthly. The calculation will then be as follows :—One nurse, 365 days ; charwoman, 26 days ; patients, 1060 days ; making 1451 days for one person.

The food divided into this will amount to rather more than 11¼d. a day. The expense of drugs divided amongst the 28 patients, will amount to 1d. and a fraction per day. Now in deducing the expenses from their data, the cost of maintenance per head will be 11¼d., of which the patients ought, at any rate, to pay 6d. The total amount per case will be the entire expenses of both executive and maintenance divided into the number of cases.

To obtain the correct amount of expenditure of the staff or executive department, the cost of maintenance of the nurse must be added to that of salaries, rent, &c. ; thus in the example quoted, 391 × 11½d. will represent the cost of the food consumed by the nurse and occasional charwoman.

In the same way, in estimating the results of the treatment of cottage hospitals, the nature of the cases must be taken into account ; the statistics of operative surgery being kept distinct from cases of general surgery and medicine. It has, during the last few years, become a question of considerable importance, and one that has much occupied the attention of the leading members of the profession, whether small wards with few beds are not productive of better results than the grouping of a number of cases in large wards.

The late Sir J. Simpson, in comparing the loss of life in amputation of the limb, in the practice of London Hospitals and in country practice, states that, taking the statistics of the

four major amputations of the limb, viz., amputation of the thigh, leg, arm, and forearm, as tests of the comparative success of surgery, or surgical operations under different conditions :—" I had found that these four amputations were fatal in private country and provincial practice in the proportion of about one in every nine cases operated on ; while the same amputations were fatal in large and metropolitan hospitals in about one in every three cases operated on. These operations therefore—and proportionally all others—were, I inferred, three times as dangerous in the wards of large and metropolitan hospitals as in private rural practice." He further states—*British Medical Journal*, 1869, page 394—" That there is necessity for some change in our hospital system. If, for example, the 214 patients who were subject to limb amputations at St. Bartholomew's, from 1863, to 1868, had been sent out of the rich palatial hospital in which they were placed, into villages or cottages—and perhaps from the city into the country—some of these lives would, I believe, have probably been saved. But even if 25, or one half only of these human beings were preserved by such a change, are we not, by every principle of humanity and sympathy, bound to try and effect it." Latterly, in America, some hospitals, much larger than any in London, have been constructed on the cottage or village or single-storey system—the poor patients recovering more rapidly and steadily in them.

Twenty years ago Sir J. Simpson pointed out the value of small iron hospitals. In the precincts of a large London hospital there is at present a small cottage hospital constructed of iron. On inquiry, I found it used for ovariotomy, pyæmia,

and other such dangerous operations and diseases. "But if such cottage hospitals are deemed more safe for such great operations as ovariotomy, would they not also be more safe for amputations? And if safer for amputations, would they not be safer for all surgical operations? And if safer for all surgical cases, would they not, on the same principle, be safer likewise for all medical cases?"

The late Professor TROUSSEAU published a letter in the French papers, in which he showed how infinitely superior the Necker Hospital was to any other, and suggested whether it was not owing to the simple fact that instead of having wards consisting of 10, 20, or 30 beds, the rooms held only one, and sometimes two beds. Some time after, all the rooms were thrown into one ward, and *in a year* the rate of mortality in the Necker Hospital was as high as in any other hospital in Paris.

These remarks, from those in the highest ranks of the profession, and whose recent loss gives additional weight to their opinions, speak volumes in favour of small cottage hospitals. I have endeavoured to tabulate, somewhat on the principle of Buckle's valuable Hospital Statistics, the results of cottage hospital work. In the tables I have left out all hospitals not purely *cottage hospitals*. Here and there the returns have not been as accurate and full as I could have wished, though I have taken much care in corresponding with the staff of he hospitals in order to secure as correct statistical information as possible.

Name of Hospital	No. of Beds	Cost of Furnishing	Annual Cost.	No. of Cases Yearly	Duration of Cases in Days	Cost per Case	Paid by Patients per Case.	Cured or Relieved	Died	Operations	Died
		£ s. d.	£ s. d.			£ s. d.	£ s. d.				
Cranleigh ...	6	56 19 0	120 0 0	25	28	4 15 0	1 8 0	225	13	23	6
Fowey	4	22 10 6	20 0 0	17	...	...	...	172	3	9	0
Bourton ...	6	58 17 9	‡92 13 0	30	...	3 5 0	0 8 0	...	...	...	...
E. Grinstead	7	*167 9 0	120 0 0	70	...	1 12 0	0 9 0	...	...	...	...
Iver	3	26 18 9	80 0 0	15	27	5 10 0	0 5 6	93	5	4	0
Wrington ...	5	92 9 5	115 0 0	25	30.5	4 17 6	0 17 0	113	5	9	0
Ditchin'ham	8	...	140 0 0	24	...	4 18 0	1 10 0	138	8	11	0
St. Andrew's	6	...	160 0 0	35	24	3 10 0	0 15 0	...	...	...	...
Tewkesbury	6	*111 13 0	160 0 0	50	...	3 8 0	0 11 0	...	...	...	...
Capel	7	...	200 0 0	25	...	8 10 0	2 10 0	41	3	...	...
Reigate ...	8	123 0 0	260 0 0	53	...	5 0 0	0 10 0	143	3	...	...
Crewkerne	10	*510 15 7	170 0 0	29	44	...	...	45	4	...	...
Oswestry ...	7	40 0 0	49 0 0	49	...	...	...	101	13	2	0
Rugeley ...	8	130 0 0	‡160 0 0	30	67.7	4 10 0	1 17 0	179	8	33	1

Name of Hospital	No. of beds	Cost of Furnishing	Annual Cost	No. of Cases Yearly	Duration of Cases in Days	Cost per Case	Paid by Patients per Case	Cured or Relieved	Died	Operations	Died
		£ s. d.	£ s. d.			£ s. d.	£ s. d.				
Cromer ...	6	...	170 0 0	30	...	5 17 6	1 1 0	103	3	3	0
Harrow ...	5	*156 0 0	180 0 0	43	...	4 10 0	0 18 6	119	8	...	...
Mansfield ...	6	...	110 0 0	46	...	2 12 0	0 12 0	119	1	19	1
Fareham ...	4	55 15 7	‡150 0 0	15	...	3 5 0	0 4 0	43	2	2	0
Fairford ...	7	94 11 9	120 0 0	24	...	5 0 0	0 17 0	58	1	3	0
Congleton	6	128 10 5	105 0 0	10	...	10 8 0	1 11 6	27	3	1	0
Driffield ...	6	...	110 0 0	32	29	4 0 0	0 18 0	168	2	2	0
Wirksworth	5	43 10 9	120 0 0	20	38	6 9 0	1 5 8	45	1	...	...
Dunster ...	5	100 0 0	100 0 0	20	...	4 0 0	0 7 6	48	4	...	...
Richmond	3	77 5 0	55 6 0	9	25	6 0 0	0 10 0	9	0	...	...
Scarborough	12	...	154 0 0	30	...	5 0 0	0 18 0	86	3	4	0
Warminster	6	...	...	20	40	...	...	72	4	5	0
Mildenhall	8	177 4 6	260 0 0	45	27	3 6 0	1 3 6	86	5	15	1
Litcham ...	5	63 3 8	60 0 0	18	28	3 0 0	0 4 0	36	1	4	1

Name of Hospital	No. of Beds	Cost of Furnishing	Annual Cost	No. of Cases Yearly	Duration of Cases in Days	Cost per Case	Paid by Patients per Case	Cured or Relieved	Died	Operations	Died
		£ s. d.	£ s. d.			£ s. d.	£ s. d.				
Melksham	4	62 17 5	84 18 10	30	19	2 15 0	0 9 6	30	0	...	...
Weybread...	12	...	144 0 0	27	...	5 5 0	0 9 0	26	1	...	..
Longton ...	10	118 2 11	‡400 0 0	42	...	...	...	36	7	3	0
Tetbury ...	3	...	135 14 0	27	...	5 0 0	0 11 6	26	1	5	1
Burford ...	4	26 14 4	58 19 8	...	...	...	...	...	...	...	...
Alton	...	156 15 0	232 0 0	40	..	6 0 0	0 10 0	38	2	3	0
Shep. Mallet	12	243 7 0	‡242 14 0	47	...	6 0 0	0 6 6	44	3	...	...
Cheesham...	6	...	...	10	20	...	...	9	1	3	0
Bromyard...	5	141 0 0	...	27	31	...	...	26	1	7	1
Speen	6	119 18 2	...	14	...	...	...	13	0	2	0
Newick.....	6	56 10 0	63 15 8	10	24	7 8 0	2 7 0	9	1	1	0
Tenbury ...	...	...	...	26	33	...	...	26	0	0	0
Bromley ...	6	*156 10 0	200 0 0	30	35	6 6 0	0 15 0	16	4	1	0
Bangor ...	4	50 0 0	41 14 6	12	...	3 8 0	8 4 0	12	0	4	0

Name of Hospital	No. of Beds	Cost of Furnishing	Annual Cost	No. of Cases Yearly	Duration of Cases in Days	Cost per Case	Paid by Patients per Case.	Cured or Relieved	Died	Operations	Died
		£ s. d.	£ s. d.			£ s. d.	£ s. d.				
Hambrook	6	...	190 0 0	37	...	4 0 0	0 18 0	131	5	8	1
Savernake...	9	173 14 0	400 0 0	7	40	5 0 0	0 0 0	267	6	8	0
Sudbury ...	12	144 7 10	‡520 0 0	56	...	6 0 0	0 9 6	35	2	10	1
Malvern ...	12	126 18 9	220 0 0	37	...	...	...	35	7	3	0

In these returns an * signifies that the cost of surgical instruments or fittings have been included in the cost of furnishing. ‡ that out-patients, invalids' kitchen, or other expenses, are added to those of the ordinary cottage hospital work. Where no return is given, the reports sent to me have been either incomplete or doubtful.

The statistics of the St. George's Hospital, North Lonsdale, kindly sent by Dr. Buist, are so valuable, as shewing what might be effected in a small hospital, that though it cannot strictly be called a cottage hospital, I have thought it well to introduce them here.

St. George's Hospital, beds 18—Cases since 1868, 223—Duration, 41.3 days—Cured, 153—Relieved, 41—Incurable, 6—Died, 18—Fractures, 40—Simple, 24—Cured, 23—Died, 1—Compound, 16—Cured, 13—Died, 3—Operations, 20—Cured, 20—Died, 0. 13 of the operations were "capital operations." Of the 18 deaths, ten occurred in cases of casualty within 48 hours after admission.

CHAPTER IX.

THE FUTURE ASPECT OF THE COTTAGE HOSPITAL MOVEMENT; SUGGESTIONS FOR THE FORMATION OF A NATIONAL ASSOCIATION FOR THEIR PROMOTION.

Perusal of the foregoing pages will have shown that the institution of cottage hospitals has not been a mere upstart scheme of pseudo philanthropy; but one that has taken deep root in the country, that has spread its usefulness far and wide, and may be considered only now in its infancy.

The details of the various hospitals given will show that they are what I laid down they would be—

A relief to the sick and suffering poor;

A benefit to medical men practising in their neighbourhood;

And of value to the public generally living near, who may not themselves require to take advantage of them.

The tabulated statistics of expenses and results will also carry out my assertion, that they are inexpensive to start and work, and highly successful in their results.

To sum up in a few words, cottage hospitals benefit the patient by—

Removing him from his overcrowded cottage to a room with good arrangements, where he can have good nursing and frequent medical visits;

Enabling his wife and elder children still to earn their living, which close attention to himself would prevent ;

Showing him how a cottage, much like his own, and with similar furniture, can be kept in a clean, tidy, and wholesome condition.

They benefit the medical man by—

Bringing his serious cases amongst the poor close to his own door, and thus saving him much wear and tear, and consequent expense ; as well as preventing the drain of useful and instructive cases from his practice to large towns ;

Enabling him to operate with greater chance of success, and therefore with greater credit to himself than in the cottage of the poor.

They benefit the public by—

A diminution of pauperism, and consequent saving of rates, the patients getting well faster than they would at home.

Promoting a better knowledge of nursing the sick, and thus introducing skilled nurses in our poorer districts.

Supplying country medical men with the means of increasing their experience, and keeping up their skill in surgery ; a large portion of the public being unable to procure the services of any other medical men than those who live in the district.

But the promotion and greater spread of the cottage hospital system will do more than this. It has indeed done more already. The evils attendant on our present system of hospital administration have been promi-

nently brought forward within the last few years. The monstrous abuses of the out-patient's room and free governor's notes, have attracted the especial care and attention of a most influential committee, and the work commenced at the little cottage at Cranleigh, has not only been imitated in other like villages, but has by its success in its self-supporting plan, struck a blow at the root of the evils of the larger and older institutions.

The cottage hospital and the provident dispensary are not now new schemes. They have stood the test of at least 10 years' experience, and are capable of teaching lessons to others by that experience.

The work is still, however, in its infancy. The future of the cottage hospital movement is one of considerable promise; and should it at any time be amalgamated, as I trust it will, with some new arrangement of our system of Poor-law medical relief, not only will the sick poor be benefited, and the rates lowered, but the parish doctor, now viewed in many places as a member of a lower order of the profession, will be placed in his right position, not as too often he is—the servant to do the bidding of boards of guardians, and in some respects even the relieving officer's drudge. Much has been said for and against the present system of Poor-law medical relief, and, to those who are ignorant of the details, the answer appears plausible, if the medical officer is not satisfied with the salary and treatment he receives, he can give up the office; and also that if he did give it up, there are always many to accept it on the same terms.

This seems very true, and will generally carry conviction with it, until the truth of the matter—the point where the shoe pinches—is known.

The whole system is based, not as it should be, on the necessities of the poor, but the relief of the ratepayers. Guardians are elected frequently because they are prepared to oppose any increase of salaries to officers, forgetting that the truest economy is to provide the best and quickest means to enable the sick to get well and strong enough to work again. There are many unions where the medical officer receives 2½d. to 3d. a visit, for which he has to provide necessary medicines, keep of horse, turnpike fees, and general wear and tear. The result of this is the actual robbery of one of three parties, the doctor, the poor, or the ratepayer. If the parish doctor gives that attendance and medicine which he does to the club patients or out-patients of the hospital (and for the credit of the profession it may be boldly stated that this is almost invariably the case), he robs himself and his children, as the miserable pittance, called by boards of guardians a salary, cannot defray his expenses. If, on the other hand, he gives the poor the barest necessary attendance, the cheapest drugs, and puts every difficulty in the way of obtaining his services, he robs the poor; whilst, if he gives the poor patient that meed of attention only which carries on his cure, feeling that he cannot rob his children to give the most expensive drugs when cheaper ones will, at any rate, get the patient well, the ratepayer is robbed, as every additional day's want of strength that keeps the poor man from his work, causes additional expense on the rates.

The position of district medical officer is one provided by the Poor-law Act, and must therefore be filled up. It is easy to say the parish doctor, if not satisfied, may resign. The fact is—and many country boards of guardians know it to be so—he is obliged to keep the parish appointment to prevent another medical man stepping into a district, and thus diminishing still more the small income he is able to obtain for his family.

The present arrangement of the Poor-laws do not only oblige a medical man to accept, in country districts, a miserable pittance for his attention on the poor; but they have very much lowered the position and income of the medical profession. The minimum fees paid by the Act—and whenever did a board of guardians pay more than the minimum—have come to be considered by the middle-classes, who can remunerate a doctor, to be the correct amount that should be asked; whilst the mixing up the work of the druggist and surgeon cannot fail to impart to the general public a lower idea of the profession in country and town, and gives rise to the common expression, So-and-so is only attended by the *parish doctor*. Mr. Gathorne Hardy has done much to remove this stigma, by proposing that dispensaries and dispensers should be established, and thus at once altering the position of the parish doctor, surrounded by his bottles, etc., to that of the prescribing physician or surgeon.

There is nothing in my opinion that would raise the position of the medical profession in country districts more than the promotion of cottage hospitals; especially if they can be

amalgamated with the Poor-law medical service. I feel the time will come when the Poor-law medical officer will be a branch of the civil service, under Government pay and direction, when competitive examinations will collect together the best men, and when the parish doctor will be a position not held simply as a matter of tactics to keep the rest of his professional work together, but as an adequately remunerated part of his practice; or as a service, apart from private practice, in which the best of our hospital students may look forward to spending the first few years of their professional life, and laying by a store of professional experience which is mainly to be gained in attendance on the poor, and of operative skill from the practice of the cottage hospital.

In the foregoing remarks I do not wish to reflect on the Poor-law medical officers; they number amongst their ranks some of the most excellent and highly-educated men in the profession. I merely wish to draw attention to the fact, that however skilful the medical man may be, a large portion of the public will look upon him as the *parish doctor*. I write from experience as to the difficulties that beset his position, and the short-comings of the Poor-law Board, having acted as parish doctor in the earlier part of my professional life, both in town and country. There is much temptation to enlarge on this topic, but it is only introduced here to shew the importance of spreading cottage hospitals throughout the country.

It would greatly help this work forward if some central

society were formed—a National Association, for instance, for the promotion of cottage hospitals.

Many of the difficulties that present themselves in the formation of cottage hospitals would be greatly diminished if the promoters could fall back on the decisions of some central body. The proposed institutions would no longer be a unit, the necessity for which depended on the opinions of its promoters; but an integral part of a large and powerful association, through whose influence boards of guardians might be more easily propitiated, and professional opposition smoothed down. A quarterly paper or journal, not only giving information as to the erection of hospitals, but also detailing important and successful cases treated in them, would give considerable encouragement to the movement. A great deal of labour would thus be saved in forming rules, etc., as a common code could be fixed, and used by all hospitals associated together. To sum up in a few words,

Such a National Association would be an advantage in starting new institutions;

In forming a general scheme of rules;

In diffusing a knowledge of sick nursing;

In diffusing a knowledge of sick cooking;

In helping, by a central fund, poorer districts to commence a village hospital;

In arranging a meeting of medical officers of village hospitals annually, where matters of interest with regard to them might be discussed;

In undertaking the arrangement of questions affecting Poor-law unions, &c. ;

In publishing a quarterly paper, with information as to the promotion of cottage hospitals, plans for building, &c.

This idea I only bring forward as a suggestion, the details of which may be worked out at some future time.

I have thus fulfilled my intended plan of this Handy Book. From a careful consideration of the principles and history of the movement, with a more practical knowledge of the best means of managing a cottage hospital, I trust a fresh impetus will be given to the work ; whilst the description of the cottage hospitals now existing, and their statistical results, though not so perfect as I could have wished, will perhaps prove the means of encouraging fresh promoters of new hospitals. Any work that tends to ameliorate the condition of our poor must be a good work. The foregoing pages will, I hope, shew that it is even a better work to help the poor to help themselves, than to add to the indiscriminate charity abounding, and which is so often taken advantage of by those who are not the objects intended by the donors.

May this little book induce benevolently-disposed persons to help our sick poor, and thus to realize for themselves the benefits announced by Divine authority :—

"Blessed be he that provideth for the sick and needy ; the Lord shall deliver him in the time of trouble."

Appendix.

A PLEA FOR VILLAGE HOSPITALS.

A LETTER ADDRESSED TO

SAMUEL MARTYN, ESQ., M.D.,

PHYSICIAN TO THE BRISTOL GENERAL HOSPITAL.

Wrington, near Bristol, March 12th, 1862.

Dear Dr. Martyn,

I write in reply to your question, "What is your experience in regard to the benefit or otherwise of sending country patients to Hospitals in Towns?" By the word "Country," I suppose you refer to cases such as occur in my own practice, at a considerable distance from a town; that is to say, from 10 to 15 or 20 miles.

I wish I could give you the experience of a longer period, having only practised in the country eight years; but such as it is, you shall have it. And I find that the more cases of accident I see here, the more the opinion formed before I left Bristol is strengthened--namely, not to send cases of accident from the country into Town Hospitals. And I am not sure whether the same opinion would not apply in a great measure to medical cases.

No one would be more ready to admit the value of a hospital, the skill of its staff, the judgment of its nurses, the attention of its dressers, and the comparative purity of its air to that of the atmosphere around, than myself. It would be an act of the deepest ingratitude were country medical men to depreciate those Institutions, from whose wards they gained their skill and knowledge; but the question you have placed before me is not the benefit of

hospitals, but the benefit of Town Hospitals to Country patients. As I have answered that question in apparently so sweeping a manner, you must allow me to give you the reasons on which I have based my opinion, and the substitute I propose for Town Hospitals, as far as our poorer country patients are concerned, that they may have some of the advantages which their fellow-sufferers in our towns enjoy

First, then. The distance a patient has to be taken to the Hospital stands foremost in my list of objections. Every one must feel, that the sooner a surgeon attends to a severe wound, the better it must be for the patient. I believe time lost is too often—life, or at least a limb—lost. In accidents this is particularly the case. I have been often asked by the friends of a patient, or perhaps by some parochial authority anxious to save the parish rates, Would it not be better to take the poor man to the Infirmary ? He has met with the accident probably two or three miles from home ; has already been carried there in a jolting cart ; and his pallid countenance, feeble pulse, and agonized look, give weight to his answer,—"Don't send me to Bristol, Sir; let me die here." On my own part there is never any hesitation. The wound being dressed, and the bandage adjusted, a little ordinary care soon shows that I have been right in attending him at his own little cottage. In nine cases out of ten such an accident would have been seriously complicated by the additional ride of ten or twelve miles, to say nothing of the city pitching, dreaded by our country patients, as increasing the jolting of a Coburg cart, far more than the journey over parish or turnpike roads. In severe surgical cases, requiring immediate operation, not the result of any casualty, the loss of time is frequently the loss of life. Some few years since I had the satisfaction of saving the life of a poor old man nearly eighty-two, labouring under a severe and complicated surgical affection (hernia strangulated, with ascites of long standing.) No case apparently called more for the benefits of a hospital, but I believe he would never have reached Bristol alive. The cottage was crazy and old, and the room so low, that neither I or the medical friend who assisted me, could stand upright, and we had some difficulty in avoiding the numerous holes in the rotted floor. The hour was a little after midnight, and the only candles to be had were miserable tallow dips. It was truly surgery under difficulties ; still the poor fellow recovered and lived for three years after, and though he could have had every skill and comfort in a hospital, it would not have been much use to him had he died on the journey to it.

Secondly. To a country patient the atmosphere of a hospital is inferior to that of his cottage, in the country, in about the same ratio as it is vastly superior to that of the majority of the dwellings of the labouring-classes in towns.

Of course, dirty and close dwellings are to be occasionally met with in our villages ; but I think in looking back on my experience in hospitals in Bristol and London, and when I was medical officer to the poor of Clifton, and comparing it with my country practice, I am justified in laying down the foregoing remarks as an axiom.

Surgical cases, I may say, almost invariably, do well in the country. Taking the statistics of the matter—the average duration of illness amongst the paupers of England is 28 days. That of the country parish which I attend is only 21.5 days—this includes medical as well as surgical cases. Now it would be the height of presumption to assert that the skill of the country practitioners is greater than that of town, nor are the food, and many of the comforts supplied the poor, so good. Indeed, if we are to be judged by the "Saturday Reviewer," we must lay claim to no skill at all, but must submit to be considered unlettered country apothecaries. I cannot, then, but consider the purity of our atmosphere the reason of our success in surgery ; the rapidity with which wounds in ordinarily sober men heal, is something astonishing when compared with those in hospitals ; the same remark applies when contrasting cases in Bristol with those in London.

Thirdly. And I think, perhaps, one of the most important objections, is the continued state of excitement a country patient is kept up in, in the wards of a large and well-conducted hospital.

The country patient, being admitted into a ward, is placed amidst a state of things he perhaps hardly dreamt of. Instead of the small whitewashed cottage room, with its low ceiling and accustomed furniture, he finds himself in, to him, quite a palatial room, lofty ; with from twelve to fourteen other sufferers, away from his home and wife, and daily and nightly in the presence of severe suffering, and perhaps death. Add to this the daily round of surgeons and class of zealous pupils, the case-taking, and clinical remarks forming the bedside lecture on his own peculiar case ; and is there not enough to excite a man, entirely unaccustomed to mix much with his fellow men ? I have known many leave hospitals where they were deriving much benefit, from an intense desire after their own small cottage room, and to get away from those suffering and dying on each side of them. Now to

the poor of our towns these remarks do not all apply ; they like the very excitement our poor dread ; constantly mixing with others, they are not shy at the visits of so many. Indeed, when a Dresser, at the Bristol Infirmary, I have been often asked by a patient, "What have I done to offend the doctors, they have not lectured on me." Many would reply to the questions asked with the greatest alacrity, and be quite delighted and flattered to have their case all written out by the House Surgeon. Not so our poor, they consider themselves "put upon," and we are often seriously inconvenienced to make an accurate account of an interesting and useful case.

I have thus mentioned three reasons which appear to me to justify my opinion. We have first to send our patient a considerable distance; then he has to wrestle with an atmosphere much more impure than the one to which he is accustomed ; and, superadded to that, he has to combat with a source of excitement to which he is altogether a stranger, when his mind ought to be as calm and quiet as possible, to give his case every advantage of the skill and appliances a large hospital affords. On account, then, of these reasons, I do not send surgical cases to either of the Bristol Hospitals, as, in spite of frequently rough-and-ready-surgery, sometimes at a distance from home, a cask stave and some thatching straw, with any old linen, and, in more than one roadside case, a hempen halter supplying the place of the nicely-shaped and comfortably-padded splint and bandage, the results of our country practice do not come below that of hospitals, but rather the reverse. With regard to medical cases, I do not hold so positive an opinion. Ill health has come on more gradually ; time is not perhaps always of such vital importance ; and the value of combined and experienced opinions in an obscure case greatly overbalances the difficulties in the way. Still, in acute disease, I would give the preference to the patient remaining in the country, particularly in fever, where the mortality is comparatively small, and where atmospheric influence is perhaps most peculiarly felt.

Many consider that the appliances, regular food, and luxuries of a hospital, together with experienced nurses, are to be gained at any sacrifice, and are not to be met with in the country. With regard to surgical appliances, they may and ought to be used as freely in the country as in town. The kindness of neighbours as nurses is proverbial ; and with regard to luxuries for our patients, we are more as one family in our villages. Country sympathy is quicker

than town, because the cause of it is more brought home to our minds. When Roger breaks his leg, or Thomas, who married the housemaid at the Court, and who has the tidiest children in our village school, gets his arm crushed in a thrashing machine, the doctor has not to *ask* for broth, wine, and other necessaries, but rather to be careful lest the patient gets too many good things, as sympathy is quickly excited, and soon bears fruit amongst our country gentry and their families.

What then should be substituted for hospitals at such a distance, as we fully appreciate the benefits of placing our suffering poor in some place where they may enjoy more rest and quietness than in their own cottage, surrounded by a numerous family.

To this I could answer, "Village Hospitals." The Village Hospital is a very unpretending edifice. A comfortable cottage, in a good position, sufficiently large to contain two or three good rooms, a neighbourly good soul who has "seen better days," perhaps, and is comparatively skilled in nursing, and a zealous earnest surgeon, is all the arrangement and staff required. Many country parts of England are admirably adapted for such local institutions. There are villages larger than others which by common consent become a kind of centre to the half dozen villages around. Here we find the Doctor and Lawyer reside; here are a few good shops, and a Reading Room; and here also we should have our Village Hospital. At Cranleigh, near Guildford, the plan has answered well, and all honour is due to Mr. Napper and others who have pioneered the way in this new field of hospital work. The sufferer from an accident would not have far to go; he would arrive at a cottage much like his own, his wife by his side; and the clergyman of his own parish to whose voice and kind words he is accustomed, his visitor. The Doctor will not be followed by a troop of admiring pupils, nor will he have the *eclat* of a large hospital; but he will be well rewarded by the results of his practice, and the advantage of studying more closely than he could do in a crowded cottage, cases not only interesting to himself, but deeply important perhaps to the welfare of future patients. I hope the time will soon come when our large country villages will be able to offer these advantages, not only to their own poor, but to those of the villages immediately surrounding them.

Believe me, yours sincerely,

HORACE SWETE.

P.S.—Since writing the above, I have had the pleasure of visiting the Village Hospitals at Cranleigh and Bourton-on-the-water, and have found them admirably adapted for the purpose in view. Every patient pays something towards his maintenance, so that these little hospitals are partially self-supporting.

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* This Letter having been of much service in drawing attention to the necessity for Cottage Hospitals, copies for circulation may be obtained of the Publishers, at 3d. per dozen, or 2s. per 100.

VILLAGE HOSPITALS:

THEIR POSITION WITH REGARD TO COUNTY INFIRMARIES, UNIONS, AND THE PROFESSION.

Read before the Bath and Bristol Branch of the British Medical Association, January 25th, 1866; and reprinted from the British Medical Journal, May 12.

It will be remembered well by those present to-night, the wretched condition as to medical stores and appliances, in which our army was, when, twelve years since, the Crimean war commenced. We cannot easily forget the call for nurses, drugs, lint, etc., that, day after day, came to us from Scutari and Balaklava; and we can still less easily efface from our remembrance the devoted band of sisters, headed by Florence Nightingale, who left their homes of luxury and plenty, for the privilege of aiding our wounded soldiers in the East. This state of things was a crying evil—one that reflected great discredit on the Executive, and which called forth all the warm sympathies of our profession for their brethren in the army, who, whilst possessed both of the will and the skill to alleviate misery, yet were denied almost the most simple surgical necessaries.

It may be received as an axiom, that out of evil comes good. Should our army again have to take the field, the medical department of both forces will no longer feel the want of hospital appliances. The exertions of the late Lord Herbert of Lea have placed the medical department on a new footing; and military hospitals and schools of medicine have arisen in various places. Nor has the good stopped here. Miss Nightingale has brought the experience she gained in the East to bear on our civil hospitals. Nursing institutions are arising in our principal towns, and a great impetus has been given to the enlargement and building of hospitals. Since the date of the Crimean war, nearly twenty county or large hospitals have been built, or are in process of building, whilst nine of our old established institutions are undergoing considerable enlargement.

In the year 1859, two new hospital plans arose: that of Cottage hospitals, of a small number of beds, from twelve to twenty; and Village hospitals, of a simpler character still. Nor must we confound the two plans, though the names of village and cottage hospitals are often used synonymously.

The Cottage hospital system was, I believe, first established at Middlesborough, in Yorkshire. The system is that of furnishing small houses with hospital beds, in simple style, where patients are admitted by recommendation notes. The nursing in most of these is done by voluntary sisters. In some, I am happy to say, the surgeon is paid for his attendance. The funds are aided by gifts in kind, of food or wine, the patients paying nothing. Of these small hospitals there are about ten—at Middlesborough, North Ormsby, Marske, Stockton, Darlington, Hartlepool, West Hartlepool, Walsall, and Weston-super-Mare. These have effected much good, at a small cost, providing hospital accommodation to many living at a considerable distance from a county infirmary. Most of these hospitals are for accidents and surgical cases only, and are situated in the immediate neighbourhood of factories or iron-works. That at Marske is, I am informed, entirely supported by the Messrs. Pease, and is somewhat of the nature of the small surgical hospitals at the slate-works of North Wales.

The Village hospital system was also commenced in 1859, by Mr. Albert Napper, at Cranleigh, in Surrey. Mr. Davis, of Fowey, who, very shortly afterwards, opened a village hospital in that place, had a room for occasional casualties; but is willing to give Mr. Napper the credit of commencing the first village hospital, with a regular nurse. In conjunction with the rector of the parish, the Rev. Mr. Sapte, Mr. Napper raised subscriptions, to furnish a small cottage in the village with beds for four patients; engaging a suitable woman as nurse, the rector giving a cottage rent-free for the purpose. And here I may observe that, in nearly all cases of the establishment of village hospitals, the clergy and doctor have gone hand in hand; and I have no doubt that, the more these institutions flourish, the greater will be the bond of union between these two sister professions.

The main principles on which Mr. Napper proceeded, and which have been followed out by those starting village hospitals on the Cranleigh model, were these:

1. Weekly payments by the patients towards their maintenance.

2. Payments of extra union fees to medical men in whose districts accidents, etc., occurred.

3. Permission to neighbouring medical men to operate, or continue their attendance on these cases, whilst taking advantage of the hospital and nurse.

These principles have been worked at Cranleigh more than six years, and have now been followed by ten similar little hospitals; whilst the present year will see the opening of several more on the same model. The following are the dates of opening of the several village hospitals.

1859—Cranleigh (Surrey.)
1860—Fowey (Cornwall.)
1861—Bourton-on-the-Water (Gloucestershire.)
1862—Par Consols, added to the Fowey.
1863—Iver (Buckinghamshire); St. Mary's, Dorking (Surrey); East Grinstead (Sussex.)
1864—Wrington (Somerset); Ilfracombe (North Devon.)
1865—Tewkesbury (Gloucestershire); Capel (Surrey.)

Most of these are very humble cottages; that at Cranleigh remarkably so.

The cost of establishing such a hospital is but small. That of furnishing one for six beds, and accommodation for a nurse, should not exceed £100; the annual expense being about £20 per bed, one-fifth of which should be paid by the patient. The class of patients admitted are the respectable poor, journeymen, etc.; not those usually in receipt of parish relief, for whom the union infirmary is provided.

I will now speak of the relation of the village hospital to the county infirmary.

Before cottage and village hospitals were opened, there was a feeling that a hospital could not be properly conducted without a large staff of surgeons and physicians, with a troop of paid officials —house-surgeon, matron, nurses, etc.; and thus it was only in large towns that a hospital was to be found. Hence the opinion gained ground that they were not needed for the country; and that the existing town hospitals were quite sufficient for the wants of the population. But statistics show that, in the whole of England—numbering in 1861 20,066,224—there are only 15,202 beds available for our sick and iujured poor, and about as many more in workhouse infirmaries. London has one bed to every 509 persons of all ranks.

The six principal towns in the provinces have one bed to every 716 persons. Allowing the remaining hospital beds at the rate of one to 1000 people, there will be still about nine millions without hospital accommodation, or a deficit of 9000 beds—a wide scope for the foundation of village hospitals. The distribution of these beds, excluding the City and immediate environs of London, is as follows :

1 bed to 700 people	Gloucestershire.
1 „ 900	Bedfordshire, Devonshire.
1 „ 900—1000	Sussex.
1 „ 1000—1100	Cumberland, Kent, Leicester, Northumberland, Huntingdon, Lancashire, Herefordshire.
1 „ 1200—1300	Oxfordshire, Somerset, and Hampshire.
1 „ 1500	Berkshire, Cambridgeshire. Derby, Northamptonshire, Warwickshire.
1 „ 1700—2000	Cheshire, Dorset, Hertfordshire, Norfolk, Nottingham, Shropshire, Staffordshire, Yorkshire.
1 „ 2000—3000	Durham, Lincolnshire, Suffolk, Wiltshire, Worcestershire.
1 „ 3000—4000	Buckinghamshire, Cornwall, Essex.
1 „ 9000	Surrey.
1 „ 56,000	Monmouthshire.
None in 22,000	Rutlandshire.
„ 60,000	Westmoreland.

Middlesex, and, in part, Surrey are supplied by London. In Surrey, except the metropolitan hospitals of Guy's and St. Thomas's, there were none till the Cranleigh Village Hospital was opened ; since then the Surrey County Hospital at Guildford has been built for fifty-eight patients.

These statistics have been compiled from the census of 1861 and the *Medical Directory* of the present year. Beds for eye and ear cases, children, and lying-in patients, have been taken into account ; but not any beds in workhouses, lunatic asylums, or military hospitals

It is clear, therefore, that the hospital accommodation at present existing in the country is not sufficient for the wants of the population, independently of the distance patients have to travel; and I would in this respect draw particular attention to cases of hernia, compound fractures, and gunshot-wounds. It has not been an uncommon thing to hear of hernia cases going from surgeon to surgeon, and at last taking a long railway journey to some county infirmary, where the operator has only time to see his patient, already beyond operative interference.

It has been frequently urged in opposition to the establishment of village hospitals, that though they might be very good things, yet they would, and must, injure older establishments that were doing good, by diminishing their funds, and taking cases from their medical staff.

These objections are, however, seldom found to be urged by members of the medical profession.

First, it is alleged that the village hospitals take from the funds of the older hospitals. This seems, at first sight, a very valid objection. But how does it act practically? Looking over the subscription-list of our village hospital at Wrington, I find only the names of nine or ten who are subscribers to the Bristol hospitals; whilst there are nearly four times that number who never gave to any hospital before. Nor have I found that those who subscribe to the village hospital have withdrawn their subscriptions from the town institution. I have the same opinion from the surgeons of other village hospitals; so that it may be broadly stated that, whilst the establishment of village hospitals does not impair the finances of our county infirmaries, it opens the purses of many who have never helped hospitals to provide for the wants of our sick poor. They not only do not injure the finances of town hospitals, but indirectly add to them by relieving them from expensive country patients, and allowing the country subscribers to benefit town patients.

Secondly, the establishment of village hospitals may be said to take many cases of interest from town hospitals. In order to understand the bearings of this question, we must inquire what class of cases are usually sent by country medical men to town hospitals. This is determined partly by the love of the individual surgeon for the duties of his profession; and partly, I am sorry to say, by finan-

cial considerations. Some country surgeons will, to avoid trouble, especially when the extra fees allowed by the Poor-law Board are commuted (a very reprehensible plan), send nearly every accident, hernia, or obscure case, to the county infirmary; whilst others err on the other extreme, and attempt operative interference in difficult or obscure cases, where the patient would be more benefited by the appliances and combined skill of the staff of a large hospital. On the one hand, the beds of the infirmary are filled with cases which had better be treated at home; whilst, on the other, really instructive cases are kept back from the surgical staff and their pupils. Now, the establishment of village hospitals will afford room for cases of fracture, simple and compound, hernia, and a host of minor cases, which seldom do credit to the surgeon, where a long journey has preceded his treatment; whilst I have no doubt that obscure cases will be brought more under the notice of the village surgeon, who will forward them to the county infirmary.

The position of village hospitals and county infirmaries, in my opinion, should be this. The village hospitals should admit cases which could, under any circumstances, be treated by the medical man at their own houses, but with far greater prospect of success in the village hospital; but they should not admit cases of great doubt or difficulty (not emergencies), which might be treated with greater benefit to the patients in a county infirmary. Since I have had charge of the little hospital at Wrington, I have advised two or three patients to go into the Bristol hospitals, though I have never shirked the responsibility of any case where delay or a long journey would be dangerous to life or limb. For instance, it might be necessary to tie a large vessel, or to excise a joint, on account of severe accident or emergency; and this should be done at the village hospital, life and limb being thereby saved; but a chronic case of disease, or aneurism, requiring such treatment, except under peculiar circumstances, where country air or other weighty considerations might alter our opinion, should, I think, be sent to the county infirmary.

The position of village hospitals to unions may affect the pocket or the credit of the union medical officer. To take in a case of fracture or amputation, where an extra fee is allowed by the Poor Law Board, would almost amount to a robbery of the ill-paid and hard-worked parish doctor. Now, it has been laid down as an axiom, in the establishment of most village hospitals, that the

admission of such patients should not prevent the medical man, to whom such fee was due, from receiving it. In Cranleigh, £36 have been paid over to various parish medical men during the first four years of its existence. In Bourton-on-the-Water, also, these fees have been paid. If it be shown that patients recover, and thus relieve the rates, even a Board of Guardians, of a moderate amount of enlightenment, will not refuse their payment; though we all know that, if our patient be removed to the county infirmary, we never catch a sight of our fee.

But a more serious infliction may fall on the parish doctor than the loss of fees. He may lose credit; and worse, see the meed of credit, that ought and would have been his, transferred to another. Now, in the constitution of village hospitals, this can only happen to the officers of the workhouse, as the beds of the village hospitals are open to all medical men, either by direct rule or by courtesy. In no case would a medical man, I believe, be refused the opportunity of operating on his own patient. If he does not choose to avail himself of this permission, the village hospital must not be blamed if another surgeon does take a little of the credit which he might have obtained.

In the case of the workhouse medical officer, it must be understood that there are two classes of paupers—the permanent workhouse pauper, and the poor man who obtains a note for the medical officer simply because he has met with some severe accident or illness. For the former the village hospital is not intended: the fifteen thousand beds in our workhouse infirmaries are the proper place for the regular pauper. In the latter case, except in the instance of an indolent parish doctor, the patient neither would nor ought to be, sent to the house at all; and his introduction to the village hospital will do much to prevent him feeling the sting of poverty, though the parish will pay something weekly to the village hospital towards his maintenance.

I think, therefore, that it may be laid down that the establishment of village hospitals will not injure the pocket or the credit of the parish medical man, or abstract from the sick-wards of our workhouses those cases for whom the beds were provided.

We now arrive at a third point—the position of village hospitals with regard to the profession generally. Here many of the arguments which I have before used will apply; but, in addition to that,

we have to consider the charge of increasing gratuitous institutions, and thus diminishing the fair profits which should accrue to our country medical brethren.

The Journal of this Association, which in 1860 most warmly recommended the scheme to its associates, is now constantly carping at the promoters of village hospitals. Like our Government, with the change of Prime Ministers comes a change of opinions. It was the leader of the Journal on March 3rd, 1860, which induced me to go over to Cranleigh, in Surrey, and see for myself whether the plan could not be adopted at Wrington. The Journal says: "We commend the scheme to the notice of our associates in rural districts. The principle is excellent." In November, 1861, our Journal says: "The benefits derived from such village hospitals are manifest. It brings the blessings of hospital accommodation home to the door of the villager; it enables him to enjoy fresh air and home; it gives him immediate relief; and it gives the provincial surgeon, *Saturday Reviewers* notwithstanding, the means of making himself equal to all emergencies which may occur in his profession." But on January 3rd, 1863, the editor asks Mr. Napper, "Why he gives his services gratuitously to the village hospital? and on what principle of equity or ethics should he give his time and services to it?" In October, 1863, he becomes still more dispirited on the subject, and "fears that, if village hospitals are established, an enormous system of professional demoralization will be established throughout the country;" and hints that they may be "a kind of advertisement to their medical promoters, who, whilst engaged in the 'glorious cause of humanity,' do not forget their own personal advantages." Our editor again recurs to the subject last week, though in a more quiet and milder mood.

Now, whilst I entirely agree with the spirit of opposition to gratuitous medical services which dictated these remarks, I cannot help remarking that they show a most complete ignorance both of village hospital work and of the professional life of a country doctor. Our good editor, whilst he is ably conducting the Journal of the Association, thinks little of the hard-working life of the majority of country doctors, forced to pay income-tax not only to Government, but to the poor in the shape of medicines and attendance, wear and tear, far beyond the pittance called by courtesy a salary from the Board of Guardians. They are forced, I say; because, their office being a legal one, which must be taken by some one, there is no one

else in the neighbourhood to take it, unless the surgeon be willing to see another competitor for professional subsistence added to those already around him, taking clubs at a low annual payment, but still immeasurably greater than the parish pittance, and taking them at that payment because they have been fixed so for years, and he is surrounded by men who, perhaps, will do them for sixpence a head less. If Dr. Markham can look back on personal experience like this, I do not think he will accuse the promoters of village hospitals of demoralizing the profession when they are doing what they can, as far as others do so, irrespectively of the "glorious cause of humanity," to help themselves by saving themselves miles of hard riding, by having their severe cases in the little hospital hard by their own gate. We cannot honestly call such services gratuitous, and go cap in hand to the public and ask them to pay us a salary for helping ourselves. Where gratuitous services pinch the country doctor, is where medical men in large towns, sometimes holding a high position, give gratuitous advice, and where the farmer, who could, if he would, pay his own doctor, goes to market in a smock-frock, and then to "*the excellent and skilful doctor*" for cheap advice. I hope our city friends are not aware of this; but I have heard the remark made by many in the neighbourhood of our larger towns.

I have before stated that, as the beds of a village hospital are open to all medical men, no one can feel aggrieved on that score. How, then, is the income of the neighbouring practitioner influenced by the establishment of a village hospital? Let us take Cranleigh. Out of one hundred cases, sixty-seven were indigent, and obliged to have parish relief to help them when sickness came; and, in ten of these cases, £36 was paid to various parish doctors. Seven patients were incapable of remunerating a surgeon; and sixteen were in very humble circumstances, where the surgeon might send in a bill, but where payment would be very doubtful. In the Wrington Village Hospital, where I can speak more authoritatively, seventeen were patients in clubs or parish, whom I was bound to attend without any further fee; two were domestic servants, who would have been attended by any family doctor, if the village hospital had not been established; and three were sent in and attended by a neighbouring medical man, who had already been paid by them what they could afford, and who felt he could no longer send in a medical bill to them.

Now, with regard to the ethical relations of village hospitals to the profession, I feel they will do more to promote unity and bind us together than anything that has lately been started amongst country medical men. Where we are ignorant of the details and nature of a case, we may be tempted to look superciliously on the work and opinions of others; but the establishment of village hospitals will lead us to know more *professionally* of one another, and thus carry out the principles of our Association in promoting unity and fraternization in our profession.

I have thus given a sketch of the subject, as my object has been to draw out the opinions of the members of our Branch. I have purposely refrained from taking up your time by giving you details of the working and internal arrangements of village hospitals. Many of you have seen the reports of these useful institutions; and I am engaged in preparing a few pages for the press, which will enter more fully into minutiæ. I will, therefore, sum up my remarks in the following opinions.

There is a want of hospital accommodation in our country places.

The establishment of Village Hospitals will not tend to lessen the funds or instructive cases in our county infirmaries; whilst they will probably bring to light many obscure cases.

They will not interfere with the justly-earned fees of the parish doctor, nor take away his credit; for he may follow his patients to the hospital.

They will not financially injure the neighbouring members of our profession, as the class of patients are non-paying ones.

They diminish the labour and wear and tear of the country practitioner, and tend to promote good feeling amongst neighbouring medical men

COTTAGE HOSPITAL.

LETTER OF RECOMMENDATION,

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

Patient's Name and Designation.

NAME AND AGE.	OCCUPATION.	ADDRESS.

From the usual Medical Attendant or other person.

STATEMENT OF THE NATURE OF THE CASE.

(Date) (Signed)

To be signed by a Subscriber.

SUBSCRIBER'S RECOMMENDATION.

I hereby recommend the above-named as a fit person to be admitted into the Cottage Hospital. The terms of h admission to be a contribution of Shillings per week towards maintenance.*

*The payments range from 3s. 6d. to 7s. per week.

To be signed by a responsible person, subject to the approval of the Manager.

HOSPITAL GUARANTEE.

I hereby ensure the payment of the above-named weekly contribution, so long as continues a patient of this hospital. And I further undertake to remove h when required to do so by the manager, and in the event of death to pay all funeral expenses.

(Signed)

N.B.—Applications to be addressed to the Manager of the Cottage Hospital.

Consumptive, infectious, and incurable diseases are not admissible.

The nurse is strictly forbidden to receive money from the patients.

COTTAGE HOSPITAL DIETARY TABLES.

CRANLEIGH.

Ordinary Diet.—Meat (uncooked) ¾lb. daily ; butter ¼lb., tea, 2ozs. weekly. Bread and cheese *ad libitum.*

WRINGTON.

Ordinary Diet.—Meat ½lb., bread 1lb., potatoes 1lb., beer 1 pint, rice or arrowroot 2ozs. daily ; tea 3ozs., sugar ½lb. weekly.

TEWKESBURY.

Ordinary Diet.—Meat 3lbs. (for males), and 2lbs. (for females), sugar ½lb., 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, arrowroot, milk, &c., is ordered as required by the medical attendant in each individual case.

NORTH LONSDALE, BARROW-IN-FURNESS.

Full Diet —One pint tea or coffee, bread and butter, or boiled bread and milk, 6oz. cooked meat, 8oz. potatoes, 4oz. bread, 1 pint soup, or half pint beer, pudding as ordered, 1 pint tea, bread and butter, boiled bread and milk, or 2oz. cheese, half pint bitter beer, bread.

Half Diet.—One pint tea or coffee, bread and butter, or boiled bread and milk, 4oz. cooked meat, 8oz. potatoes, 4oz. bread, 1 pint soup, or half pint bitter beer, pudding as ordered, 1 pint tea, bread and butter, boiled bread and milk, or half pint beer, bread and butter.

Milk Diet.—One pint tea or coffee, bread, or boiled bread and milk, 1 pint and half rice milk, or half pint milk, 12oz. rice pudding, or 1 pint beef tea, bread, 1 pint tea, bread and butter, boiled bread and milk, or 1 pint beef tea, bread.

Low Diet.—Bread, tea, beef tea, or milk and tea as may be ordered.

Extras to be specially ordered.—Mutton chops, beef steaks, beef for beef tea, fish, eggs, jelly, porter, wine, or spirits.

———— ————

COTTAGE HOSPITAL.

———

Mr.

Supply

Date.

ORDER PAPER.

———

———— COTTAGE HOSPITAL.

Mr.

Supply to the Institution

Matron or Manager.

Date.

It is requested that no article shall be supplied to the Institution without this or a similar order.

Demand for payment must be sent to the Secretary on or before the ———— of each month for the next Committee, when all accounts will be paid.

CASE PAPER TO BE AFFIXED TO THE BED'S HEAD.

———————— COTTAGE HOSPITAL.

NATURE OF CASE—

of the Parish of

aged admitted 187

under the care of

CASE.	DIET.	TREATMENT.

EXPENSE BOOK.—EXPENDITURE FOR THE MONTH OF 18

MAINTENANCE ACCOUNT. EXECUTIVE ACCOUNT.

Date.	No. of Inmates	Bread.	Butter.	Milk.	Fish Poultry Eggs.	Meat.	Vegetables Fruit.	Groceries.	Ale & Porter Wines Spirits.	Rents Rates Taxes.	Wages.	Candles Coal Wood.	Washing Expenses.	Articles for cleaning, and sundries.	Medicines.
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ESTIMATE OF THE COST OF FURNISHING A COTTAGE HOSPITAL FOR SIX PATIENTS AND A NURSE.

The prices affixed are taken from the receipted bills of the Wrington Village Hospital ; 5 per cent. being deducted for cash.

	£	s.	d.	£	s.	d.
ENTRANCE HALL.						
Form	0	5	0			
Scraper	0	2	6			
Door Mat	0	4	6			
Alms Box	0	5	0	0	17	0
DAY ROOM.						
Carpet and Hearth Rug—2nd hand ...	3	0	0			
Table	1	5	0			
Four Chairs	0	16	0			
Arm Chair	1	1	0			
Couch—2nd hand	1	10	0			
Chiffonnier Book Case	3	3	0			
Fireirons and Fender	0	7	6	11	2	6
KITCHEN.						
One-flap Table	1	0	0			
Six Chairs	0	19	6			
Fender and Irons	0	10	0			
Wash Tub and Bench	1	5	0			
Meat Safe	1	10	0			
Earthenware, &c.	1	10	0			
Ironmongery	4	0	0			
Mop, Broom, &c.	0	11	5			
Scales and Weights...	0	16	6			
Bucket and Slop-pail	0	7	3	12	9	8
TWO BEDROOMS.						
Six Allen's Patent Hospital Beds ...	18	0	0			
Six Wool Mattresses	6	6	0			
Six Sets Sheeting, Bedding, &c. ...	15	9	3			
Chamber Linen	3	0	0			
Six Chairs	0	18	0			
Six Strips Bedside Carpet	1	11	6			
Six Lockers	2	2	0			
Two Commodes	1	0	0			
Two Bed Tables	0	10	0			
Two Bed Rests	0	16	0			
Two Double Washstands	1	8	0			
Ware for ditto	1	1	4			
Two Toilet Glasses...	0	7	0			
Two small Tables	0	9	0			
Two Sets Fireirons and Fenders ...	0	13	6	53	11	7

NURSE'S BEDROOM.

Iron bedstead	1 0 0		
Palliasse	0 10 0		
Millpuff Bed	1 10 0		
Bedding and Linen	2 16 0		
Chest of Drawers	1 10 0		
Two Chairs	0 6 0		
Small Table	0 5 0		
Bedside Carpet	0 5 3	8	2 3

EXTRAS.

Large Press for Linen, the lower part for patients' clothes, &c...	4 0 0		
Clothes Horse	0 10 6		
Screen	1 0 0		
Steaming Apparatus for Chest Cases ...	0 8 0		
Long Bath	2 10 0		
Hip Bath	0 15 0		
Two Bed Slippers	0 7 0		
Four Spitting Cups	0 5 0		
Inhaler	0 8 6		
Surgical Dressing Tray	0 5 0		
Dispensing Apparatus, Bottles, Measure, Scales, &c.... ...	5 0 0		
Account Books, Admission Book, Rules Prescription Cards, &c.	3 8 0	18	17 0
		£105	0 0
Deduct discount for cash		£5	0 0
		£100	0 0

To this may be added, if the funds allow—

Hospital Ambulance	£20 0 0
Or a Wheel Chair, second hand ...	£8 to £10
Water Bed, 6ft. by 3ft., Maw's	5 10 0
Two Water Bottles, india rubber...	0 8 0
Carrying Chair...	10s. to 2 10 0
American Operating Chair	14 0 0
Dispensing Cabinet, fitted up ...	...£16 to 25 0 0

Estimate of a complete Set of Surgical Instruments for a Cottage Hospital, from Maw and Son's price list.

Case of Instruments for capital operations	16 10 0
Minor operations	2 16 0
Cupping	2 3 0

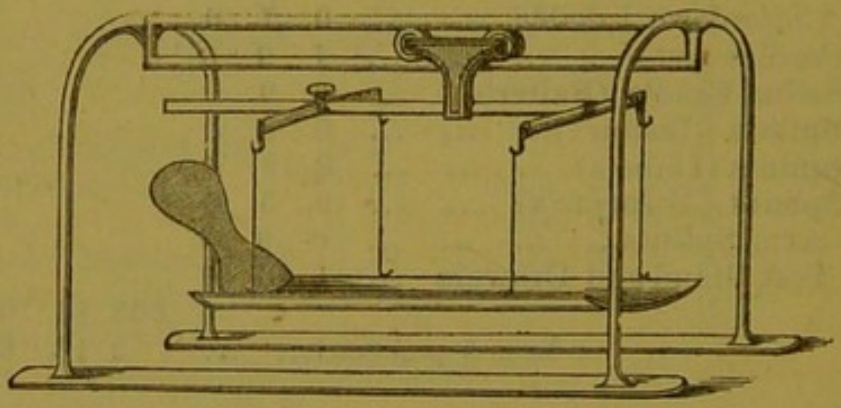
Eye Operations	2	4	0
Trachetomy	1	18	6
Pullies and Dislocation Apparatus ...	1	5	6
Brodies Catheters	3	8	0
Instruments for *post-mortem* examinations	3	17	0
Enema syringe	0	10	0
Electro Magnetic Apparatus	2	12	0
Laryngoscopic Instruments...	1	8	0
Stomach Pump	1	12	0
Ear Syringe	0	8	0
Probang	0	2	6
Clinical Thermometer	0	12	0
Syringe for Subcutaneous Injections	0	12	6
Set of Ferguson's Speculums	1	3	0
Richards' Spray Producer	0	16	6
Watson's Inhaler	0	7	6
Clendon's Chloroform Inhaler	0	7	6
Fracture Cradles (set)	1	0	0
Fracture Swing Cradle (Salter's) ...	3	9	0
Fracture Splints (Liston's)...	0	8	0
Fracture Splints (Cline's)	0	12	6
Fracture Splints (M'Intyre's)	2	5	0
Two Sets Arm Splints...	0	9	0
Chemical Test Stand and Drawers ...	1	16	0
	£53	13	0
Less 5 per cent... ...	2	13	6
	51	0	6

In the above estimate, instruments for operations, which are not likely to be performed at a cottage hospital are purposely omitted, such as lithotomy, ovariotomy, &c ; as also are those which every surgeon carries in his pocket case.

Price list of miscellaneous fittings, which may be required in cottage hospitals.

Iron enamelled bath with taps, &c., 5ft. by 2ft. 6in., £3 5s. to £3 10s.
Close kitchen range, from £4 10s. to £6.
Ditto with high pressure boilers to feed bath, £10 to £14.
Copper barrelled force pump to supply upper floor, without supply pipe, £6.
Strong iron garden seats, 6ft., with deal seats, £1.
Moule's earth closet apparatus, £1 15s. to £2.
Moule's commode, £2 15s.
Colonel Baird's earth closet apparatus, £2 15s.
Iron tanks for the earth closets, 3s. 6d. to 10s.

Note A.—Salter's Fracture Swing Cradle.—Although I have given in the estimate of surgical instruments, Mr. Maw's price for Salter's swing, I prefer having it made by an ordinary blacksmith, with the alterations depicted in the cut. These alterations I suggested at the time Mr. Salter first introduced his apparatus to the King's College Medical Society. They were shortly afterwards put into practical use at the Bristol Royal Infirmary, Mr. Hore, the then house surgeon, adding some important improvements to the iron support for the leg, enabling it to be made longer or shorter as occasion required, and the foot piece to be inclined to either side, or placed at a different angle. In Salter's swing cradle the fractured limb depends from a single point; consequently the cradle in which the injured limb rests, is easily moved as on a pivot, by any sudden starting of the patient; the wheels only resting on the lower rail and then not very steadily.



Now, in my improvements, I place the wheels, which are grooved, in proximity to both upper and lower rail, so that steadiness is at once attained. The point below the wheels carries a straight iron bar with a cross bar terminating in a hook at each end, fixed at right angles to it. A similar bar traverses the long iron bar, and is fixed at the required length by a thumb screw. The leg rest is made of sheet iron, also with hooks, and is suspended at the required height by chains or webbing to the upper hooks. I prefer webbing to chains, as by having the hooks sharp, the required length is more easily attained than by using links of a chain. I have used the apparatus for some years, and provided it for the Wrington Village Hospital, made by the village blacksmith, the cost only amounting to £1 8s.

Note B to Page 26.—Wellow Hospital.—Since the foregoing pages have been sent to press, I have received a letter from Mr. W. Squire Ward, giving me some particulars of this hospital. He states that previously to 1842 he had established a few beds for operation cases; but at that date a cottage hospital of six beds was opened under the management of a regular board, the present Speaker of the House of Commons being

the chairman. Amongst its supporters were the Dukes of Portland and Newcastle, the Marquis of Lichfield, and the Earls of Manvers and Scarborough. One nurse only was employed, with occasional assistance. From want of time to attend to it, this hospital was unfortunately closed in 1867. During the 25 years it was opened, nearly all the great operations were performed in it with unvarying success, and as Mr. WARD says, *without carbolic acid.* Amongst the operations were lithotomy, lithotrity, many amputations of the thigh and leg, shoulder joint, excisions of joints, and operations for hernia, removal of tumours, necrosis cataract, &c. In detailing this account, it must have given Mr. WARD sincere gratification in the success of his little hospital, to be able to say, "*all recovered.*" The history of the operations he so kindly sent me, and which is one of the greatest possible interest, is summed up with the following remarks :— "I think the complicated treatment of carbolic acid is totally useless, at least worse than useless, where we have country air." I merely make the quotation, as it is due to one whose operative practice has been so successful, without being myself in any way responsible for the opinion. After this account, I think the honour of having established the first cottage hospital under a single nurse, must be given to Mr. WM. SQUIRE WARD, and that of adopting the plan of receiving payment from patients, to the late Mr. SMITH, of Southam. Still, this does not detract from the credit due to Mr. NAPPER for organizing a system uniting the two plans, the previous existence of which he was totally ignorant, and the principles of which I have enlarged upon in these pages as those of the COTTAGE HOSPITAL SYSTEM ON THE CRANLEIGH MODEL.

ROBBINS AND SCOTNEY PRINTERS, WESTON-SUPER-MARE.

BY THE SAME AUTHOR.

Preparing for Publication, uniform with the "Handy Book of Cottage Hospitals,"

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WESTON-SUPER-MARE:

ROBBINS AND SCOTNEY, HIGH STREET.