

Letter to the Governors and other subscribers to St. George's Hospital.

Contributors

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Royal College of Surgeons of England

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LETTER

TO THE

GOVERNORS AND OTHER SUBSCRIBERS

TO

ST. GEORGE'S HOSPITAL.

BY

ONE OF THEIR NUMBER.

T J D Toddrell

Printed by
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1872.

THE

REPORT

OF THE

COMMISSIONERS

OF THE

LAND OFFICE

FOR THE

YEAR

1860

L E T T E R.

MY LORDS, LADIES, AND GENTLEMEN,

THE object of this Letter is to call the attention of the general body of Contributors to St. George's Hospital to the Rules under which patients are now admitted, and to explain the grounds of two proposals relative thereto, which I lately laid before the Board of Management, but which that body refused to entertain—the one being for an alteration of the principle now regulating the admission of Out-patients, the other for the abolition of the practice of admission of In-patients upon Governors' Letters; and as the subject is one which has hitherto received but a small share of the public attention, I trust that I shall be excused for discussing it in some detail.

According to the present practice, any one is admitted as an Out-patient who represents himself as unable to pay for medical advice at his own home. That is the only question he is asked. If he answers it satisfactorily he is admitted at once; if not, further inquiry is made. Now, it is obvious that the line so drawn lets in a large class who are not objects of charity at all—small Tradesmen, Artisans and other workmen at good and regular wages, who, though unable to pay for medical advice at the ordinary rate, are yet well able to pay *something* for it. To admit such people to *gratuitous* relief in the same category with the necessitous poor, is to confound the plainest distinctions, and to assume that there are no intermediate degrees between opulence and indigence. Poverty is a relative term, and has many gradations of

meaning. A man may be too poor to indulge himself in the luxuries of life, and yet quite well off enough to afford its conveniences ; and it does not follow, because he is too poor to pay a physician, that he is therefore a fit object of charity. To ignore this distinction in the administration of a great public charity is to practise indiscriminate almsgiving in its worst form and on a gigantic scale. And I do not hesitate to assert that a hospital conducted on such a principle—instead of being, as it ought to be, and might be made, the most beneficent and least noxious of all charitable agencies—is incidentally converted into a vast school of pauperism.

Of the many vicissitudes to which human life is subject, the one to which we are all the most liable is sickness ; and this is, therefore, the one against which every man in the poorer classes of society, who values his independence, will most sedulously insure himself. From this duty—one of the highest that they owe to themselves and their families—by the present system of hospital administration, you proclaim that you relieve them ; and while you offer them immunity from the penalties of improvidence in the greatest of their temporal concerns, you expect them to be provident in smaller ones. What is this but to expect to reap what you have not sown, and to look for the virtues of thrift and self-reliance in a people whom, in one of the most important concerns of their lives, you have systematically trained to a habit of mendicancy and dependence ?

In former times there may, perhaps, have been some excuse for this laxity of principle, in the difficulty of investigating the cases of applicants, and discriminating between real and simulated poverty. But if such an excuse for a practice fraught with such evils was ever admissible, it certainly is so no longer. The Society for the Organization of Charitable Relief has established over all parts of the metropolis a network of its Offices, with an inquiry machinery attached to each, which it places freely at the service of all who choose to avail themselves of it. More than this, the use of it, as I shall presently show, has been expressly ten-

dered, nearly a year ago, to St. George's and the other hospitals of this district with a view to facilitate the introduction of a more discriminating system of Out-patient relief; but they have hitherto scarcely ever availed themselves of it, and they still persist in admitting Out-patients upon the old principle, as if no such offer had ever been made.

I have thus far considered the principle in its moral aspect only, and have placed this in the front rank of my objections, because I think it by far the most important; but there are also physical evils resulting from it which ought not to be overlooked.

It has long been a general complaint among the Medical Attendants of hospitals that their energies are overtasked by the crowd of applicants who throng the waiting-rooms; and that their time is so frittered away in attendance upon trivial cases that it is impossible to devote to the more serious ones that measure of attention which they deserve. To obviate this inconvenience I understand that the Board at St. George's has lately made an order that the Medical Officers shall not take more than twenty cases each in one morning. But who does not see that this merely reproduces the evil in another form? There are two Attending Physicians who attend four days a week—two days for the male and two for the female patients; but it very rarely happens that there are so few as forty applications on the same day; often there are considerably more; and those who are in excess, unless their cases are of a very urgent character, after losing a good part of their day, have to return home unrelieved. Thus the really necessitous—the only class in reference to which it can be truly said that “the charity of the rich is the inheritance of the poor”—are jostled out of part of their inheritance by a miscellaneous class of intruders who have rightfully neither part nor lot in it; while the intruders themselves are tempted by the gratuitous offer of relief to put up with an imperfect measure of it instead of providing themselves with one more suited to their wants (as I shall presently show they might do under a better system) at a cost quite within their means.

Whoever considers these things will be at no loss to understand why it is that a Hospital situated in the wealthiest district of the Metropolis is compelled year after year to appear *in formâ pauperis*, and to invoke the aid of some great personage to make what is called a "Special Appeal" as the only means of averting insolvency. The explanation is twofold—that much more money is spent than would be spent if the work of the hospital were confined to its legitimate objects; and that much less money comes in than would come in if there were not a general, and, as I believe, well-founded suspicion abroad that the administration in this respect is not what it ought to be.

It has become a common practice with hospitals in their appeals for support through the Daily Press to parade the number of cases which they have relieved during the previous year, as if this were their best title to support. But it is in reality only a bait for the unwary. If they would analyze the figure, and tell us what part of it consisted of patients who were legitimate objects of charity, we should be able to judge for ourselves what proportion the mischief they were doing bore to the good. Until they do so we may fairly conjecture that the higher the figure the greater has been the misapplication of our funds.

To appreciate the full force of the considerations I have now laid before you, it is necessary to bear in mind that the abuse I complain of is not confined to St. George's Hospital. It is common not only to the three other hospitals of this district, and, I believe, with very few exceptions, to all the hospitals of the Metropolis, but also to a still more numerous class of medical charities—the Free Dispensaries, which, like the hospitals, are supported entirely by voluntary contributions, and in which the relief given is at present purely gratuitous. What the aggregate expenditure of all these institutions amounts to I have no sufficient data before me to calculate. The expenditure of St. George's is upwards of 20,000*l.*, a-year, and of some other hospitals considerably more; and as there are about a hundred hospitals in the Metropolis, it is clear that

the total amount must be enormous. Nor can it be doubted that the united effect of these institutions, as now administered, has been one of the most active influences in demoralizing the lower strata of our labouring population; and that every guinea subscribed to them is represented by a percentage of addition to the Poor Rate.

What, then, is the remedy for this state of things? The answer is easy:—First, to provide the well-to-do portion of the labouring population with a class of institutions where they might obtain the relief which they require at a rate suited to their means; and, when that is done, to close the doors of the hospitals against them, unless on condition of payment.

The first object may be accomplished by the establishment of Dispensaries upon the Provident principle, which has already been introduced in some of the more populous towns of the kingdom with great success. These Dispensaries are founded upon the principle of helping those who are willing to help themselves. No relief is given except to Members, and the condition of membership is a small weekly subscription—so much for an individual, so much for a family. The aggregate of these subscriptions is supplemented by the contributions of the benevolent, who are enrolled as Honorary Members; and the surplus of the fund arising from the two sources, after paying the other expenses of the establishment, is divided among the Medical Officers in proportion to the number of their respective patients, each member having the right to choose from the medical staff the attendant whom he prefers. In the towns where the institution has succeeded best, among which I may mention particularly Derby, Coventry, and Northampton, the sums thus divisible among the Medical Officers have been sufficient to afford them a handsome remuneration. At Northampton, last year, with very little assistance from Honorary Subscribers, it amounted to nearly 1,300*l*.

It is scarcely necessary to observe that this provision for the remuneration of the medical attendants, which is one of the

distinguishing features of these institutions, is also one of the most prominent causes of their success, from its tendency to promote regularity and assiduity in the attendance, and consequently greater promptitude and efficiency in the relief administered. But that which, socially considered, gives them their peculiar value, is the principle to which I have above adverted, that they profess to help those only who are willing to help themselves, and that therefore no relief is given gratuitously. It is true that they have a charitable element in them, but it is charity in its best and safest form, for it comes in only as an auxiliary until the institution is strong enough in the number of its members to become self-supporting, while the circumstance of payment being, in all cases, the condition of relief, divests the charitable element of its eleemosynary character, and rids it of the pernicious influence which attaches to purely gratuitous help to those who do not really need it.

Such, then, being the character of these institutions, what means have we of establishing them? Fortunately the materials are ready to our hand. There are at the present time eight Free Dispensaries in this district. By the conversion of these into Dispensaries on the Provident principle, we should at once have a system of medical institutions, which, when properly organized, would be adapted to every class and grade of our labouring population. The dispensaries might be so affiliated to the hospitals, as to enable cases of serious gravity occurring in the former to be transferred to the In-patient department of the latter; not as a matter of charity, but as part of the relief purchased by their original subscription. In this way the Members of the Dispensaries would have the benefit, in serious illness, of the superior medical appliances of the Hospitals; while the latter would be gainers as medical schools by being supplied with a constant succession of important and selected cases.

This scheme of affiliation, however, is not in any respect essential to the proposed conversion of Free into Provident Dispensaries; but only an ulterior arrangement

which might or might not be engrafted on that measure when adopted. I have pointed it out as an instance of what the organization of charity might effect if the narrow views and petty jealousies which are apt to dominate in the Governing Bodies of these institutions, and to keep them in a state of isolation from one another, could be made to yield to the more enlarged philanthropy of the benevolent public out of doors.

The value, in a merely financial point of view, of a Provident Dispensary as an adjunct, in some form or other, to a Free Hospital, is strikingly illustrated by the history of the Royal Albert Hospital at Devonport. It was established in 1861, on the ordinary principle of a Free Hospital; but before it had been six years in operation the number of its Out-patients was found to be increasing at a rate which threatened to absorb the whole revenue derived from subscriptions, and to leave nothing for the In-patient department, which consisted of 59 beds. A Committee was thereupon appointed to consider what was to be done; and the remedy they proposed was to supersede the Out-patient department altogether by the establishment of a Provident Dispensary in connection with the Hospital, the accounts to be kept separate, and each to contribute its proportion to the general expenses of the Establishment, but to be united under one administration. The suggestion was adopted, and the financial drain was at once stopped: the Dispensary, which was established in 1867, has ever since been rapidly growing in favour with the labouring classes of the population, and every Annual Report has testified to the mutual benefit which the two branches of the Institution confer upon one another.

Now, let no one imagine that the danger which was thus successfully averted in the Devonport hospital is one from which St. George's Hospital is exempt. It appears from the statistical tables annexed to last year's report, that in the seven years between 1863 and 1870 the number of its Out-patients had risen from 14,853 to 18,923, being an increase of nearly 30 per cent., and that the ordinary

expenses of the Hospital, after allowing for the recent rise in prices, had increased in about the same proportion—a result which might have been anticipated, as the number of In-patients of course remained stationary. The consequence has been a constantly increasing deficit in the annual accounts, which has been only partially made up in the last four years by the device of a “Special Appeal,” which has increased the annual receipts by about 7,000*l.*, or one-third of the total annual expenditure. It is obvious, however, that this source of revenue is very precarious, depending, as it does, quite as much upon the personal authority of the nobleman by whom the appeal is made, as on any spontaneous good will to the Hospital. It was introduced, as its name imports, as an exceptional expedient, and, as such, it has hitherto answered its purpose. Will it continue to do so when it is found to be an annual necessity? And is it likely that the eminent personages who have hitherto been induced to preside at our Annual General Meetings will continue to give the sanction of their name and high character to the “Appeal” when the real cause of the deficit comes to be generally known?

The truth is, that so long as the present system of Out-patient relief is persisted in, every enforced addition to the resources of the Hospital is only pouring water into a leaky vessel. The real remedy for the evil is, in principle, that which has been adopted with such success at Devonport; and, in the interests of the Hospitals themselves, the only way of preserving them from financial ruin is to raise up around them a system of Provident Dispensaries.

But it may perhaps be said, If such is the value of these institutions, and if their success has been so great elsewhere, how comes it that they have not already taken root in London? The answer is, that there are two conditions which are absolutely essential to their success. First, that they should have a large number of Members, and secondly, that those who would naturally join them should not be

drawn away by the offer of gratuitous relief in their immediate neighbourhood. There is happily still a certain number of the class in question, sufficiently untainted by the prevailing epidemic of mendicancy, to shrink from the idea of resorting to charity for what their own thrift and forethought might supply; and hence it is that attempts have been made in various parts of the Metropolis to introduce Dispensaries on the Provident principle, in spite of the unequal competition which they have to maintain with the Free medical charities which abound there. But few, if any, of these attempts have been able to make head against this cause of discouragement, nor is it to be expected that any considerable portion of the working classes should be willing to spend their money in purchasing that which is elsewhere offered to them gratuitously, though in a form less adapted to their wants.

For this reason, when the movement in favour of the conversion of Free Dispensaries was first started, in the early part of this year, by the Charity Organization Society, the Committee for the parish of St. George's accompanied their appeal to the Free Dispensaries with a circular letter* to the Governing Bodies of the four hospitals of the district, inviting their co-operation and offering in return the free use of the inquiry machinery at their command for investigating

* This Circular was issued in pursuance of resolutions passed at a Conference which took place at the instance of the Charity Organization Society, on the 12th December, 1871, "to consider the best method of checking the abuses now incident to Out-patient Hospital relief, with special reference to the expediency of extending the Provident principle." The Conference was attended by a considerable number of gentlemen of the Medical Profession connected with the Hospitals, as well as many influential laymen, and also by Mr. Stansfield, the President of the Poor Law Board, who addressed the meeting, and expressed his cordial approval of the object which it had in view, and his desire to give it every aid in his power. After a full discussion the following Resolutions were adopted:—1st. That this Conference is of opinion that there exists a great and increasing abuse of Outdoor Relief at the various Hospitals and Dispensaries of the metropolis, which urgently requires a remedy. 2nd. That in the opinion of this Conference, the evils inseparable from the system of gratuitous Medical Relief administered at the Out-patient Department of Hospitals and in Free Dispensaries, can be in a great measure met by the establishment, on a large scale, of Provident Dispensaries, and by improved administration of Poor Law Medical Relief.

the circumstances of applicants. The proposal, and the grounds of it, are so fully and yet concisely set forth in that communication that I have appended it *in extenso* to this Letter.

The appeal to the Dispensaries was responded to with as much alacrity as, under such discouraging circumstances, could be expected. In several of them the Governing Bodies have already passed resolutions approving of the conversion, and the necessary steps for carrying those resolutions into effect now only await the ratification of General Meetings of the subscribers to be held early in next year. But the appeal to the Hospitals has hitherto met with no response. And as the time was fast approaching when the remodelled Dispensaries would be ready to enter on their new career, I undertook, a short time ago, as one of the "Governors" of St. George's Hospital, to propose, at one of its Board Meetings, three Resolutions, the two first relating to the admission of Out-patients, the third to the practice of admission of In-patients upon Governors' Letters.

By the First it was proposed to affirm that the present system of admitting as Out-patients all applicants who on inquiry appear to be unable to pay for medical relief at their own homes is wrong in principle, and ought to be discontinued.

By the Second—That from and after a certain day, of which due notice should be given, the sum of twopence should be paid on every application for relief as an Out-patient, unless the applicant could show that he or she was not of ability to obtain such relief at some Provident Dispensary within reasonable distance of his or her abode, or unless, where the applicant was in receipt of parish relief, there was no Poor-law Dispensary within reasonable distance of his or her abode where such relief could be obtained.

By the Third—That the system of admission of In-patients on Governors' Letters, as practised in this Hospital, is liable to great abuse, and ought to be discontinued.

Of the first two Resolutions, the second alone requires some further explanation. It will be readily seen that the

primary object of it is to substitute a new test of admission for that now existing. The proposed money-payment, as I explained to the Board, is only a means to that end. Other means may perhaps be suggested. The merit of this is that it tends in great measure to relieve the Hospital of the trouble of investigating doubtful cases, by throwing upon the applicant the onus of making out his claim to exemption from the payment, while it would get rid altogether of the great majority of those who had no right to come; for such persons would soon cease to be mendicants for hospital relief when they found that they got nothing by it, and would then resort, as they ought to do, to the Dispensaries.

I have now stated the grounds of the first two Resolutions: it remains to do the same for the Third.

The practice of admission upon Governors' Letters formerly extended to both classes of patients, but is now retained only as regards In-patients. The practice, as now existing, I understand to be this:—The bearer of a Governor's Letter is admitted as a matter of course, unless objected to on medical grounds as not a fit subject for hospital treatment. As to his position in life and circumstances, the Letter is treated as a sufficient guarantee that he is a fit subject for relief, and any further inquiry on that point, I was told, would be regarded as an act of disrespect to the Governor recommending him. Now, can hardly be necessary to point out how wide a door this opens to irregularity and abuse. It is well known that in contributing to these institutions different people are actuated by very different motives. Some—and I believe a very large majority—do it as a pure act of charity, for which they look for no return but the pleasure of doing good and relieving distress, while others regard it as a purchase of a kind of patronage; and these accordingly feel no scruple in giving Letters to their domestic servants, or other dependents or protégés—not with an extra payment, which in many cases would be quite unobjectionable, but in the exercise of a supposed right

which they acquire by subscription. Now I, in common, I believe, with the great majority of the "Governors" of St. George's Hospital, have no sympathy whatever with this school of benevolence. It is founded, in my judgment, on a false and spurious principle, which, instead of being fostered by a regulation which seems to give it public recognition, ought by every means to be discountenanced and repressed, not only as discrediting to the charity which it counterfeits, but as engendering a spirit of mendicancy in the objects who benefit by it. Indeed, the only argument I have ever heard advanced in defence of it—and that even by some who agree with me in the principle—is, that if the practice of Governors' Letters were abolished, the contributions to the Hospital would fall off.* For my own part, I am convinced that this apprehension is utterly groundless. I cannot believe that the number of the really benevolent—especially in a constituency like that of St. George's Hospital—is so small as to need the alliance of those (if any such there be) who would make a trade of their charity; or that their bounty would not flow still more copiously if they had the assurance, which sound principles of administration alone can afford, that it would be applied for the benefit of those, and those only, who were its intended and legitimate objects.

I venture to hope that these views will meet with more sympathy in the general body of Subscribers than they found in the Board of Management. The reception they there met with may be told in a few words. Having given a week's notice of my Resolutions, as the rule of the Board requires, I attended on the appointed day and moved them;

* This financial argument was strongly insisted upon by the Governing Board of the great Hospital for Incurables at Putney, in opposition to a proposal lately made by one of the Subscribers to abolish the practice of selecting the Patients by a general periodical vote of the whole body. How little the predictions of the Board were verified, may be seen by referring to an article in *The Times* of the 22nd November, 1872, headed "Charity Electioneering," from which it appears that, on the question being put to the Subscribers, 925 expressed an opinion against the voting system out of 1,090 who answered the circular.

but in a meeting, which I was informed was unusually large, I did not find a single person who would second them, and they accordingly fell to the ground. A desultory conversation, indeed, took place, consisting of the usual commonplaces about the antiquity of the Hospital, the good it was doing, and general praise of its management, interspersed with side hits at the meddling disposition of the Charity Organization Society, whose delegate I was apparently supposed, though erroneously, to be ; but discussion of my propositions, in any proper sense of the word, there was none ; and when, on one occasion only, I ventured to remind the speaker that my Resolutions went only to the principle of admission, I was called to order by another member of the Board.

In order that the merits of my proposals may not be prejudiced by the supposed authority of the tribunal by which they have been so summarily dismissed, it is desirable to state, for the information of those who may require it, in what manner that tribunal is composed. By the constitution of the Hospital every subscriber of five guineas and upwards, and every donor of 50*l.* and upwards, in one sum, is entitled to a seat at the Board, and for that reason, I suppose, is denominated a "Governor." But as the number of this class of contributors greatly exceeds 1,000, the bulk of whom concern themselves with the affairs of the Hospital no further than by the payment of their subscriptions, the management is practically in the hands of a small knot of "Governors" who happen to reside in the neighbourhood of the Hospital and to take an active interest in its affairs. Now, what would be thought of a regulation which, in express terms, entrusted the management of an institution dispensing upwards of 20,000*l.* a year of charity funds "to such of the Governors as may from time to time be residing within a certain distance of it"? As well might you entrust the management to those of the Governors whose hair should be of a given colour. And yet this is what is done practically, though not by express regulation, at St. George's Hospital.

A constitution more adapted (as it appears to me) to inspire

the Governing Body with the official instincts of the old close corporations I can hardly imagine. It is possible, indeed, that, under the local circumstances of this hospital, no better one may be practicable. Upon that subject I offer no opinion, though the question is one which, on another occasion, may be well worthy of the attention of the Subscribers. But, in the meantime, I hope I shall not be suspected of any personal disrespect for the gentlemen now composing that Body (all of whom, with one exception, are total strangers to me), if I submit that a Board so constituted is not one to whose decisions the Subscribers would be justified in deferring with implicit confidence; and my object in this appeal is respectfully to remind the Subscribers in general, and especially that large class of them who are invested with the attributes of "Governors," that whatever mischief results from the abuses which I have pointed out, is mischief for which they are morally responsible, and that they cannot escape from that responsibility by shifting it to the shoulders of the small fraction of their number who practically compose the Governing Body.

The growth of pauperism in the metropolis is admitted to be an evil of alarming magnitude. In the ten years preceding the year 1869, the number of its paupers rose from 90,000 to 150,000, being an increase of more than 60 per cent., while the population increased only by 13 per cent. Since that year, indeed, owing mainly to an abnormal expansion of trade, which is but too likely to be only temporary, the returns show a decrease in the metropolis as in other parts of the kingdom: but the causes of pauperism lie deeper than in the fluctuations of trade: it has its roots in the improvidence and demoralization of our labouring population, which have been fostered, if not engendered, in the metropolis by the multiplicity and defective organization of its charitable agencies. Many of these, such as Soup-kitchens, Night-refuges, and the like, are comparatively harmless, being called into existence by some temporary emergency, and suffered to drop when the occasion for them has ceased.

The Medical Charities, on the contrary, are permanent institutions, having at their disposal revenues which, in the aggregate, are enormous. On both accounts they require watchful supervision. If administered upon sound principles, they are the most beneficent of all the forms of charity; if on unsound ones, they may become powerful instruments of social demoralization.

I have now brought under your notice two errors of principle which exist in a greater or less degree in the administration of almost all the Medical Charities of London, and not least in St. George's Hospital—errors noxious enough in their immediate consequences, but still more so as obstructing the creation and development of a class of institutions which are essential to any effectual reform of what is defective in the present system. In all reforms of wide-spread abuses the first step is the most difficult, because of the difficulty of concentrating the public attention upon them; but an example once set in one locality is speedily followed in others; and in what district can such a reform be initiated with such weight of authority as in this in which the wealthy and educated classes so greatly preponderate? Over the institutions of other less favoured districts you have no control otherwise than by the force of example. Over St. George's Hospital, the greatest in this district, your control is direct and absolute; for you have only to intimate to the Secretary that you mean to withhold your subscriptions until the blemish has been removed, and the object will speedily be attained, or, at all events, such measures will be adopted as will ensure to the question what has hitherto been denied to it—a candid hearing and an open and free discussion.

Permit me, in conclusion, to sum up in a few sentences the points which I have discussed at length in this Letter.

I object to the principle which now governs the admission of Out-patients as leading to a systematic misapplication of Charity funds, injurious, first, to the necessitous poor, because it makes them share with others a boon which was intended for themselves alone; injurious, secondly, to the well-to-do

labouring population, because, by tempting them to resort to charity, it encourages them in improvidence and in the habit of relying upon others rather than themselves; and also because it presents an insurmountable obstacle to the establishment of another class of institutions suited alike to their wants and their means; injurious, thirdly, to the Hospital itself, not only as causing a ruinous drain upon its finances, but also as impairing its efficiency as a Medical School by overtasking the powers of the Medical Officers with a miscellaneous crowd of patients, instead of concentrating their attention and that of their pupils on a smaller number, and leaving them leisure for the treatment of selected and important cases which, under a better organization, would be brought before them. Lastly, I object to the practice of admission of In-patients upon Governors' Letters, first, because it tends to extend the benefits of the Hospital to many who are not proper objects of charity; secondly, because it countenances a debased and spurious motive in those who give the Letters, and encourages a spirit of mendicancy in those who receive them; and thirdly, because it injures the Hospital itself by shaking the public confidence in its administration as a charitable institution.

I have the honour to remain,

Your obedient Servant,

T. J. PHILLIPS JODRELL.

13, Stratton Street.

P.S.—The smaller Pamphlet which accompanies this letter, though published some months ago, was not brought to my notice until after the first issue of my own had been distributed.

They are now circulated together, as showing the close coincidence of my own views with those of a medical writer who is practically versed in the subject, and also as supplying statistical details far more than sufficient to bear out the general statements of my own letter.

T. J. PHILLIPS JODRELL.

A P P E N D I X.

*To the Governing Bodies of the Westminster, St. George's,
Victoria, and Belgrave Hospitals.*

CHARITY OFFICE : 28, MOUNT STREET,
GROSVENOR SQUARE, *February 8, 1872*

THE Committee of the St. George's and Westminster District of the Charity Organization Society have the honour to enclose, for your perusal, the copy of a Circular Letter which they have addressed to the Governing Bodies of the several Free Dispensaries now established in that District, to urge upon them the conversion of those Dispensaries into Dispensaries on the Provident principle.

The grounds on which this proposal is made are briefly stated in the Letter, and we respectfully commend it to your consideration, not as a measure in any way directly affecting the Hospitals—for it is expressly confined to the Dispensaries—but because the Hospitals and Dispensaries being both parts only of one system of Medical Relief, and it being essential to the success of any plan which may be organized, that there should be harmony of principle and of purpose between the different agencies of which it is composed, we are anxious, at the outset of our enterprise, to obtain a recognition by the Hospitals of the principle on which the proposed measure is based, and, as far as may be, an approval of the measure itself as one indispensable to the practical realization of the principle; being convinced that in such recognition and approval we shall find, not only a powerful support for the particular object which we have in view, but the best guarantee of a hearty co-operation on the part of the Hospitals in the working of the system when established.

In return for this measure of support, if it shall be accorded to us, we are quite prepared to place at the service of the Hospitals our machinery, already in effective operation throughout the District, for investigating the condition and needs of Applicants for relief;

which, it is hoped, will not only relieve them to a great extent of a very onerous part of their duties, but will, if systematically employed, effectually obviate any undue pressure on their resources, which might otherwise arise from a suppression of the gratuitous relief now afforded by the Free Dispensaries; as it would enable them to close their doors at once against all that class of Applicants whose circumstances should, on investigation, appear to justify their being referred to the Provident Establishments, and, on the other hand, to eliminate from the remainder those whose poverty, if found to be chronic in its character, would mark them out as cases to be dealt with by the Poor-Law Dispensaries, leaving only an ultimate residue as legitimate objects of relief by a purely Charitable Institution.

By the application of this process of classification and elimination to the various Applicants for relief, we believe that the business of the Out-Patient Department, which is now subject to so much abuse, may be confined within its proper sphere, and the Hospitals administered, as all Public Charities ought to be, so as to combine a maximum of benefit to the real objects of the Charity, with a minimum of tendency to demoralize the rest of the community. But to enable that process to be applied with any efficiency, two things are necessary—first, a system of Provident Institutions, where those who can afford to pay for medical treatment may obtain it on terms suited to their means; and, secondly, an organized machinery of inquiry and investigation for ascertaining the circumstances of the Applicants. The first of these will be provided by the measure now submitted to you; the second we are prepared to supply; and on the use which the Hospitals are willing to make of it will depend, in our opinion, whether the abuses now connected with our Medical Charities shall be perpetuated, or shall cease to exist.