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An Address

ON

HOSPITAL REFORM

Delivered before the Manchester Medico-Ethical Association on Nov. 27th, 1896,

BY

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HOSPITAL REFORM.

MR. PRESIDENT AND GENTLEMEN,—In the first place permit me to thank you most sincerely for the honour you have done me in asking me to open the discussion on this most important subject. I accepted the invitation of your hon. secretary with some hesitation, because I felt that I should have to address gentlemen who were far better acquainted with this subject than I am. Nevertheless, I feel that perhaps you would like to have an opportunity of learning a little more about the young association which has such ambitious aims and which has high hopes of seeing those aims brought to a successful termination. As in many other projects, you Lancashire men have set an example to other parts of the country and have made a serious attempt to grapple with this question. Whether that experiment has been successful or not it is for you to judge—I can only deal with this point from the facts and figures which have been presented to me in the reports of your medical charities. And in drawing conclusions from these reports I dare say I shall commit many errors, for which I hope you will grant me your forgiveness. Perhaps a short *résumé* of the measures taken in the past to deal with the abuse of medical charities will not be out of place. In 1856 a committee was instituted in London under the auspices of Dr. Farr to inquire into the distribution of medical charities. In their first report they state that there were 14 general hospitals, with 33,450 in-patients and 369,129 out-patients; 36 special hospitals, with 12,355 in-patients and 50,068 out-patients; 42 general dispensaries, with 211,016 out-patients; and 18 special dispensaries, with 21,862 out-patients. The income of the medical charities was £308,520.

The inquiry was again instituted in 1870–71, and reports of the committee and sub-committee were issued in the latter year. Meantime the conclusions arrived at were: (1) that great abuse of medical charities existed because no efficient methods of discrimination had been adopted; (2) that governors' letters were a source of great difficulty and caused much of the abuse referred to; and (3) that the free and gratuitous administration of medical relief tended to diminish the unsatisfactory administration of Poor-law medical relief by proportionately relieving the guardians of the duty imposed on them by law, whilst the habit of receiving charity extended upwards to a class of persons who ought to provide for themselves the assistance they require by joining friendly societies or by subscribing to provident dispensaries, or by employing medical men willing to undertake their treatment on terms suitable to their condition.

From Mr. Nelson Hardy's paper I learn that in 1872–74 a Hospital Reform Association, with Dr. Anstie and Dr. Meadows among its leaders, proposed a threefold remedy for acknowledged abuses—namely: (1) inquiry into the circumstances of patients by a properly qualified officer; (2) stopping the indiscriminate supply of medicines; and (3) discontinuance of prescribing by unqualified students. In 1875 a strongly worded memorial was presented to the committee of Council of the British Medical Association signed by Sir William Gull, Sir William Jenner, Sir George Johnson, Dr. A. P. Stewart, and many others, asking the Council to take steps for the correction of out-patient abuse. In 1882 Dr. Gilbart Smith, physician to the London Hospital, said in a paper on the administration of hospitals: "The administration of this (the out-patient department) is rendered more difficult by the increasing number of patients that flock to the waiting-halls, a large proportion of which consist of trivial cases that might with advantage be treated elsewhere. Many of these are habitual frequenters of the out-patient rooms, who have acquired a morbid taste for medicine and go from hospital to hospital from year to year." And a sub-committee of medical men, of which the late Sir William Ferguson was chairman, reported as follows: "The sub-committee have arrived at the conclusion that a very large proportion of the out-patients of general hospitals (variously estimated at from three-fifths to nine-tenths of the whole) consists of *trivial* cases, which do not require any

special skill and might properly be left in the hands of ordinary medical men. An inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the student, and fosters a habit of hasty diagnosis and careless observation which tend to erroneous and inefficient treatment. In fact, out-patient work as generally conducted neither conduces to the sound advancement of professional knowledge nor to the advantage either of the students or the public."

For some years past, as many of you are aware, the British Medical Association has been endeavouring by means of a special committee to grapple with this gigantic evil; and it is only fair and just to the members of that committee to acknowledge that their efforts have been attended with some good results. During the past two years an attempt has been made to extend the work of that committee into the provinces, but judging from the reports that I have seen the branches have not as a rule taken up the subject with any amount of zeal. I must except, however, from this statement the Bath and Bristol and the Birmingham and Midland Counties Branches. A committee of the former has issued a most exhaustive and instructive account of the Bristol charities. Later on I shall have to refer again to that report. In the annual report for 1895 of the Medical Charities Committee you will find that thirteen branches had sent answers to the queries sent out by that committee. Since that date two or three more branches have reported, but not at any length, with the exception of the Bath and Bristol and South Wales and Monmouthshire branches. And here it will be convenient for me to state some of the reasons why the promoters of the Hospital Reform Association thought fit to organise such a body rather than leave the matter to be dealt with by the British Medical Association. In the first place, as is well known to the members of that very energetic branch, "the Lancashire and Cheshire" (to which no doubt many of you belong), the time at the disposal of the branches is so short, and the subjects to be dealt with are so many in number, that it was felt by many of us that such a subject as hospital reform could hardly receive that amount of attention that it requires. Another reason that influenced us was that in dealing with the administration of hospitals it was absolutely necessary to obtain the assistance and coöperation of men outside the medical profession. It

is perfectly true, as THE LANCET recently remarked, that the nitiation of any reform must come from the profession, but it is none the less true that the responsibility of carrying any reform into operation must rest with those who are responsible to the public for the proper administration of our hospital system. We believe that by bringing about coöperation between these two bodies we shall stand in a better position as regards the ultimate success of the movement I mention these matters because I know that many distinguished and influential members of the Association have felt loth to join our ranks. But I must hurry on. I purpose to tell you in the first instance how hospitals are abused and by whom; and, after reviewing the hospital system in your great city, to point out what remedies should be applied for the cure of the abuse. In the Report on the Medical Charities of Bristol prepared by a committee of the local branch, a table is given (copies of which I have had distributed) showing—(1) the population of certain large towns; (2) the number of out-patients, and (3) the proportion of out-patients to the population. Nothing that I have yet seen published has brought the question so vividly before us as this table (Table I.); and I think the committee of the Bath and Bristol branch deserve our warmest thanks for preparing it. As the figures are taken from Mr. Burdett's work on Hospitals and Charities I think they may be taken as approximately correct.

With these startling figures before us can any one for one moment doubt that the hospitals of this kingdom are abused? When it is found that more than one-third of the inhabitants of Dublin, Liverpool, London, Edinburgh, and Bristol were the recipients of gratuitous medical relief in the year 1892, it is evident that there is urgent need not only of investigation, but also of radical reform. You will notice, perhaps, with some surprise, the position of Manchester on this list. Why, may I ask, should it be necessary for one-fourth of your population to seek free medical relief at your hospitals, whereas at Bradford only one-thirteenth of its population find it necessary to seek similar aid at its hospitals? In some respects, I imagine, the two towns can be well compared with each other; both have large manufactories and consequently have a large proportion of the working classes. It is true that you have thickly populated towns and villages in your immediate neighbourhood, but that fact would hardly account for the great difference in the propor-

tion of out-patients to population. I am inclined to think that the real reason for this great disproportion is the fact that Bradford does not possess the same number of hospitals in proportion to her population as Manchester does. Take again the case of Oldham, which has only one-thirtieth of

TABLE I.—*Proportion of Out-patients to Population in the Thirty-seven largest Towns in Great Britain and Ireland (Year 1892).*

No.	Town.	Population.	Number of out-patients.	
			Total.	Per 1000 inhabitants.
1.	Dublin	352,090	148,210	421
2.	Liverpool	517,980	206,698	399
3.	London	4,211,056	1,562,066	371
4.	Edinburgh	261,970	97,294	371
5.	Bristol	221,578	78,953	356
8.	Birmingham... ...	561,147	163,268	291
9.	Manchester	505,368	125,809	249
10.	Leeds	367,505	81,836	222
16.	Glasgow	567,143	78,584	139
20.	Aberdeen	121,905	14,057	115
23.	Hull	200,044	19,226	96
24.	Plymouth	85,248	7,684	90
26.	Cardiff	128,915	10,340	80
28.	Bradford	216,361	16,276	75
32.	Portsmouth	159,251	6,650	42
36.	Oldham	131,463	4,420	33
37.	Sunderland	131,015	4,040	31

its population as out-patients. Is that town healthier than Manchester or does she send nearly all her sick people to your hospitals? These are points worthy of your consideration. As it may be interesting to you to know the latest returns from your hospitals I have had a table prepared

showing the number of in-patients and out-patients, casualty cases, maternity cases, and home cases for the year 1894. This table includes Salford.

TABLE II.—*Manchester and Salford Hospitals (Year 1894).*

Name.	Number of in-patients.	Number of out-patients.	Casualties.	Home cases.	Maternity cases.
Royal Infirmary	4,356	33,889	—	970	—
Salford Royal Hospital ...	1,320	17,766	—	3,965	—
Ancoats Hospital	1,057	3,911	6,699	—	—
Southern Hospital	574	5,142	—	—	1,464
Clinical Hospital	90	10,573	—	—	—
Consumptive Hospital ...	302	9,373	—	—	—
St. Mary's Hospital	1,480	10,611	—	1,386	3,343
Royal Eye Hospital	1,336	2,157	—	—	—
Skin Hospital	—	3,197	—	—	—
Cancer Hospital	85	29	—	—	—
Lock Hospital	220	3,464	—	—	—
Ear Hospital	60	1,638	—	—	—
Dental Hospital...	—	10,703	—	—	—
Children's Hospital	1,284	10,007	—	807	—
Total	12,981	141,881	6,699	7,128	4,807

The Hospital for Incurables, the Sick Poor and Nursing Institution, the Homœopathic Dispensary, the Homœopathic Institution, and the Hulme Dispensary are not included in the above table.

Thus it will be seen that the out-patients and home cases and casualties together number 155,708, the estimated population of Manchester and Salford in 1894 being 716,117. Looking at these figures it is difficult to believe that the investigation system has been successful in Manchester. It is true that several of your hospitals have not adopted that

system, and that will no doubt to a certain extent account for the number of people attending the out-patient and casualty departments. Although we know perfectly well that the in-patient department of hospitals is seriously abused, yet it has been brought of late more forcibly before us in the able articles prepared by the Special Commissioner of THE LANCET. I do not intend this evening, however, to deal with the question of the abuse of that department, but shall restrict myself to dealing with what our association considers the most crying evil—viz., the abuse of the out-patient and casualty departments. In the first place it cannot be denied that a very large number of people seek relief in those departments who could well afford to pay the ordinary fees of general practitioners. In the second place large numbers of persons seek relief for ailments of a trivial nature—ailments that do not require prolonged attention or special skill. Hospitals are abused by the employers of labour and by their employés — by the employers who subscribe comparatively small amounts yearly and expect to have their men treated gratuitously for every complaint under the sun, and by the employés who subscribe 1*d.* per week in the workshops and think that they themselves, their wives, and their families have a legal right to gratuitous medical aid whenever it is necessary. This cannot be called charity, but is really a bad business transaction, where all the benefits are on one side and that side not being that of the hospitals. Let me take as an example the case of the Royal Eye Hospital. On looking down the list of patients who received attention I find the following trades represented, and represented, as you will see, in considerable numbers: Agents and collectors, 147; boiler-makers, 152; bookbinders, 28; cabinet makers, 159; chemists, 10; colliers, 642; drapers, 70; engine-drivers, 68; engineers, 114; engravers, 61; fitters, 648; forge and foundry men, 85; carters, 158; hatters, 119; inspectors, 14; iron moulders, 168; joiners, 408; masons, 146; mechanics, 463; painters, 253; pawnbrokers, 11; pressmen, 99; printers, 212; railway servants, 239; smiths and stokers, 338; stationers, 20; teachers, 138; telegraphists, 12; travellers, 11; warehousemen, 352; weavers, 627; and wood carvers and turners, 36.

On referring to the list of subscribers of that hospital I find the following railway companies contribute the following amounts: The Manchester, Sheffield, and Lancashire,

£10 10*s.*; the Lancashire and Yorkshire, £10 10*s.*; the Cheshire lines, £5; and the London and South-Western, £3 3*s.*, making a total of £29 8*s*

Now on referring to the table just quoted I notice that there were no less than 239 railway servants who received attention in one year either as in- or out-patients. Whether any of the engine-drivers, fitters, smiths, and strikers were in the employment of the railway companies also I am not in a position to say, but the probability is that some of them were. Surely, Mr. President, the railway companies should not only retain the services of general practitioners, but should feel themselves called upon to pay for the services of such specialists as may from time to time be required by their workmen. I have also made a rough calculation of the amount subscribed to the same hospital by the various firms in Manchester and Salford, and I find it comes to about £400 per annum. The number of patients, on the other hand, who resided in Manchester and Salford, and who received relief during the same year was—in-patients, 294; and out-patients, 10,518. It seems only fair to the philanthropic public and to the medical profession that the managers of the Royal Eye Hospital should rigidly adhere to their 19th rule, which runs as follows: "No person shall be admitted as a patient of the hospital who is able to pay for advice, of which trustees (i.e., subscribers) are particularly desired to make every inquiry previous to granting recommendations." Before leaving this part of my subject I should like to mention the desirability of formulating some plan by which people who required the services of an ophthalmic surgeon—and who, although able to pay moderate fees, yet could not afford to pay guinea fees—could obtain those services without being compelled as it were to obtain them gratuitously at an eye hospital or in the ophthalmic department of a general hospital. It seems to me that provision could be made for such people at a provident dispensary. It would not be a very difficult matter for the managers to make arrangements for the attendance and payment of specialists at such an institution. It is a matter of common knowledge that special hospitals are much more abused by the well-to-do than general hospitals, and it is therefore very desirable that some means should be adopted to lessen that abuse. At the same time I feel that a great many people resort to eye hospitals whose complaints could be very well treated by

general practitioners. Take the return of diseases treated at the Royal Eye Hospital and you will find the following:— 2906 cases of conjunctivitis, 341 cases of purulent ophthalmia in infants, 125 cases of purulent ophthalmia in adults, 577 cases of phlyctenular ophthalmia, and 1233 cases of ulcer of the cornea. General practitioners are surely able to treat such diseases quite as efficiently as ophthalmic surgeons.

Take, again, as an instance the cases treated at your clinical hospital for women and children. During the past year there were no less than 6167 children and 4487 women treated in the out-patient department of that institution. I notice in the list of diseases the following. In children: 1301 cases of bronchitis, 532 cases of diarrhœa, 613 cases of dyspepsia, 278 cases of eczema, 40 cases of pediculi, 50 cases of scabies, 70 cases of stomatitis, 73 cases of tonsillitis, and 83 cases of constipation. In women: 296 cases of amenorrhœa, 131 cases of menorrhagia, 103 cases of dysmenorrhœa, 1024 cases of respiratory diseases, 740 cases of alimentary diseases, and 152 cases of cutaneous diseases. It is difficult to discover a reason for the treatment of respiratory, alimentary, and cutaneous diseases in a hospital established for the treatment of diseases peculiar to women, and it must also be apparent that most of the children could have been better dealt with in their own homes.

My next point is that the out-patient department is abused by the overcrowding of patients. In the clinical hospital there were 10,654 new cases and the number of consultations amounted to 31,815. With so many people attending it must happen that those who are seriously ill are often made worse by the long hours of waiting. In the children's department there is also great risk of spreading infection and contagious diseases. This is no imaginary evil, for I find that in one year there were 8 cases of measles, 9 cases of whooping-cough, 6 cases of chicken-pox, 50 cases of itch, and 25 cases of mumps registered.

Another great abuse of the hospital system is what is called the casualty department. From its name it was at first evidently intended for the treatment of accidents only. Now, judging from the vast number of people who take advantage of it, all sorts of divers ills are treated in it. It is perfectly manifest that anyone who has the slightest ailment—a pain in the head, stomach, or bowels, a diarrhœa attack, a cut finger, or a slight bruise—resorts to that department for gratuitous treatment.

This seems to be more particularly the case in the metropolitan hospitals. In 1890 no less than 455,847 such cases were registered at the fourteen large hospitals. This is a manifest injustice to the hospitals and to the general practitioners who pursue their calling in the vicinity of the hospitals. But I must hasten on. The question of how to remedy the abuse of the out-patient department has been considered by our association, and although we have not yet had an opportunity of finally deciding what remedies we shall propose we have gathered together the opinions of many medical men (many of whose names will be familiar to you), and some of whom have devoted much time and attention to this subject.[1] The following questions were sent out to these gentlemen :—

1. In your experience do persons well able to pay a doctor's fees avail themselves of the benefit of the out-patient department?

2. If you believe that "abuse" of that department exists, in what way would you propose to remedy it?

3. Would you recommend the appointment of competent persons to make inquiries into the circumstances of out-patients?

4. Would you advise the adoption of a "wage limit"?

5. Should there be a limitation of the number of new cases to be seen by each medical officer? If so, what number should be specified?

6. What method would you suggest for preventing the indiscriminate use of hospital "letters"?

To the first question, with one exception, the answers were unanimously in the affirmative. To the second question (which is the most important of the whole lot) there is practically unanimity in recommending the restriction of cases to those sent by some medical authority. Those who do not advocate this view recommend the abolishing of the department altogether except for first aid. Mr. Timothy Holmes's answer is deserving of great consideration. To the

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[1] Since this address was delivered the Hospital Reform Association has formulated certain recommendations (see THE LANCET, Dec. 12th).

third question there is only one dissentient to the plan of appointing competent persons to make inquiries into the circumstances of patients. To the fourth question the answers are pretty evenly divided between "Yes" and "No." To the fifth question there is a pretty general consensus of opinion that the *limitation* system is desirable. To the sixth and last question there is a large majority in favour of the abolishing of hospital "letters."

Personally I think that if any tangible reform is to be carried out we must regard the out-patient department as a place for consultation purposes only. I am sure no other course will do much good. If only patients are admitted who are sent by medical men the hospital staff will cease to be "sweated," as many of them are at the present time; there will be always plenty of material for clinical purposes; and there will be ample time to make the best use of that material. If such a course were adopted we should soon see a more cordial relationship existing between the hospital staff and the general practitioners—a consummation devoutly to be wished. It would, however, be necessary to make some provision for those persons who could not afford to pay the fees of ordinary medical men; to do this nothing would answer better than a series of dispensaries (I will not call them provident, because I know that word is not very popular just at present), formed and managed entirely by medical men.

With respect to the appointment of qualified almoners, if the reform just intimated were carried out there would not be the same urgency about this; at the same time, there should be someone whose special duty it would be to make enquiries into the circumstances of in-patients. Then with respect to the administration of the casualty department definite instructions should be given to the house surgeons to admit only cases of an urgent nature—cases, in short, where treatment could not be delayed without danger. I should like to have said a few words more about special hospitals and also about the need in all large towns of a central hospital board; but I feel that I have already trespassed too long upon your time and I do not wish to exhaust your patience. I would only remark that it must be apparent to Manchester men at the present juncture that a central medical authority would have proved exceedingly useful in solving the problem that has been agitating your minds for such a long period with respect to the use of the money bequeathed by the late

Mr. David Lewis. I have only to say, in conclusion, that our association feels that there is good hope of effecting considerable reforms in the hospital system, but that that reform cannot be effected unless there is a spirit of conciliation between all sections of the profession to which we have the honour to belong.

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