

Village hospitals / Andrew Wynter.

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These boxes are fastened with padlocks, each of which is separately tied up in calico, and sealed with the Pasha's seal. Those containing the precious objects are additionally ornamented with little brass bells.

From the moment the mahmal leaves the military Serai till its arrival at Asseily, before the Pasha's tent, guns are fired at intervals. On its arrival at a mosque in the Meidan street, containing the tomb of Sheikh Saad ed din Jibbawi (a celebrated man, who founded the sect of Dervishes called the Saadiyeh), the camel is led up to a window, through which the sheikh in charge of the mosque has the special privilege of giving it a ball of kneaded dough, sugar, and almonds. Sometimes the camel seems to relish the sweetstuff; at other times he will drop it all; but, whether little or much falls to the ground, it is eagerly scrambled for by the assembled Mohammedans, who devour it as if it were heavenly food.

Arrived at Asseily, the mahmal is taken off the camel and placed on a stand opposite the Pasha's tent. The green silk cover is carefully packed up, and is not again displayed till within a short distance of the holy places. An ordinary blue cotton cover is placed over the wooden frame during the march through the desert.

The local pashas and troops then return to Damascus. The small camp remains at Asseily for a few days, that purchases and arrangements may be effected or completed; and when all is ready they start for Mezerib, an open plain about sixty miles distant.

This first instalment of the caravan consists only of the officials and a few pilgrims; but a fair is held at Mezerib for about ten days, during which time the pilgrims flock together, and all start for Mecca and Medina on the appointed day, which is generally about the 25th or 27th of Shaval.

When all are congregated together at Mezerib,

the camp consists sometimes of about four or five thousand tents; two or three hundred are pitched side by side in two rows by the merchants, and thus form a street of shops, in which almost anything can be purchased, from cooking-utensils to silk dresses and gold or silver watches; and along the centre, between the rows of tents, are stalls for the sale of eatables, fruits, &c. On a slight eminence in the middle of the camp, is the Pasha's tent. The mahmal and holy flag are placed just opposite its door, and between them is a light wooden cross about twenty feet high, on which are suspended lanterns at night-time, that all in the camp may know the exact position of the sacred objects, and of the Emir of the Hadji, to whom complaints may be made. Near at hand are the tents of the various officers of the caravan. Next are the pilgrims' tents, arranged with some degree of regularity in rows, and parallel with them are lines of picketed animals—camels, horses, mules, and donkeys; and the whole is surrounded by the patrolas. The scene is very exciting and amusing; for, besides this company, a great many Arab sheikhs assemble with their retinues, either to receive the Sultan's black-mail—politely called a voluntary contribution,—or to sell their camels, of which many thousands are browsing on the plains and hills within sight.

On the 25th of Shaval, a gun is fired, by the Pasha's order, and then, within the space of about an hour, this immense camp is in motion. Everything is packed up, and the caravan gradually disappears in the distance, like a monster serpent winding its way amongst the undulations of the plain in the direction of the shrines at Mecca and Medina.

Unfortunately, thousands of these people die on the road, and they sometimes suffer severe privations; but he is envied whose time of departure comes whilst on this pilgrimage, for he dies a happy martyr.

E. T. ROGERS.

VILLAGE HOSPITALS.

IN the year of grace 1859, in the small village of Cranley, in Surrey, a little seed was planted, which is, we think, destined to bear fruit throughout the length and breadth of the land. The village surgeon bethought him that it was certainly a mistake that the means of ministering to the accidents and diseases of poor human nature should be confined to great cities and populous places, and that the intermediate country, sometimes fifteen or twenty miles distant, should be altogether left out of the reckoning. In the great metropolis, and in every large city and county town, there is a hospital, or dispensary, in which nearly every malady to which the human frame is liable is specially attended to; but in the large tracts of country between these centres of civilisation there is, or was, no refuge

to which poor creatures suffering from the terrible accidents consequent upon the introduction of steam-machinery into agricultural pursuits, and the railway, could be taken but the Union workhouse. And to that refuge the peasantry, who are in any degree above the condition of paupers, decidedly objected to go. The consequence was, that the severe cases of injury were either removed to the County Hospital, or to the nearest city where similar establishments could be found. Even paupers were, and are still, hurried up to town, with a view to save the rates; and many a poor creature has, after much preliminary agony, lost his life, lest the parish should have to pay the extra fee allowed to the Union surgeon under such circumstances. Where it is possible, the sufferer can be treated, it is true, in his own

desperate-looking young fellows, chiefly Damascenes, and wear a dress which is something between the town costume and that of the Arabs of the desert. They are all shouting, running, jumping, skipping, and playing antics. Every two or three hundred yards they stop and form a ring, in the middle of which some of them dance the sword-dance, others fight sham fights, and cut and parry to the cadence of the song and chorus sung by those forming the ring. Others, again, dance and twirl their guns in a most astonishing manner to the same tune. Suddenly all shout out at the top of their voices, and point their matchlocks to the earth, discharge them, and then skip away in a state of wild excitement.

Indiscriminately mingled with the crowd, both before and after the procession, are mules and camels, laden with merchandize for the annual fair at Mezerib; and the children of the merchants, being out for a holiday, ride on the tops of the huge bales. Some of the merchants are mounted on ambling ponies, others on mules or dromedaries.

The formal procession is varied. First comes a regiment of cavalry, called "Auniyeh," enrolled expressly for the protection of this caravan. They are not regulars, as they are almost without discipline or regular evolutions; neither are they irregulars, because they wear a uniform and are supplied with arms by the government,—a short rifle and a revolver to each;—but their horses are their own. They ride in double file, and four of those who are foremost are each supplied with a pair of tamtams or kettledrums, fixed one on each side of the saddle-bow; and they strike them with short pieces of thick strong leather, producing a very peculiar sound which is heard at a great distance. They hold the reins between their teeth, as both hands are engaged with the leathern drumsticks.

Then follows the Pasha's takhterawan, a handsomely decorated litter carried on poles by two mules. The Pasha or Emir of the Hadji is comfortably seated inside, and can at pleasure either survey the crowds through the glass windows, or can shut them out from gazing by drawing the silken curtains. Four extra mules for exchange accompany the litter, and they are distinguished from the others by pointed saddles of red cloth embroidered with bright yellow braid.

Next a double file of mounted local police; then the Mohammedan officers of the local civil and military staffs in their glittering uniforms and brilliant decorations, and the grandees and nobles of the city in their distinguishing costumes and flowing robes of bright-coloured cloth, lined with fur. The Mufti, or legal adviser and expounder of the law, in his purple cloak and white turban, over which is folded a piece of green silk ribbon embroidered with gold fringe at the ends, comes next. Then the Mullah Effendi, or supreme judge, in his wide-flowing robe of purple and delicate white turban, over which is folded a strip or band of plain gold lace. He is supported by ulemas and students, whose

turbans, decorated with bands of different widths and colours, indicate to the initiated their respective offices or the college degree to which they have attained.

Then we see a small company of Moolawi Dervishes, with their peculiarly shaped sugar-loaf drab felt caps. Their sheikh wears the same kind of cap, but is distinguished from the rest of his order by having a green turban neatly bound round it.

The principal feature in the procession is that which comes next; namely, the mahmal, or camel-saddle, with its tent-like cover. It is a frame of wood fitted to the camel's back, and rising up to a peak, so that, when covered, the rider can sit at his ease, being at once thoroughly protected from the rays of the sun and from the gaze of the crowd. The official covering is made of green silk, embroidered with inscriptions in gold thread, with massive gold fringes. It hangs down all round as far as the camel's knees; the upper point and corners being surmounted by gilt balls and crescents. The camel is led by footmen. Then comes the holy flag, of green silk, embroidered with gold inscriptions and gold fringe. Next a camel, on which rides a Dervish, who is swaying to and fro and singing praises. His only dress is a coarse albai tied round his waist, and a light piece of dirty white muslin or calico thrown loosely over his head and shoulders. This man has been for many years past an attendant on the mahmal, and performs the annual pilgrimage in this state of nudity on a camel supplied by the authorities. He is much venerated. An ordinary military band marching at the head of a regiment of regular infantry succeeds. Then follows a troop of about a hundred wild-looking fellows mounted on dromedaries. They are the guides and guards of the caravan, and belong to the tribe called the 'Agail. They are armed with matchlocks, swords, and a variety of weapons. Their swarthy complexions, wild expressions of feature, and incongruous variety of costume,—some flowing, some scanty; some old and grimy, others bright-coloured and new,—and their voices in harsh chorus, whilst their ostrich-like beasts struggle and push against each other like scared sheep, their soft feet producing not the slightest sound on the pavement,—altogether make the spectator fancy he is in a dream, or witnessing some vivid representation of a tale of witches or fairies.

Then follow some pilgrims riding in panniers suspended on camels, and neatly covered by an awning. Some of the more wealthy pilgrims are riding in litters rather less gaudy than that of the Pasha of the Hadji.

The civil and military governors of Damascus ride in an open carriage.

The rear of the procession is brought up by a string of camels laden with hide-covered boxes, containing the presents of carpets, &c., for the mosques at Mecca and Medina, dresses for the Arabs, and cash for the expenses of the caravan.

cottage; but imagine a poor wretch with a fractured leg, or some accident involving the nervous system, shut up in the single sleeping-room of his cottage with noisy children, subject to the barbarous, because untutored, nursing of his wife. In either case, his chances of making a rapid recovery are not encouraging. If taken to the nearest town hospital, often from fifteen to twenty miles' distance, in a rough cart, the injury necessarily becomes so aggravated, that in many cases the limb is lost, and, with the limb, the patient's life, as the atmospheric conditions of large towns are always adverse to the recovery of unacclimatised country patients. If, on the other hand, he is left to the better air of his cottage, he is, possibly, miles away from his doctor; and a case that requires watching every hour, under the best circumstances gets a visit from that hard-worked individual once a day. It was not an unnatural idea that led Mr. Napper, of Cranley, to the conclusion that we might bring the hospital system, so to speak, to the door of the poor man, and—a matter of no less importance—to his own door also. The Rector of the parish, the Rev. J. H. Sapte, worthily seconded him by giving him a cottage rent-free, which, with the aid of the neighbouring gentry, was furnished and fitted up to receive six patients. As this hospital is the model on which all the subsequent establishments have been founded, it may be as well to describe it. The outside the photographic art pictures for us at a stroke. (See p. 352). It is a Surrey cottage, and nothing more, with a sound roof and sound walls. The interior is in the same homely style. The walls are whitewashed, the ground-floor is paved with brick: even the gudeman is sitting by the fireside, taking his rest after his day's labour; for the woman who attends to the patients is wisely permitted to have the "encumbrance" of a husband. There is a patent kitchener, it is true, but this is provided for the convenience of cooking, or for the purpose of supplying a hot bath, which we see through the half-open door of a closet. In the sitting-room there is a poor boy playing on the floor, suffering from a disease in the bone of his leg. He looks very unlike the poor squalid town child, under such circumstances, primly sitting on his bed. At the side is a little room, in which the doctor sees out-patients. Upstairs are the wards for men and women. They can boast nothing beyond those in the simplest cottage, but they are scrupulously clean, and you can see that, where possible, ventilation is carried out. The nurse is a better-class countrywoman. Her homely gown, her homely speech, remind the poor sufferer of those he has left behind. He looks out of the latticed window upon a little garden, and when the wind blows, the roses tap against the window-pane. We miss altogether the long prim ward, the prim nurse, the bare, dismal walls of the regular hospital. The patient, if his anguish would only leave him at ease, feels as much at home as though he were visiting a friend's cottage, and he entirely loses the idea, so painfully thrust upon him in the

regular hospital, that he has ceased to become a man, and is simply looked upon as a disease. Can the reader wonder at the repugnance of the countryman to be in a town hospital, when he knows that he will no longer be John Stiles, but "a case of necrosis," or "a fatty tumour"? Is it strange that he loses his identity when mixed up with a long row of sufferers, upon whom a grim silence is enjoined; that he longs for the sight of a familiar face amid the crowd of students, who watch him as they would watch the experiments made upon a mouse in the exhausted bell-glass of a lecturer; and, finally, is it surprising that poor Hodge, when hit hard, begs the doctor to let him die at home, where at least he has friendly sympathy? Such a home, socially, is the Village Hospital, with the addition of all the appliances of art necessary to his case, and the doctor within call when his services are required. That the scheme was a success the moment it was practically at work was only a consequence of the simplicity of its arrangements, and its harmony with all the previous habits of the patients. At the outset it was determined that no cases should be admitted that could be treated at their own homes, and that, as far as possible, the hospital should be self-supporting. The Englishman, untouched by the degrading influence of pauperism, does not care about being tended gratuitously; at all events it is found that the charge for his maintenance is cheerfully paid according to his means. The charge varies in various hospitals from 3s. 6d. to 10s. per week. This sum is contributed by friends, and by the club, and in this manner almost a third of the weekly payments is made up, leaving a very moderate sum to be subscribed by those charitably inclined in the neighbourhood, in the form of donations and annual subscriptions. The lively sympathy of friends is always a matter to be checked rather than encouraged. We all know what trash visitors are eased of, by the hall porters in our Metropolitan hospitals, which they would surreptitiously convey to their friends. In the country, however, this willingness to tender aid is turned to account: the newly laid egg is permitted, with the approval of the surgeon, to reach the patient; the pat of butter, the wine sent by the mistress, the beef-tea coming to an old servant from the "big house," are not ruthlessly withheld; and the patient in these little attentions finds that he is still linked to friends outside by all the ties of affection. Who shall say what is the value of these natural aids to recovery? We certainly do not under-estimate their value, neither do we think the reader will. In looking over the annual reports of those Village Hospitals which have been established some little time, we cannot help being struck with the willingness which neighbours exhibit in supplying the needs of the sufferers. The tradesman, for instance, gives his time for some little odd job; the gentry supply wines or delicacies in abundance, and books; and the housewife supplies old linen. The classes in a village and its neigh-

bourhood are so linked together that the thrill of sympathy runs swiftly through the whole chain. How much more we feel inclined to help those we know something about than strangers, and in the country we all know one another. In great aggregations of men, sympathy is lost by diffusion; who thinks of interrogating the poor crouching creature on the door-step in Belgravia on a bitter winter night—is there not the Union for her to go to?

Even the furnishing of the Village Hospital is effected, in many cases, by the direct contributions of friends. Thus, at the East Grinstead Village Hospital, a lady supplied the entire furniture of one room, and others gave all kinds of medicinal and surgical appliances, and small matters that go to ease the pain of the invalid. This willingness to aid in the good work renders it comparatively easy to establish and maintain these useful institutions, the value of which is so apparent that they are rapidly spreading throughout the length and the breadth of the land. It is not more than seven years since the first Village Hospital was established, and now there are sixteen in full work, and sixty-seven in course of establishment.

It may be as well perhaps if we mention the villages in which hospitals are now established. They are as follows:—Bourton-on-the-water, Gloucestershire; Bungay, Suffolk; Cranley, Surrey; Dorking, Surrey; Capel, Surrey; East Grinstead, Sussex; Fowey, Cornwall; Great Bookham, Surrey; Harrow, Middlesex; Ilfracombe, Devon; St. Andrew's, Fifeshire; Tavistock, Devon; Tewkesbury, Gloucestershire; Weston-super-Mare, Somersetshire; Wellow, Notts; and Wrington, Somersetshire. Whilst they are already in course of formation in the following places:—Amphill, Beds; Aylesford, Kent; Bishops Lydiard, Somerset; Beverley, Yorkshire; Bertley, Durham; Bedford, Beds; Bunbury, Cheshire; Burbage, Wilts; Blackheath, Kent; Clevedon, Somerset; Chilmington, Somerset; Cowes, Isle of Wight; Carlisle, Cumberland; Cheltenham, Gloucestershire; Cockermouth, Cumberland; Congleton, Cheshire; Devizes, Wilts; Daventry, Northampton; Dudley, Worcestershire; Dorchester, Dorset; Erdington, Warwick; Frome, Somerset; Falmouth, Cornwall; Folkestone, Kent; Gainsborough, Lincolnshire; Grantham, Lincolnshire; Harpenden, Herts; Halesworth, Suffolk; Hurstpierpont, Sussex; Highgate, Middlesex; Harrogate, Yorkshire; Hatfield, Essex; Hartley Row, Herts; Holywell, Flintshire; Iver, Berks; Knutsford, Cheshire; Kilsyth, North Britain; Luton, Beds; Lewes, Sussex; Leamington, Warwick; Lichfield, Stafford; Middlesborough, Yorkshire; Marlborough, Wilts; Market Rasen, Lincolnshire; Malvern, Worcestershire; Northwich, Cheshire; North Cray, Cheshire; Newton Abbott, Devonshire; Nantwich, Cheshire; Penrith, Cumberland; Redditch, Worcestershire; Richmond, Surrey; Walsall, Staffordshire; St. Austell's, Cornwall; Shaftes-

bury, Dorset; Stoken Church, Oxford; Loutham, Warwick; Savernake, Wilts; Southwill, Notts; Tavistock, Devon; Thetford, Norfolk; Tipton Green, Stafford; Ulverstone, Lancashire; Worthing, Sussex; Walker, Northumberland; Yoxford, Suffolk; Zealand Conyers, Lincolnshire; and possibly others with which we are not yet acquainted.

As many persons, on charitable thoughts intent, will be glad to know the expense of working one of these admirable institutions, we cannot perhaps do better than give the balance-sheet of the working expenses of the Cranley Model for four years, beginning in 1859 and ending in 1863. During this period one hundred patients were treated, their stay varying from a few days to months, and in one instance to nearly an entire year. Many of the surgical cases were of a very severe nature, and we have no doubt whatever that in every case they made far more rapid recoveries, owing to the good air and immediate treatment, than they would have done in the best regulated Metropolitan hospitals, possessing the pick of the surgical skill of the country:—

Receipts and Expenditure during Four Years for One Hundred Patients.

Receipts.

	£	s.	d.
Donations and Subscriptions	542	5	5
From Patients	131	4	6
	£573	9	11

Expenditure.

	£	s.	d.
For Patients, Salaries, Wine, Beer, &c.	411	5	3
Insurance, Printing, &c.	34	17	5
Repairs and Improvements	73	11	4
Furniture	92	11	4
	£612	12	6

If we divide the total expenditure by four, we find that the annual cost, including furniture and repairs, was but little more than 150*l.* per annum. Of course the two last items of expenditure cannot be looked upon as an annual charge. If we take the mere cost of the patients it but little exceeds a hundred a year for the treatment of twenty-five cases, or five pounds per case. This gives a fair view of the extremely economical method in which these institutions are worked. One of the most encouraging items of receipt is the sum of 131*l.* 4*s.* 6*d.*, contributed by the patients themselves. It is very creditable to our rustic population, that they have set an example to the Metropolitan artisans in this respect, which we trust will not be overlooked. If the peasant with his comparatively low rate of wages can manage to give so much towards his own support whilst debarred from labour, it strikes us that the highly paid artisan in London, leaning upon rich friendly societies, should not certainly allow themselves to

depend entirely upon charity. It will be seen that the extremely manageable yearly charge of the Cranley Hospital depends upon the total absence of a "staff," that dead weight, which sinks more imposing hospitals to the earth. One motherly woman of average intelligence, whose annual salary ranges from 12*l.* to 20*l.* per annum, is found amply sufficient, with a little occasional help, to nurse, whilst a second is employed to do housewifery and cook the food for the inmates, the number of which never exceed six, and but seldom reaches that number. As long as the hospitals can be kept within six or eight beds we have no fear whatever but that they will go on successfully; but we agree with Mr. Napper, that any attempt to get beyond the capabilities of a cottage and a single nurse, with occasional help, will imperil the success of the experiment.

Fowey was the second Village Hospital, established in 1860. A great number of the cases admitted here are seafaring men, suffering from serious accidents, such as "falling from the mast-head of a ship," "brought on shore from a wreck in a state of great exhaustion," "fracture of a thigh-bone in two places in consequence of falling over the town quay," "falling from the mast-head of a vessel and pitching on his heels." Such cases as these show the value of Village Hospitals, situated in outlying maritime districts. Dr. Davis, the founder, says that during one year, only 19*l.* 0*s.* 10*d.* was paid out of the funds of the institution for fifteen patients, "owing to many of them entirely supporting themselves, and partly in consequence of friends supplying dinners, &c., to the sick when required; indeed, I have scarcely ever to ask for broth, wine, and other necessaries, but rather to be careful lest my patient gets too many good things, as sympathy is quickly excited, because the cause of it is more brought home to our minds, and soon bears fruit among our townspeople." This is the gist of the matter. When we know the patient and the circumstances of his accident, it is difficult to restrain sympathy and active aid; but directly a poor creature becomes removed far from home the chain of sympathy is broken and lost. Help, in fact, to those in distress is always in a direct ratio to the nearness of the object.

We have shown, we think, pretty clearly that the difficulties in the way of founding a Village Hospital are not by any means formidable, and that we may depend upon the charity of the country-side for the means of establishing and maintaining it. In nearly every instance with which we are acquainted, some gentleman of the district has been found ready to give the free use of a cottage, and by the aid of a bazaar sufficient is speedily raised to furnish the wards. Where there is no cottage conveniently situated, we have no doubt that some one will be found willing to raise up one for so good a purpose. Indeed we only fear that the simplicity of the move-

ment will suffer from the too generous gifts of those who give in the name of charity. At the present moment a charming little structure is being raised as a memorial Village Hospital by Mrs. Broadwood at Capel, in Surrey, in memory of her late husband, the Rev. John Broadwood, of Lyne. "It is in the style of the fourteenth century; the walls of Leith Hill sandstone, with Bath stone window-dressings and mullions, and red brick groins; and is calculated to hold twelve beds. We hear it is just finished, and we only hope it is not too fine for the poor countryfolk it is intended to succour." That a memorial cannot take a better form than that of a Village Hospital we thoroughly admit, but there is a fear lest such a structure be too pretentious, too unlike the homes of the patients themselves to be agreeable to them. At the same time it cannot be denied that the ordinary arrangements of a cottage can be improved upon for the purpose intended, and we must only hope that with the fourteenth century work we may not also get an attempt at fourteenth century habits in the form of nursing sisters, who we do not believe would work altogether satisfactorily in Village Hospitals.

Bourton-on-the-Water, established in 1861, was the third Village Hospital. As the letter we have received from its energetic surgeon and founder, Mr. Moore, supplies so many characteristic and instructive particulars, we need make no apology for giving the following quotations from it:—

"The number of beds originally was six, but a new bed-room and convalescent room have been fitted up since, and we can now accommodate eight patients. We have had, up to January 1st, 1866, 164 in-patients, who have contributed, on an average, about 14*s.* each towards their maintenance (in weekly sums, varying from 2*s.* 6*d.* to 5*s.*), but many subjects of accident or acute disease have been admitted without any payment.

"During the past year we have admitted forty-four new cases, and the daily cost of each patient (every expense inclusive) has been 1*s.* 5½*d.*

"We have one nurse, whose wages are 8*s.* 6*d.* per week, who has occasional help when the Hospital is full, or when sitters-up are required. She was formerly employed at charing and field-work, but has now become an efficient nurse, keeps the house very clean, and is generally liked by the patients.

"Written orders are sent by Mrs. Moore to the different tradespeople every Monday for the weekly supply of provisions, and she pays the accounts, which are audited by the committee at their fortnightly meetings.

"Wines and spirits are kept under lock and key at the Hospital, and are issued by me, a bottle at a time, to the nurse when required.

"Our dietary list is as follows:—Meat, 3*lb.*; sugar, ½*lb.*; butter, 6*oz.*; for each adult male per week. Milk, rice-pudding, bread, vegetables, and cocoa, at the discretion of the nurse. Wine, spirits,

beer, and other diet only by special order of the medical officer.

"Medicines are supplied by a druggist in the village at the rate of 3s. 6d. per case admitted.

"The rent is 12l. per annum, in addition to interest on money (the produce of a bazaar) expended in alterations. There are four sleeping rooms, one convalescent room, a kitchen, a committee-room (with dark-closet for ophthalmoscopic examinations, &c.), in which out-patients

are seen and prescribed for every Monday from 10 to 12. There is also a nurse's room and bath-room, in the latter of which are a hot and cold bath (supplied by a force-pump from the back kitchen below), and a shower bath and a vapour bath."

Mr. Moore was most ably seconded in his efforts by the Rev. C. W. Payne Crawford, who afterwards removed to East Grinstead, and afforded invaluable support to the founder in the establishment of that



Cranley Village Hospital.

hospital; thus illustrating the value of clerical aid when given with a will. The East Grinstead Hospital has indeed had a great fight for it, and had it not been for the determination of Dr. Rogers and his worthy coadjutor, it would probably have fared but badly. It was the fourth established in order of date, and is a little more pretentious in appearance—as will be seen by the accompanying photograph (see p. 353)—than the Cranley model, but it retains all the characteristics of a Surrey cottage of the better class, with the addition of a spacious room at the back of the house, amply lighted by two large windows. This addition was made at the expense of its founder, Dr. Rogers. The poor rustic brought here in his hour of trouble must look upon it as a little paradise, surrounded as it is by its well kept little garden, and overlooking a perfect bower of flowers, the culture of which appears to be the

hobby of the Doctor. This hospital makes up seven beds, and its working expenses are pretty much the same as those at Crawley. The report for the year ending 1865 is now on our table, from which we gather that during the last year, thirty-four cases were treated, against which we find the result "well" recorded in the great majority of cases. The receipts and expenditure of this hospital for the year 1865, are equally satisfactory with those of the Cranley Hospital.

Receipts.

	£	s.	d.
Balance at the Bankers, Jan. 1, 1865	86	12	4
Donations and Subscriptions	75	12	6
Payments by Patients	33	12	0
Collecting-box at Hospital	2	7	6
Total	£198	4	4

Expenditure.		£	s.	d.
Food, wine, medicines, appliances, fuel, &c.		86	7	4
Nurses		17	0	0
Rates, insurance, furniture, and sundries.		6	17	11
Printing		5	7	6
		<hr/>		
		115	12	9
Balance		82	11	7
Total		<hr/>		
		£198	4	4

It will be seen that the receipts from patients were fully a third of the expenditure, bearing out the statement of Mr. Napper that in calculating the means of support, that rate of support from the patients may always be depended upon.

The Tewkesbury Hospital, which was established twelve months ago, appears to be making great way, as we may indeed expect it would, considering the size of the town. Dr. Devereux, the founder,



The Cottage Hospital, East Grinstead.

informs us it is a simple double-cottage, cleaned and whitewashed, but he adds some particulars which are very instructive:—

“We commenced with five beds; but within four months the institution was so well appreciated by patients, and its usefulness was so well recognised by the tradesmen of the town, and by the gentry and clergy of the neighbouring parishes, that the number of beds was increased to seven. At the preliminary meetings the great objection urged against a Village Hospital was, that their introduction and general adoption would rob the County Infirmary both of patients and funds. As regards the first, I can safely say that not one of our patients would have found his way to our neighbouring large hospital; and as for the second part of the objection, I am sure that not one of the subscribers to the large hospital who also subscribe to our Village Hospital,

would think for a moment of withdrawing it from the Infirmary. And the tradesman of the town, who subscribes his guinea, half-guinea, five shillings, or two-and-sixpence to our Village Hospital, would never think of subscribing to any of the county infirmaries.

“Each patient pays a weekly sum towards his maintenance during his stay in the hospital. This sum of course varies according to circumstances, and is fixed by the committee. We find this rule very much appreciated by the patients. We are quite full at present. One patient, a footman, with peritonitis, pays 5s. a week; a boy, aged six, with strumous disease of the knee-joint, requiring splints, &c., whose mother is enabled to visit him daily, 2s. 6d. per week; a man, with a compound comminuted fracture of leg, whose removal to a large hospital at a distance from the place of accident would pro-

bably have rendered amputation necessary, pays 2s. 6d. per week; a young blacksmith, with skin disease, requiring medicated baths, which he could not have had at home, pays 7s. per week; a boy with rheumatism, 2s. 6d. per week; and the cook from a gentleman's family, with carbuncle of the leg, 3s. 6d. per week. These sums are paid very willingly, and it is very gratifying to find that former patients frequently visit the hospital, and bring vegetables, flowers, &c., and even money for the hospital money-box. Only last month a poor woman, whose breast was removed on account of carcinoma, gave a donation of one guinea, besides having paid a weekly sum during her stay in the institution."

This gratitude on the part of old patients is one of the most charming features of the institution. We hear from other sources that it is very common for the friends of convalescent patients to bring flowers to adorn the wards, and to put donations in the box towards the expenses of the hospital.

The question of nursing is the most important matter connected with this movement. As a rule, trained nurses from towns do not work well. They are willing to nurse, but that is only one part of the duty of the motherly person required in a Village Hospital; she must be able to lend a hand to anything, and at the same time be obedient and willing. We should look in vain for such mixed qualities in the highly-trained sisterhoods affiliated to some of our Metropolitan hospitals. Mr. Napper is, we hear, engaged upon a nursing scheme, which will, he thinks, meet the wants of the rural districts. His own experience leads him to believe that the staff of nurses he seeks to establish must be selected from the ordinary peasant women of the country, who know the wants of the patients, their habits, and perhaps their failings; and we think there can be no doubt that Mr. Napper is right. Whilst we express this opinion, however, we cannot, in justice to the trained nurses, refuse the testimony of Mrs. Tyrill, of Sunnyside, Ilfracombe, who interests herself so much in the Village Hospital of this charming watering-place. She speaks most highly of the nurse in that establishment, who was trained for seven years in King's College Hospital. But the hospital must indeed be the *beau ideal* of its class, "standing alone on the hill-side, in a garden of roses and myrtles."

Another question, much discussed, with relation to Village Hospitals, refers to the advisability of establishing fever wards. As we well know, gastric and typhoid fevers are of very common occurrence in the country, and as they are but slightly infectious there appears to be little objection to their admission. It is widely different, however, with scarlet fever, typhus, and small-pox. The general opinion seems to be that if such cases were taken in it would be a death-blow to their success. The hospital would be looked upon as a centre of infection—much, in fact, as the pest-houses were of old—and would be deserted accord-

ingly. We fear there is much truth in this. Isolation could not be sufficiently sustained, even supposing a separate ward were employed for the purpose, with a separate entrance and nurse. We know that such fever cases are admitted into a separate ward of the Children's Hospital in Great Ormond-street, without any evil results; but we fear that two nurses, in an isolated cottage, could not be kept apart so effectually as in a town, for obvious reasons. Moreover, outbreaks of contagious fever are few and far between. When they do happen, they would overtax the supply of nurses; and during periods of freedom from an outbreak the ward would be standing idle, at no small expense. Indeed, if fever cases were to be admitted, we do not see why there should not be a ward for contagious skin diseases, for consumption, &c. Once depart from the simple cottage hospital with one nurse, and the movement would be ruined.

Whilst the importance of these institutions to the labouring poor cannot be over-estimated, the resident gentry will equally participate in the benefit. Under the old style of things, the country was drained of all serious surgical cases. The guardians of the poor, rather than incur the expense of treating severe accidents, and of performing the more serious operations in the workhouses, sent the patients, often suffering the most excruciating agony, to the nearest county or town hospital. The private practitioner, knowing how useless it was to treat such cases in the homes of the patients often miles away from their own abodes, also recommended their transport to the centres of medical skill. In this manner the county suffered a complete drain of all instructive cases, and the art of the country surgeon became rusted with disuse.

In saying this much we by no means wish to cast a slur upon the skill of the country practitioner, as we well know that in mining and manufacturing districts, where accidents are of frequent occurrence the resources, the skill, and the quickness of the single-handed surgeon are often of the highest kind and would put to shame many a hospital surgeon working with all the appliances of his art, with unlimited help at hand. But manufacturing and mining neighbourhoods are one thing, agricultural neighbourhoods another; and without indorsing the expression we lately met with in a country paper, that country practitioners sooner or later "degenerate into mere pill-making machines," we do not think it can be denied that he gradually loses the greater part of the surgical skill and anatomical knowledge he acquired in the schools; and there are but a small proportion of them who would care to be practically tested, knife in hand, as they were before obtaining their diploma at the College of Surgeons. The knowledge of this fact on the part of the public, without doubt, one great drawback to a country residence to persons suffering from any bodily affliction which requires constant attention. It is no

every man that can afford to summon a celebrity from town. Such persons should hail the establishment of Village Hospitals as a boon to themselves, certainly not less than it is to the poor. The country gentleman who gives his annual subscription to maintain one of these valuable institutions must consider that, whilst he is ministering to the wants of the poor, and relieving the parish rates, he is at the same time keeping the village surgeon at school against the time when some terrible accident overtakes him in the hunting field, or when some sudden emergency to those near and dear to him, calls for the trained and skilful hand.

We cannot conclude this paper, however, without cautioning those inclined to found Village Hospitals—and there should be one in every village ten miles distant from a town or county hospital—that it is not to be done, unless under very favourable circumstances, without great tact and temper. There is rarely any difficulty in procuring sufficient funds, but there are always jealousies to be assuaged and social difficulties to be met and conquered. The surgeon, for instance, who is adventurous enough to establish one is pretty sure to find that his brethren in the neighbourhood look coldly upon him, if he has been unwise enough to do so in direct opposition to their interest or influence; and brother surgeons, it must be remembered, have the ear of the

local clergy and gentry, without whose aid it is indeed a hard fight. Not that we think a little wholesome persecution is a bad thing; on the contrary, it always acts as a stimulant. But it should not be too fierce; and this it will be, unless care is taken in interesting as many medical men as possible in its working. In all the most successful institutions of this kind it is a rule to invite every surgeon who sends in a case to attend it himself, and to give him the option of operating. This rule at once disarms a great deal of jealousy. Union surgeons, by an arrangement with the guardians, are in many cases induced to perform operations in these establishments in preference to doing so in the workhouse; of course receiving the extra fees they are entitled to receive. As a rule, these hospitals are instituted for those above the pauper class, and for such as cannot be properly treated at their own homes; but there are many that receive patients chargeable to the parish, in which case the parish allowance is guaranteed by the parish officers.

We have said enough to show, in the language of the mechanic, that there are "hot bearings," at starting, in the working of the machinery of these invaluable refuges for the afflicted, which require a little of the oil of address and persuasion to mollify; and where this is forthcoming on the part of the founder, all is sure to go well.

ANDREW WYNTER.

PREJUDICE IN MATTERS OF RELIGION.

We should certainly be offering to the earnest religious spirit of the age an uncommon dish of flattery, if we were to pronounce it free from an influence that has operated with marked effect in every age of the Church. It was the most guileless of men that asked, "Can there any good thing come out of Nazareth?" At every turn of the Gospel history we find prejudice erecting her bristles against the sayings and doings of our Lord, not merely in the person of enemies, but in that of devoted friends. Peter was horrified at the announcement of the crucifixion, and Thomas seems to have fairly lost patience when told of the resurrection. All the disciples marvelled that our Lord talked with the woman of Samaria; and if everything had been told, it would probably be seen that in their secret hearts they were astonished at many of his other proceedings, and perhaps a little ashamed of them. It is not likely that a force which was so powerful in the first age of Christianity has ever ceased to play an important part among the factors that have moulded religious opinion and action, even in the most sincere and enlightened circles. In fact, one can hardly resist a feeling of deep depression when one thinks of all the activity of prejudice during the conflicts of eighteen centuries, and the extent to which it has robbed the Church of her

heritage of truth and holiness. In the heat of so many controversies, in the antagonisms and antipathies of so many sects and parties, in the collisions of good men of such diverse nationalities, education, connections, favourite modes of thought and feeling, and so forth; in the tremblings of so many feeble old Elis for the ark of God; in the suspicions so easily roused in many sincere hearts by any proposal of change, how often has the inward vision been distorted, and, as Bacon puts it, the clear *ideas* of the divine mind transformed into the poor *idola* of the human! And what an untold amount of needless bitterness of feeling and bitterness of language, and positive injustice too, has sprung from the distortion, and how much of courage and energy worthy of the noblest cause has been worse than wasted! One wonders less at the incompleteness of our practical Christianity, at the failure of the leaven to leaven the whole lump, when one thinks how much prejudice and her mischievous family have been allowed to influence the Christian counsels. And in proportion to the intensity of one's longing for a purer, more complete, more pervading Christian spirit, is the measure of one's desire that this unwholesome intruder were fairly banished, and, to quote Bacon again, the *lumen siccum* were substituted for the *lumen madidum*—

light uncontaminated by human frailty, for light tintured with prejudice and passion.

Certainly there is nothing in the characteristics of the present age to show that prejudice has lost its power, or that it needs no longer to be guarded against. In some forms, no doubt, it is weaker, but not in all. Even our philosophers (with deference be it written), with all their unfeigned regard for the inductive method, and all their diligence in the interpretation of nature, often show that they have not left prejudice behind them, when they come to touch the domain of religion. Is it unfair to say of an influential section of scientific men at the present day, that they are prejudiced against belief in the supernatural, in the efficacy of prayer, or in the speciality of divine providence? That is to say, they assume that these things cannot be held by any one who believes in the uniformity of nature, or who understands anything of the system of natural law that prevails in the world. They assume that there is an inevitable connexion between such beliefs, and an utterly confused and superstitious conception of the mode in which the affairs of the world are regulated. Yet, if they would listen calmly to intelligent believers they would find that their faith in natural law is as strong and complete as their own, and that the real difficulty lies, where difficulty inexplicable ever must lie, at the point where the Infinite will comes into contact with the finite. In the more peculiar domain of religion, many causes of prejudice are as active as ever. Our age is not remarkable for conscientious self-discipline. Few men take pains, when addressing themselves to religious questions, to purge their minds of the bias of party, system, personal antipathy, or personal predilection, in order that their conclusions may be come to in the *lumen siccum*, free from all distortion and false colouring. There is a peculiar excitability on religious questions, a nervous sensibility in itself most worthy of commendation, considering the awful issues which religion involves, but extremely unsafe and likely to be very mischievous when it is dissociated from deliberation, candour, and equity. There is a tendency to religious panic,—the very hot-bed of prejudice, because implying a state of feeling when the ordinary measures for protecting religion are counted insufficient; the Habeas Corpus Act is suspended, a state of siege is proclaimed, and no method is spared of exciting a feeling of horror against the unhappy individuals who have caused the commotion. We have got, too, in this age a remarkable faculty of constructiveness or development, by which from a single view of any man we can construct or develop a whole system of opinion. Cuvier probably has given us the hint. From a tooth we can infer the mastodon. And if at any time we seem to be too severe in the vehemence with which we attack an opinion, we can show that it is connected, by the consanguinity of logic, with twenty other opinions of a most dangerous kind. There is, beyond doubt, much truth in this consideration, and it deserves to

be taken into account, especially when any doctrine is under discussion that has a place in the great scheme of grace. But loosely or carelessly held the position affords cover for no end of prejudices and might tempt one to do grievous injustice to persons who would repudiate with horror the conclusions that we draw from their premises.

On the other hand, it must not be assumed that everything which currently passes under the name of prejudice really bears that character. It may be mere prejudice in me to ascribe prejudice, in some point, to my neighbour. His *ideas* may seem to me to be *idola*, while in reality they are nothing of the kind. This seems to be particularly true of opinions that have a local or sectional connection. It is too readily assumed that these are all *idolopsects*—idols of the cave; that is, distortions caused by our viewing truth in our local cave, as it were, and not under the wide canopy of heaven. But there may be true ideas as well as false *idola* in the cave. In this northern part of the island, we are accustomed to have most of our peculiar views, on religion and otherwise, treated as *idola* by our southern neighbours. A writer in the *Times* or in the *Saturday Review* could hardly compose an article on a Scottish topic without an unlimited use of "Scotch prejudices." We do not claim exemption—if we did, we should not be writing this paper—but we protest against the assumption that whatever views are peculiar to Scotland are necessarily prejudices. In fact, there are some of our peculiar opinions that, when taken out of the cave and placed under the canopy, become more convincingly true than ever. We have long been suspected of a very prejudiced opinion in favour of John Knox whom the rest of the world has been accustomed to look on as somewhat of a savage. In Edinburgh during the present winter, two of our greatest writers, Mr. Carlyle and Mr. Froude, have taken Knox out of the cave and set him up under the open sky, and they have found him a greater man than even his countrymen dreamt. Froude has pronounced him not only the reformer of his Church but the former of his nation; and Carlyle sets him down as the head and progenitor of Oliver Cromwell and the whole race of heroes that did such deeds in England in her days of struggle. We are believed to breathe an atmosphere of undiluted bigotry; yet Professor Thompson, of Galway, in one of his "Odds and Ends," extols our educational system as the most liberal under the sun, and asks in what other country will you find public schools and universities where the teachers are chosen irrespective of Church connection, and boys and young men of every creed, as well as of every rank, sit on the same benches and join in the same play? The *perfervidum ingenium* is no doubt often *perfervidum* in its prejudices as in other things; but it must be claimed on its behalf, that many of its religious opinions and practices, which are often promiscuously condemned as baseless, rest firmly, nevertheless, upon the rock-foundation.