

Provincial medical charities.

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C. H. Combe Nov. 1863



Provincial Medical Charities.

THE words taken as the title of this article represent an aggregate of interests that probably far surpasses in its vastness any conjectural estimate that our readers would be likely to form. Omitting the county of Middlesex from consideration, more than 750,000 of the sick poor are treated, year after year, in the provincial hospitals and dispensaries of England alone. The annual *Medical Directory* contains a list of these institutions, with the names of their physicians and surgeons, the number of their beds, and the sum-total of their patients for the previous year. In many respects this list is defective, and, by reason of its omissions, the information we have compiled from it must represent something less than the truth. It shows the existence, in England, of 292 provincial institutions for the relief of sickness. Of these, 156 make up a total of 10,933 beds, and are called hospitals or infirmaries; while the remaining 136 are without beds, and are called dispensaries. In each division there are institutions devoted to some special disease, or to the diseases of some particular organ; but the majority undertake to combat all the ailments from which humanity suffers, with occasional limitations against such as are contagious, or the direct results of personal vice, or are supposed, in the present state of knowledge, to be incurable. The patients are of three classes: in-patients, who occupy the beds, out-patients, who attend at stated times for medical examination and physic, and home-patients, who are visited at their own residences. As a rule, the first class is peculiar to the hospital or infirmary, the third class to the dispensary, and the second class is common to both, the dispensary attempting to compensate for its want of beds by employing its medical officers to attend the more serious illnesses at the homes of the sufferers. During the year 1863, the 10,933 beds were occupied by 81,972 persons, and the out-patients and home-patients amounted to no less than 686,658, making together a gross total of 768,630 cases.

To combat the enormous amount of disease which these figures represent, the institutions in question have the services of 1,411 physicians and surgeons, exclusive of paid officers, such as resident or house-surgeons and dispensers. Of the 1,411, however, only 1,135 are actually engaged in duty, the remaining 276 being "extraordinary," or "consulting" officials in addition to the working staff. In old and well-established hospitals and dispensaries, the consulting medical officers are usually men who have retired from the ordinary work, and who carry away into retirement a merely complimentary title. In new and struggling institutions the nominal office of consulting-surgeon is often conferred upon the

leading practitioner of the locality, as a recognition of his professional status, and in order to identify him with the undertaking, as well as to secure for it his powerful influence with his wealthier patients. In either case the essential characteristic of the office, the *conditio sine quâ non*, the differential phenomenon that separates the "consulting," from the ordinary doctor, is simply this, that the former must never be consulted. If he be a consultant of the first kind, his junior colleagues have probably waited a long time for his retirement, and are eager to show how extremely well they can do without him. If he be nominated as a buttress to a new charity, his presence and his reputation of themselves sufficiently overshadow his younger brethren, who will seldom be ready to give any un-called-for admission of his superiority. We may, therefore, omit the 276 from our calculation, and may assign 1,135 medical men to the service of 768,630 patients, or one to about every 677 in the course of the year. To these figures we shall return hereafter, and we need only say at present that they somewhat understate the case. Many practitioners fill the office of surgeon or physician to more than one charity; and it is not very uncommon to find men who are thus attached to three or four, and who, in the foregoing calculation, have been counted three or four times over. If we assume the apparent total of physicians and surgeons to exceed the real total by 37, the correction will raise the average number of patients for each to 700, and this is probably not very far from the truth.

It is manifestly impossible to arrive at any certain information about the cost at which these patients are treated, and it is found that there are great differences between the expenditure per head in different institutions. Assuming that the maintenance of a bed costs 30*l.* per annum, and that the medicine for each out-patient costs three shillings, we arrive at a gross total of 430,933*l.* 14*s.* It would not be extravagant to estimate the total annual expenditure of all the institutions at 500,000*l.*

The government of a provincial hospital, as a rule, is vested in the hands of a limited number of gentlemen, of the class from which county magistrates are selected. The regulations differ in different localities, but they usually bring about very much the same result. A seat at the board-room table is in most cases a privilege reserved for persons who contribute largely in money; and is seldom taken except by those who possess leisure as well as wealth. The rich manufacturer, with his faculty for organization and his business talents, with his power of selecting the best man for the work to be done, and with his instinctive dread of the failures that attend upon a job, gives his money liberally, but gives nothing more. His time is too valuable to be occupied in discussions with possibly impracticable colleagues. The thrifty habits and the plain common-sense of the tradesman require the passport of a larger donation than his modest guinea or half-guinea. The exclusion of these elements, continuing in operation for a certain time, converts the board-room into a temple sacred to caste. The members of the committee meet there none

but personal friends and relatives, and help each other to make everything smooth and pleasant. When vacancies occur in their body, they are filled up by some mysterious process of re-election, only fully understood by the initiated; or, if the vacancy be absolute, by the consideration that so-and-so would like to join, and that he is a man with whom the remaining members are accustomed to associate. A committee thus constituted is unassailable; and may fearlessly proceed to any extremity of blundering or of favouritism. Its members take high ground. They are gentlemen of fortune, and position, and good repute. They give their money and their time without stint. They wield, collectively, a vast amount of local power and influence. They can always make, and can often mar, the fortunes of a professional man or a tradesman. They can promote or hinder the aspirations of families seeking to be received into "society;" and they are apt to exert their power, without absolute conspiracy perhaps, and often without entire self-consciousness, against any who presume to criticize their doings. The hospital they have so long governed is the best, and the best managed, in the kingdom. The surgeons and physicians, who owe their triumph over opposing candidates to the good offices of the committee, are the best and wisest, the most learned and most skilful men in the profession. The matron, the chaplain, and the house-surgeon, are paragons. These positions are self-evident; they are plain verities, which must be perceived when stated, and which ought to be perceived intuitively. The man who questions them must be a fool, or something worse. It would be unsafe to trust him to feel a pulse, or to stop a tooth, or to draw a settlement. He would perhaps be argumentative, and it would be painful to meet him at a dinner-party. Under the influence of such feelings as these, it is evident that the committee will enjoy an immunity from criticism beyond even the ordinary privileges of a corporate body. English gentlemen will never so far abuse a trust committed to them as to establish a condition of things on behalf of which nothing can be said. And, for anything short of this, a hospital committee could only be assailed successfully under circumstances so peculiar that their occurrence would be little less than a prodigy.

The typical provincial hospital is always in debt. For reasons that will become apparent in the sequel, it is supported by the few, rather than by the many. It has invested property, and an uncertain annual income from subscriptions and small donations. If the revenue from all sources be 3,000*l.* per annum, the expenses will be 3,200*l.*, or thereabouts. Some claims stand over for a time, some are paid by the treasurer out of his own pocket, some are met by casual windfalls. But the arrears accumulate, and every now and then there is a great demonstration. The local magnates put their shoulders to the wheel. A fancy fair is held. A bishop preaches. The subscription list is enlarged, and perhaps the average standard of subscription raised. As a rule, the members of the committee come forward nobly. The local Radical paper has questioned

the wisdom of their administration : they scorn to answer its attacks otherwise than by liberal deeds. Their cheques not only wipe away the remnant of indebtedness, but leave a margin with which to commence a new wing. They feel, more than ever, that they pay for and support the hospital, and that they are entitled to do what they like with their own.

The medical staff of a provincial differs from that of a London hospital in many respects, and in none more conspicuously than in numerical weakness and in the titular equality of its members. In London, the ordinary arrangement is to have three physicians and three surgeons, three assistant-physicians, and three assistant-surgeons. Each of these gentlemen attends twice a week ; so that a physician and a surgeon, an assistant-physician and an assistant-surgeon, are to be met with daily. The physicians and surgeons attend to the in-patients, the assistants to the out-patients. Besides this general staff, there are special departments, each with its complement of officers. The obstetric physician, the ophthalmic, aural, and dental surgeons, with their assistants, are to be found in most well-managed institutions. And some of the most able men in the medical profession have filled for years, and fill at present, the assistant offices, waiting for time to bring them promotion, and discharging their arduous duties with unflinching energy, punctuality, and perseverance. A staff thus constituted is theoretically almost perfect, and works with admirable efficiency in practice. Among so large a number of officers, no individual can attain undue or undeserved pre-eminence. The younger men tread upon the heels of their seniors, and compel them to examine and to master the improvements of the day. The elder men restrain their juniors from hasty innovation, and temper the possible rashness of youth by the wisdom of experience. A common pride in their connection with a great institution forms a bond of union between them all. The students are well taught, the patients are well treated, opportunities for observation and research are well used ; and, with due allowance for human frailty, beneficence and skill go hand in hand, for the accomplishment of some of their greatest works.

In provincial hospitals, with only one or two exceptions, assistant medical officers are unknown ; and the treatment of the out-patients devolves, nominally, upon the same gentlemen who have charge of the wards. For a large provincial hospital a staff of two physicians and three surgeons may be taken as about the average. The county hospitals are usually of some antiquity, and date from a time when physicians and well-educated surgeons were comparatively few in number ; when apothecaries were unequal to even the smaller duties of surgery ; and when various impediments to locomotion hindered the arrival of out-patients from neighbouring towns and villages. In these days the duties of the hospital were light, and the men competent to discharge them were not numerous. Out of London, only a small staff could be obtained, and, generally speaking, only a small staff was required.

The progress of events has totally altered these conditions. Men abound who are fit to hold office as physicians or surgeons to a hospital; and patients come in shoals from all parts of every county. But the provincial hospital makes no adequate increase to its staff; and for this two principal reasons may be assigned.

In the first place, the office of physician or surgeon to a county hospital is usually a very valuable appointment, improving the social status and professional position of any man who may obtain it, and, indirectly, largely increasing his income. To this rule there are notable exceptions; but still the rule obtains. A limited number of persons, who divide certain advantages, have a very natural aversion to the addition of fresh members to their body. People easily convince themselves of the truth of what they wish to believe, and no one has a right to wonder when the existing staff of a hospital exclaims, with one voice, that more physicians and surgeons are "perfectly unnecessary."

Secondly, in country towns, there is an amount of personal rivalry among professional men which could not exist in London. In a comparatively small area of practice, it is not uncommon for medical feuds to spring out of the illnesses of individual patients, or out of the ill-judged gossip of their friends. In any town large enough to support a hospital, there will almost always be two or more distinct medical parties. Brown, Jones, and Robinson, let us say, are surgeons possessing a fair equality of skill and knowledge. Each of them possesses a special and enthusiastic clientèle, composed of persons who regard with contemptuous pity the infatuation that can trust health and life to either of the others. Brown has many advantages. He is sixty years old. A studious youth and a thoughtful manhood have thinned and whitened his hair. The wholesome labours and simple pleasures of his temperate and well-spent life have left his powers unimpaired; and time, that has ripened and matured his judgment, has not yet dimmed the keenness of his eye, blunted the sensitiveness of his touch, or shaken the steadiness of his hand. The death of some professional Nestor, who was practically superannuated by his private patients twenty years before, opens a vacancy at the county hospital. Brown, Jones, and Robinson are the candidates. The great claims of the first carry the day. His opponents, both rising men in the place, both just entering upon middle age, both sufficiently skilful and experienced to do justice to a hospital appointment, and to use its great opportunities to the advantage of the patients and of the public, are defeated. Brown is a hale man, likely to hold his new office for years, but far too busy with his practice to devote to it the time it requires. In London either Jones or Robinson would cheerfully act as his assistant-surgeon, would see his out-patients, and perform operations of emergency in his absence. In a country town this cannot be. They are his rivals in practice, profiting by his occasional absence from the place where he is wanted,—sometimes seeking to profit, perhaps, by his occasional errors of judgment. By certain persons they are even now consulted in preference

to him, and they think it would be a tacit confession of inferiority to hold an office ostensibly subordinate to that of a man whom they hope one day to supersede.

The practical result is, that the work of country hospitals is very indifferently done. The physicians and surgeons are frequently so much occupied with their private duties, that they are very irregular in their hospital attendance, and often pay only short and hurried visits. There being usually but few students, the irregularity is of little consequence as far as the wards are concerned; but the poor creatures huddled together in the out-patients' waiting room—ordered to attend at eleven in the morning, and not admitted to the doctor until half-past three in the afternoon, suffering from hunger, fatigue, overcrowding, and imperfect ventilation—had need to be much improved by treatment in order to compensate them for the injury certain to accrue from these unfavourable conditions. The shortness of time leads to a very hasty inspection of the patients. Those whose cases present, upon the surface, any features of marked professional interest, are reserved for further examination, or for the wards. The remainder are treated at haphazard, from some book or formulæ, in accordance with the first symptom they mention, and at the rate of three patients a minute. In the dispensary, the compound mixture of gentian, and the compound mixture of soda, the tonic mixture and the acid mixture, are kept ready prepared. In the examining room they are prescribed in rotation.

It often happens that the members of the medical staff do not ever find time for this apparent or perfunctory discharge of their duties, and that the treatment of the out-patients devolves almost entirely upon the house-surgeon, whose position and qualifications have the next claim upon our attention. The house-surgeon to a county hospital is usually a student, who has just passed his examinations, and who seeks experience before engaging in practice on his own account. He is almost invariably of good habits and character, and usually represents the very best class of young practitioners. There are a few examples of men holding such an office for a long period, growing grey in the service of one institution, and gathering great stores of professional learning. But hospitals do not provide accommodation for families, and usually pay only a small stipend. A house-surgeon who desires to marry, or who has any pecuniary ambition, is forced to resign his post; and, under the influence of these and other motives, the tendency to change is so marked, that it is usual for a committee to make a contract with the house-surgeon for three years.

To see the out-patients is not, we believe, in any hospital a recognized part of the house-surgeon's duty; and his duties that are unquestionable are generally quite sufficient to fill up his time.

The value of "experience" in medical practice consists very greatly in the power that it confers to arrive rapidly at trustworthy conclusions about disease. A surgeon who begins his professional life by closely and carefully examining his patients at all points, and by building up

opinions about them step by step, investigating everything, and taking nothing for granted, is gradually and surely acquiring the power of recognizing important symptoms at a glance, and, as it were, by intuition. A surgeon who jumps at conclusions when he is young, will not only fall into the most deplorable errors then, but will never be accurate when he is old. A typical house-surgeon, in order to see fifty or a hundred out-patients honestly, with benefit to them and to himself, ought to have ample time and undisturbed attention, and even then he ought to feel the strain upon his faculties to be considerable. If he be called upon in a hurry, when there are many other claims upon his time and thoughts, and when his chief object is to "get rid" of the people, his seeing them will be the most hollow of all shams as regards their illnesses, and will be a source of both moral and intellectual evil to himself. Moreover, whatever may be his qualifications, he cannot be called upon to do the duty of the medical staff without a distinct breach of what is, at least, an implied contract. Subscribers vote for a certain candidate as physician or surgeon, under the belief that the patients will have the benefit of his skill; and any physician or surgeon who is unable to fulfil this reasonable expectation ought either to ask for a diminution of his duties or to retire from them altogether.

The attention paid to patients in the wards is in many cases probably sufficient, because the house-surgeon could scarcely fail to notice any important symptoms that they might present, and would mention the results of his observations to the physician or surgeon on his rounds. We say *probably*, without affirming that the fact is so; because provincial hospitals are very close boroughs indeed, and the profession outside have very few opportunities of criticizing the doings within the walls. By "attention," we mean, of course, not kind and cheering words, or a sympathetic countenance and manner, matters which are highly valuable, and rarely, if ever, wanting, but the mental attention necessary in order to find out all that ails the patient. With reference to this we attach special importance to the office of the house-surgeon, to his residence among the sick, and to his frequent intercourse with them; because we believe that ninety per cent. of medical errors are due to haste and carelessness, rather than to any lack of knowledge. Certainly there are some provincial hospitals to whose medical officers we could fairly impute negligence, but never ignorance; and from which in-patients go forth "unrelieved," to yield a rich harvest of reputation, if of nothing else, to neighbouring practitioners, who will take the pains thoroughly to investigate their illnesses. We do not refer to what are called "fancy cases," to brilliant operations, or to patients selected for the display of new methods of treatment, but to the ordinary routine of in-patient disease.

In order to consider how far the sort of system we have sketched deviates from that which would appear to be most desirable, it is worth while to inquire what are the purposes that a hospital is intended to fulfil. We presume that they are mainly two—the cure of the indigent sick, and

the instruction of medical practitioners. The first is the primary, avowed and evident object; and we need only say of it that it is not promoted by allowing the medical officers to undertake more work than they can thoroughly and honestly accomplish.

To say that a hospital is intended for the instruction of medical practitioners is to assert a proposition that is not self-evident, and that may fairly be disputed. People may say that they elect a physician or surgeon from a belief in his skill and knowledge; that he may exercise his art, not that he may learn it. But physicians and surgeons, worthy of the name, are always learning; and learn more readily the greater is the substratum of knowledge on which they build. The highest attainable professional qualifications which denote the fitness of their holder for hospital and consulting practice, may be obtained at five or six-and-twenty; an age at which all men have a great deal to learn. The common consent of society recognizes the claim of hospital officers to consultation practice, not on account of the merits that gained them their appointments, but on account of the "experience" that these appointments afford. People know that, in a hospital, cases of sickness are brought together under circumstances particularly favourable for studying the phenomena that they present; and they do not always know that the value of experience depends entirely upon the way in which it is used. When a man has held a hospital appointment for a certain time, that fact alone will almost always enable him to charge high fees, will extend his practice among the more wealthy classes, and will cause him to be called in as a second opinion. Practically, whatever hospitals are intended for, they are used to educate a superior class of practitioners for the service of the rich. It may be questioned whether they are used for this purpose in the best way, and whether their utility with regard to it might not be greatly extended.

If we put reputation and fees out of sight, and consider in what other way hospital duty is useful to the practitioner, the answer is very plain. It affords him an opportunity of constantly exercising his art; and this opportunity is really more valuable from its daily routine of small and common things, than from its occasional difficulties and emergencies. There are many things which it is highly desirable to do, but which cannot be done in private practice: things which would be troublesome or inconvenient to patients, and to which they would not submit without obvious necessity on their own account. A hospital physician or surgeon, for instance, may make it a practice to examine the chests of twenty out-patients at each visit, without reference to their having chest ailments or not. By doing so he will learn more about the natural breath sounds, and about all departures from them, and will gain a more perfect practical readiness and familiarity with the subject, in the course of a few months, than he would in years of private practice, by examining only those persons for whom such an examination was imperatively required. Again, the progress of science is constantly producing new methods or instruments of research, as the stethoscope in the last generation.

ophthalmoscope, the laryngoscope, the eudoscope, in the present. The hospital surgeon has opportunities of perfecting himself in the employment of these various means. As regards pure surgery, he has, in the frequent performance of minor operations, the best possible training of his eye and hand for major ones. In all labour there is profit; and the man who is constantly doing the small things of his calling, and doing them carefully and well, is quite certain to be successful with the great things, when these are required of him by events. On the contrary, the man who does small things carelessly and badly is simply acquiring bad and slovenly habits. No aggregate of ciphers will make a unit; and the surgeon who has treated 500 slight cases without attention or thought, is not thereby any better qualified (but rather worse) for treating one severe one.

We think it follows that the system now pursued in provincial hospitals would be greatly improved by appointing assistant medical officers in such numbers that their proportion of out-patients should never become burdensome to them, and should afford them the opportunities and advantages of hospital practice without the temptation (now almost the necessity) of leaving half of their people unexamined. We think that the principle stated might be carried a long way: so far, indeed, as this, that the strength of the staff should be determined less by the absolute needs of the institution than by the number of able and willing labourers available in the locality. There is no reason in the rule that limits the number of surgeons to a hospital to three, or to four, when its only practical effect is to exclude other men of equal skill and ability.

In our imaginary contest between Messrs. Brown, Jones, and Robinson, we assumed that the personal and professional claims of the successful candidate were distinctly superior to those of his opponents; or, in other words, that merit had fair play. This assumption would frequently be very wide of the truth.

Some years ago a vacancy was created at a county hospital by the decease of the octogenarian senior surgeon. The veteran's tenure of office had long been a scandal to the institution; and, not long before his death, while endeavouring, with dim eyes and shaking hands, to perform an important operation, he actually cut two fingers from the hand of an assistant. The vacant office was sought by a gentleman of very great ability, who chanced to be a Roman Catholic, and who was at variance with one of the surviving surgeons, whose partner he had formerly been. The last-mentioned surgeon was himself advanced in life, was well acquainted with most of the leading county families, and had a son, a young man, who had only recently completed his education as a *physician*. This juvenile and perfectly untried physician was brought forward as a candidate against a surgeon, much his senior, and in many respects his superior. The father exerted himself greatly, and promised that as soon as his son was elected, he would himself resign. In spite of his personal influence, the issue was still doubtful, and, as a last

electioneering resource, an appeal was made against the Roman Catholic to an ultra-Protestant party in the county. The cry of "No Popery!" carried the day, and, as soon as the young physician had been elected surgeon, his father reconsidered and abandoned his intention to resign. In a great hospital in a populous town, containing between forty and fifty medical practitioners, the surgical staff consisted of M. le Père, M. le Fils, and a valetudinarian. M. le Père had once been an able man, and was then, surgically speaking, a petrification. M. le Fils had still to reveal his powers and merits, both of which ultimately proved to be considerable. In spite of them, however, his father and himself were distanced in the race for practice by the defeated candidate for the surgery, who, notwithstanding his creed, went all over the county as a consultant and operator.

Years rolled on. The valetudinarian became unfit for his duties, and wished to resign. He also wished to sell his practice, and in this the hospital appointment was a very valuable element. There was a rule in force at the hospital, handed down from a remote time, which provided that no one could be a candidate for a surgery until he had lived and practised in the town for twelve months. The valetudinarian sold his practice, introduced his successor, Mr. —, and went abroad. But he would not make a vacancy at the hospital until his successor was eligible to compete, and for an entire year he did not resign his appointment. In his absence Messieurs Père et Fils divided his duty.

When at last he resigned, the surgeon formerly defeated by M. le Fils came forward as a candidate, in opposition to Mr. —. On this occasion merit and ability carried the day. A majority of the electors felt it to be absurd that a man of great professional distinction, and in very large practice, should be excluded from the hospital of his own town. This majority was only a narrow one, because the known wishes of the valetudinarian carried great weight, and because the personal character of Mr. —, who had formerly been house-surgeon, was such as to render him highly popular.

The contest being over, the supporters of Mr. — cast about for some means of consoling him under his disappointment. The three surgeons in actual possession, Messieurs Père et Fils, and the newly elected, were all likely to remain at their posts for many years. It was suggested that the hospital might have a fourth surgeon, and a general meeting was called to consider the proposition. There was no statement or suggestion that the hospital needed such an accession of strength (although it really did so very greatly), and the question was openly and avowedly treated as one purely personal to Mr. —, and as having no other bearing than as a way of putting him into office. The three surgeons met together, and offered a bargain to their proposed colleague. If he stood out for a turn of admission into the wards, and for a share of beds and operations, they would oppose the project tooth and nail. If he would do assistant's duty, with the empty title of surgeon, and would be content to go without

in-patients, they would support him. He accepted their terms, the office of fourth surgeon was instituted, and Mr. ——— was elected without opposition, and we believe, without any knowledge on the part of the committee or the subscribers of the way in which his duties were to be curtailed by the arrangement with his colleagues.

In thinking over such a history as this, the analogue to which may be found in many other counties, the first thing remarkable is the way in which the *public* character of the institution is ignored by all concerned. An influential clique of governors take no other view of the hospital than that it affords a means of doing a good turn to the family doctor. The medical officers appointed regard the place as their private property, to be held against all comers, and they perpetuate at the present day many of the abuses that flourished in London hospitals many years ago, and that were rooted up by the *Lancet*. Wherever situate, all hospitals ought to be freely open to medical practitioners. As a matter of fact, they are just as much and as little open as the private houses of the surgeons. To both, admission is accorded to some by invitation, and is entirely refused to others. It is a common practice to send out invitations to the neighbouring medical men to attend and witness operations. For this purpose a list is prepared by the house-surgeon, and is expurgated by each surgeon in turn. Each in turn erases the name of every one who has offended him; and the deadliest form of offence is found in any professional criticism, or in any suggestion for the improvement of the institution. Not long ago a surgeon advised the committee of a county hospital to open a special department for the treatment of eye disease, as is now usual in London, and to place an additional surgeon in charge of it. The members of the medical staff felt and spoke like the elderly owner of a suburban villa, who receives notice that a projected railway will carry off a corner of his conservatory. They met and dined, poured forth a libation and cursed the offender by their gods. They said that his suggestion was an impudent interference, and they assured the committee that nothing of the kind was "necessary;" resting their opinion on the ground that very few cases of eye disease came before them, and forgetting that the experience of the few who came might in itself be an ample explanation of the absence of the many who stayed away. The committee consisted of gentlemen who could go to London if their own eyes suffered, and who were, therefore, perfectly content with the existing arrangements.

The effect of the present state of things is that medical men, unless they have some unusual family or other influence, regard provincial hospitals with dislike and jealousy. They see in them institutions for exalting a few practitioners at the expense of the many, and they do not see that the few are selected in accordance with any principle that they can recognize or approve. Those among them who are ambitious, and who are excluded from the established hospitals, set on foot little starveling institutions of their own. The great majority are passive in the matter, except

so far as this, that they do not promote the interests of the hospital with their wealthy patients. On the contrary, they say, "There is a man of whom I am about to perform an operation. His home is a poor one, not at all adapted for the purpose, and his means are very small. In fact, he ought to be in a hospital, but I do not wish to lose the case, which presents many points of interest. I shall be glad if you will help him with money or nourishment." Such appeals as this are made every day, by men who are in every way entitled to hospital appointments, and who cannot get them. They are very liberally responded to, and, if the feeling of the profession were enlisted on the side of hospitals, by facilities for using them, a source of contributions would at once be opened up that at present is entirely closed. People would give, small sums or large, to the hospital recommended by their own medical attendant, when they do not care to support what is not brought so nearly home to them. It is certainly true in many places, if not in all, that the county hospital is chiefly maintained by the upper classes of society, and that the middle classes and tradespeople contribute little or nothing to its funds.

It may be objected by some that, if hospitals were thrown open to the medical profession, so that doing duty in them ceased to be a distinction, surgeons would not be found to undertake the work. At present, it may be said, a hospital appointment is the readiest road to a lucrative practice, and therefore men take upon themselves the burden for the sake of the gain. If any one who pleased, being sufficiently qualified, were admitted to a share of the duty, the present advantages would cease to follow.

To such an objection as this we do not attach the smallest weight. The surgeons who are qualified for every kind of hospital duty are now very numerous; and, generally speaking, earnestly desire opportunities of exercising their calling. They fully recognize that every citizen of a free country owes a certain debt of gratuitous service to the commonwealth, to be discharged in accordance with his gifts and opportunities. They are excused from much irksome public service on account of their profession, and they would not seek to evade a claim that the profession would legitimately bring. Moreover, a hospital appointment filled under criticism, and in which they were exposed to rivalry, would call out the powers of the strong far more than the present system can ever do; and at the same time it would afford no opportunity for an unwarrantable elevation of the weak. The men who undertook hospital work would find their own level, and would display upon a public stage their claims to the public confidence.

There is probably no hospital which would not afford sufficient out-patients for all the practitioners who were willing to take part in attending them; but it would often be necessary to restrict the number of those in charge of the beds. Where this was requisite, the several surgeons might exchange duties, or give place to others, at stated periods, in rotation. It is worthy of remark that some arrangement of this kind is carried out at Bradford in Yorkshire; and that in the so-called "cottage

hospitals" now springing up in various localities, the principle is fully admitted that "any medical man in the neighbourhood may send patients and attend them in the hospital."

In considering the case of any venerable abuse, it is often profitable to inquire what would be thought of the arrangement if, instead of being sanctified by usage, it were now proposed for the first time. Instead of the present system we urge that our provincial hospitals should be made really public and national institutions, in which the patients would receive the greatest attainable amount of attention and care, and from which medical men would derive the greatest possible advantage. At present, they do not accomplish nearly what their pecuniary resources would allow, on account of the unwise limitation of the number of their medical officers. In nearly every county town the hospital is in the hands of a small number of men, who, by reason of their appointments, affect to be superior to their brethren. The appointments are obtained by election, after a costly and humiliating canvass, often after a contest in which every kind of electioneering trick is practised, and in which family interest, religious creed, or other considerations wholly foreign to the issue, are of equal, sometimes of far more weight than the possession of professional skill and the conscientious discharge of professional duty. The number of the staff thus selected is invariably below the real needs of the institution, with the result that the out-patient department is grievously neglected, and often handed over absolutely to the house-surgeon. The needs of the institution should, we think, be rather over than under-supplied. The medical profession, as a body, supports hospitals nobly. The profession, as a body, has a distinct right to all the advantages (of which experience is the chief) to be gained from them. We hold that every physician or surgeon who resides within a certain distance of a hospital, and who gives proof of skill and diligence in his calling, ought to be permitted to take his share of the work. The duties of a hospital might in this way be divided among a sufficient number of men to insure their proper performance; the profession would largely benefit by the wide distribution of the privileges now so jealously guarded by a few; the patients, by the greater amount of time and care bestowed upon them; and the public, by the power of selection among many men, to each of whom the advantages of hospital practice, and of hospital responsibility, had been afforded.

Costume and Character.

WE wear our costumes as we take our pleasures, sadly; the blackness of the burden, and the fashion in which we wear it, being in some sort the legacy which we have inherited from our Puritan ancestors. There was a time when brilliant and picturesque attire was regarded not only as the livery of Moab and the brand of a vessel of wrath, but as something the reverse of respectable, and the badge of a losing cause; while the sad-coloured garment represented power, dignity, and a good understanding with the Government. No wonder, then, that the latter for a season prevailed. We have long since departed from the spirit, and abandoned most of the customs which the Puritans bound around our neck, as a yoke too grievous to be borne; but we have preserved in dress a certain affectation of gravity and monotony in colour, as being still the mark of a well-regulated mind. In morning dress, indeed, some latitude is allowed, but rough material of uncouth cut, and a good deal of singularity and slovenliness in the mode of wearing it, are thought less reprehensible than any bright-coloured vestment, however tastefully and artistically fashioned, which is at once the symptom and proof of conceit and levity. But for evening dress we are still inexorable, and rigidly exact that *costume de deuil* which gives such a funereal aspect to our men on festive occasions. Many men, especially the young, would gladly head a revolution in these matters, were it not that, like true Britons, they would face death rather than ridicule. So in these days we sacrifice our secret aspirations on the altar of Momus, along with several other things which are of more value. But our young men not unnaturally devoted a good deal of time and thought to the form and colour of their rifle uniform, and arrayed themselves in it gladly, seeing that, if laughed at then, it must be in company; but for a long while the solitary rifleman might be seen hurrying down to join his corps, trying hard to look as though he did not hear the cries of the city Arabs, who pelted him with chaff as they do each other with dirt, ill at ease with himself until he mixed in the ranks of his own comrades. Some of the regiments essayed to introduce a uniform which should be at once striking and original, notably the Oxford Corps, and the members of it instantly became the butt of the press. Indeed, Englishmen have about them a certain *mauvaise honte*, which generally creates a disagreeable sensation of self-consciousness whenever they are decked in any costume which is not the ordinary and traditional one. The introduction of knickerbockers in every-day dress was eagerly seized on by young fellows whose legs were unexceptionable; but the fashion never became general, and it is now chiefly confined to the little