

Report of the sub-committee appointed to consider the means by which the abuses of the Out-Patient Department of General Hospitals may best be remedied / [A. Meadows and others.

Contributors

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REPORT

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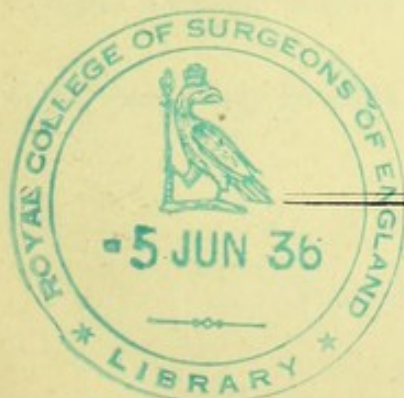
OF THE

SUB-COMMITTEE APPOINTED TO CONSIDER
THE MEANS BY WHICH THE ABUSES

OF THE

Out-Patient Department of General Hospitals

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LONDON.

—
1870.

REPORT

COMMITTEE APPOINTED TO CONSIDER
THE MEANS BY WHICH THE ABUSES

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DEAR SIR,

The Committee appointed at a public Meeting held March 24th, Sir William Fergusson, Bart., F.R.S., in the Chair, to inquire into Out-Patient Hospital Administration, have incurred considerable expense in procuring the information necessary for their Reports, three of which accompany this note: a fourth, a very important one, on Free and Provident Dispensaries, is in hand.

The Committee hope you will further this work by a small donation towards the necessary expenses. Post Office Orders may be made payable at Vere Street.

I remain,

Your obedient Servant,

ALFRED MEADOWS, M.D.,

Hon. Treasurer.

27, Green Street,

Harvard Square, W.

Dear Sir,

The Committee appointed at a public Meeting
held March 24th, Sir William Robertson, Bart., F.R.S., in
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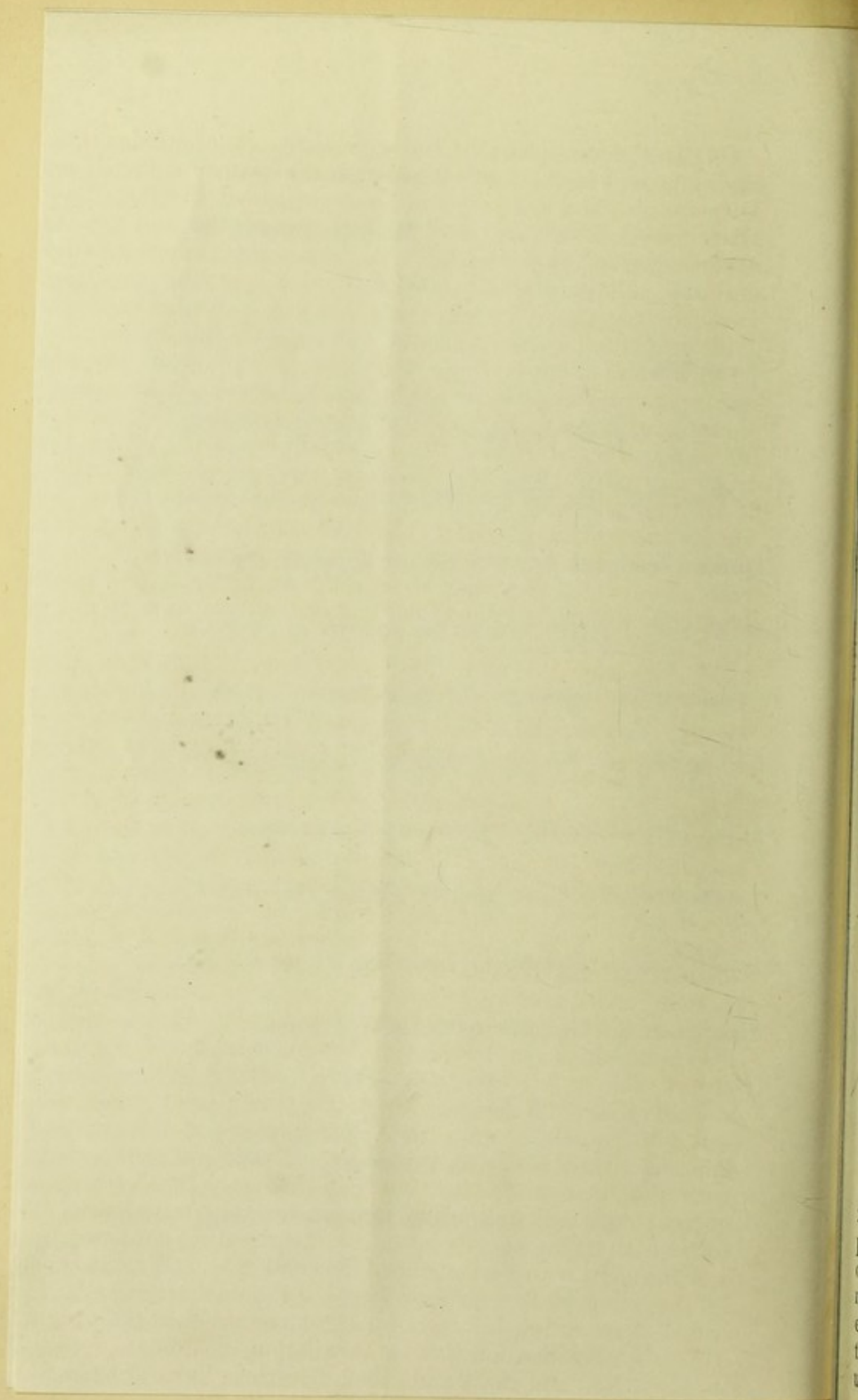
ALFRED MRAYDOW, M.D.

Secy. Treas.

REPORT.

The following report was prepared by the Department of the Interior, Bureau of Land Management, in response to a request from the Senate Committee on Land and Natural Resources, dated June 1, 1906. The report is based on a study of the public lands of the United States, and is intended to provide information regarding the status of these lands, the methods of their disposal, and the results of the various surveys and investigations conducted by the Department.

The report is divided into three main parts. The first part, entitled "General Statement," contains a summary of the public lands of the United States, and a description of the various methods of disposal. The second part, entitled "Detailed Statement," contains a detailed description of the various methods of disposal, and the results of the various surveys and investigations conducted by the Department. The third part, entitled "Conclusions," contains a summary of the results of the study, and a statement of the recommendations of the Department.



REPORT.

THE Sub-committee appointed to inquire into the out-patient department of the General Hospitals have held several meetings, to which the members of the various hospital staffs have been invited. They have also received some very important communications in reply to the questions upon which discussion has been held; and they feel it due to Mr. Whitfield, of St. Thomas's Hospital, who has devoted great attention to the subject for many years, to acknowledge the very valuable paper he has forwarded, and their indebtedness to him for some of the most important suggestions contained in their Report. They also acknowledge with thanks a very valuable letter from Dr. Steel, of Guy's. The Sub-committee commenced their investigation by endeavouring to determine the nature of the out-patient work as now carried on from a professional point of view, particularly in its relation to the kind of practice which is consistent with the respective status and interests of general practitioners and consultees.

(1.) The Sub-committee have arrived at the conclusion that a very large proportion of the out-patients of general hospitals (variously estimated at from three-fifths to nine-tenths of the whole) consists of trivial cases which do not require any special skill, and might be properly left in the hands of ordinary medical men. The overwhelming number of uninteresting cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tend to erroneous and ineffective treatment. In fact, out-patient work, as generally conducted, neither conduces to the sound advancement of professional knowledge, nor to the advantage either of the students or the public. And, bearing in mind that the staff consists exclusively of consultees, and that clinical teaching is one of the most important advantages derived by the public and the profession from the institution of public hospitals, the Sub-committee are of opinion that some special claim ought to be made out for perfectly gratuitous hospital advice, such as sudden emergency, surgical requirements, long continued ineffective treatment, peculiar, obscure, and complicated disease, unforeseen and unavoidable distress, or some other special

cause, making it desirable that the attention of a consultee should be given to the case.

(2.) The Sub-committee in the next place directed their attention to the social position of the patients, and they are of opinion that the probable income of half the number of out-patients may be estimated at from 1*l.* to 1*l.* 10*s.* per week; one-fourth more than this, and the remainder less. The Sub-committee are of opinion that persons in the receipt of upwards of 1*l.* per week should, as a rule, be expected, at least in ordinary illnesses, to pay something out of their own earnings towards medical advice, either by joining sick clubs, to which medical practitioners are usually attached, or by becoming members of Provident Dispensaries, the payments to which are expressly suited to their means; and the Sub-committee are of opinion that persons with an income of more than 1*l.* 10*s.* per week should not be considered as proper objects of gratuitous medical advice, but should be referred to Provident Dispensaries, where, by the payment of a moderate entrance-fee, they would be entitled to advice and medicine. And as regards the rest, who are obviously unable to provide either medical advice or medicine, the Sub-committee are of opinion that such persons should, at least in the first instance, be attended by the Medical Officers of the Poor Law Dispensaries, which should be so organised as to secure a prompt and really effective attendance upon the necessitous poor, and so conducted as to remove them as far as possible from the degrading associations of the workhouse. The Sub-committee are of opinion that the great extension of the hospital out-patient system during the last thirty years is largely due to the repressive action of the Poor Law, and to the serious imperfections in the system of Poor Law medical relief. It must be observed especially that the statistics recently issued by the Poor Law Board show, that more than 96 per cent. of the whole number of persons relieved out of the poor rates consists of sick and aged adults, and children under sixteen years of age, a fact which proves conclusively that a large proportion of the sick paupers are proper objects of charitable assistance, and are really identical with many who now present themselves at the out-patient department of the public hospitals.

(3.) The Sub-committee are of opinion that the system of admission by governors' and subscribers' letters is radically wrong as regards out-patients, and ought to be abolished.

This practice is one of the chief sources of hospital abuse. The Sub-committee believe that many masters and employers of labour contribute to hospitals, with the object of providing medical assistance for their servants and workmen at a cheap

rate. Men whose ordinary income is two or three pounds per week, expect to have letters of recommendation given them to the neighbouring institutions. They are thus relieved from the necessity of joining Benefit Societies, and Provident Dispensaries, and the effect of the masters' liberality is to destroy habits of forethought and independence, and to enable the man to spend more of his wages at the public house.

The system, also, forms the excuse for free dispensaries and hospitals, since it is often injurious to the really sick to be compelled to go about in search of governors' letters, whilst it is obvious that absolute freedom of admission is liable to very great abuse.

(4.) In conformity with the view that the gratuitous out-patient department of hospitals should be associated with the work of consultees, the Sub-committee are of opinion that the system of giving medicines gratuitously to out-patients at hospitals ought to be greatly restricted, and that in a large number of cases advice and surgical appliances, with prescriptions when necessary, should alone be given.

The Sub-committee assume all sick persons who are unable to pay for their medicines are entitled thereto at the public Poor Law Dispensaries before alluded to; and they believe that the practice of giving medicines so freely and gratuitously at hospitals forms one of the most fruitful sources of demoralisation and abuse. "No other class of monomaniacs," says Dr. Clapton, "are to be compared in numbers to that of out-patients, who are never happy unless they are perpetually swallowing large quantities of physic. The regularity of their attendance in the out-patient room is most remarkable, and I have more than a suspicion that some of them attend simultaneously at different hospitals, and swallow all they get from each." Hundreds, if not thousands, who suffer from debility, arising from the insanitary condition of their homes, want of wholesome and sufficient food, and other causes tending to depress the vital powers, are tempted to go to hospitals by the relief which tonic medicines undoubtedly are often found to give them. But the Sub-committee would observe that this empirical mode of treatment is very unsatisfactory. A poor woman suffering from the effects of her crowded room or cellar life, may possibly be benefitted by continued doses of quinine, but so far from such patients being cured by constantly taking medicine, week after week, month after month, and by attendance at successive institutions year after year, attention is often diverted from the true remedy, and the poor sufferers acquire an exaggerated faith in the power of medicine not wholly deserved. The refusal to dispense these tonic medicines in their usual

wholesale form would at once relieve the medical staffs of an enormous amount of most uninteresting and unsatisfactory labour, and the hospital managers of a great and unnecessary expense. At the same time the Sub-committee would not desire to take away from the medical staffs the right of ordering medicines of a peculiar character, or in cases of special hardship, but they would make the practice exceptional and not the rule, and surround it with such safeguards as would prevent abuse.

(5.) The Sub-committee, without desiring to trench upon other departments of this inquiry, nevertheless desire to record their opinion that some attempt must be made to enable the working classes to contribute something towards a provision for their own medical relief. They regard it as quite impossible to effect any radical improvement in the out-patient department of our public hospitals so long as it is affirmed that an artisan cannot afford to pay anything for medical assistance. There is at present no satisfactory machinery by which this can be done. Even when the working man is industrious and provident, and receiving a fair wage, say 1*l.* 10*s.* or 2*l.* a week, he is certain to be embarrassed by even ordinary illness. The expensiveness of two or three cases of scarlet fever, with perhaps a death and funeral, will hamper him for years if not completely ruin him. But it is certain that the gift of medical advice and medicine at hospitals has failed to prove the unalloyed boon it might have been supposed to be. The workman has too often learned at the hospital the first lesson of dependence. He begins by taking physic and then food from charity. The very facilities of obtaining gratuitous hospital relief tempt him to think little of the obligation, and the time and skill of the staff are thereby cheapened and despised.

The Sub-committee therefore believe that the foundation of a series of Provident Dispensaries is a necessary condition of any improvement in the out-patient department of our public hospitals. The law has in their opinion amply provided for the careless and improvident, and the funds contributed by the benevolent should be given in preference to the assistance of those who are inclined to help themselves. By the means proposed, a distinction would at once be drawn, which would not fail to have the most salutary influence upon the providential habits of the poor, and whilst there will always be many who are unfortunately unable to provide for medical advice, their cases should, in the opinion of the Sub-committee, be regarded as exceptional and not the rule, and their admission to hospitals should only take place after special inquiry and report.

(6.) In the next place the Sub-committee are of opinion that, having regard to the due extension of the system of Provident Dispensaries, and the proposed improvement of the Poor Law Dispensaries, a closer relationship between the out-patient departments of the hospitals and these institutions is very desirable, alike in the interests of the sick poor, the respective medical officers, and the students of the various medical schools.

This relationship should, in the opinion of the Sub-committee, be such as to secure to the members of Provident Dispensaries, and also to patients of the Poor Law Dispensaries, all those advantages which the hospital system is capable of affording, whenever they are specially required. As the hospital staff consists of consultees, not general practitioners, it is only consistent that their services should be asked for chiefly in cases of peculiar difficulty, prolonged anxiety, deep professional interest, &c., and it is altogether unreasonable to call upon them to treat case after case for many hours together, without, it may be, the occurrence of any single point of interest.

Whereas, by an affiliation of Provident and Poor Law Dispensaries with hospitals, the time of the medical and surgical consultees would be economised, the real needs of the suffering and deserving far more adequately met, and one great ground of complaint on the part of general practitioners practising in the neighbourhood of hospitals removed. For it cannot be doubted that numerous cases do occur in which persons who could well afford to pay a moderate fee habitually go to the out-patient departments, tempted there by the extraordinary facilities and professional advantages now offered, with more and more competition between rival institutions, and more and more evil every day.

Your Sub-committee have directed their attention to the manner in which this relationship between the various kinds of dispensaries and hospitals may best be carried on. They would observe that one of the most glaring defects in the present system of medical education, a defect which has become more and more prominent since the discontinuance of the system of apprenticeship, is the entire absence of practical acquaintance with the domiciliary treatment of disease. In the hospital everything is at hand. The formula for the prescription, the nurse with every convenience, the dietary fixed and suitable, and the ward with perfect cleanliness and space. Whereas even in the most perfect private dwelling the medical attendant is called upon to tax his ingenuity and resources to the utmost. He must give instructions as to ventilation, cleanliness, feeding, nursing, &c., and these and other directions have to be varied

in almost every dwelling. He must also write out in full his prescription, so that it may be clearly understood. The Sub-committee are therefore of opinion that the teaching power of the out-patient department would be very largely increased if students of three years' standing were required to attend for six months as assistants at a Provident or Poor Law Dispensary, and they think that some provision might be made by which serious and interesting cases admitted to these institutions shall through their instrumentality be transferred to the hospital for special treatment and clinical illustration. By such an arrangement the consulting staff of hospitals would at all times be able to secure the attendance at the hospital of a series of cases illustrating special diseases, and by this means also carry out and test special modes of treatment, whilst, as in Edinburgh, the affiliation of such dispensaries to hospitals would always secure the prompt admission of acute diseases, and of cases requiring the peculiar resources of the hospital. It is believed that an ample field of useful and interesting observation would always be secured to the out-patient staff, without the possibility of abuse, and they therefore think that the out-patient department ought to be recognised for purposes of special clinical teaching in the same way as the in-patient department is already.

It will be seen that the Sub-committee propose that the admission of out-patients to general hospitals shall, as a rule, be made through the Provident and Poor Law Dispensaries, and it is believed that the proposal would confer the greatest advantage on the sick poor, who would thus be secured the best professional advice whenever it was really needed. But as it is obvious that such an important change could not be carried out at once, and that there will always remain a certain number of patients who require prompt assistance for accidents, injuries, and sudden attacks of disease, your Sub-committee are of opinion that the duty of instituting inquiries into the social position and resources of all patients not admitted as proposed should be confided to the secretary or other lay officer of the hospital. Without desiring to lay down for the guidance of this officer any absolute condition of admission to the hospital, the Sub-committee recommend that such an officer should be authorised to require particulars as to the income, occupation, and rent paid by the applicant; and also a certificate from the agent of the Sub-committee for organising charity, if such exists, or, in default, from a governor of the hospital, a clergyman or medical man residing in the neighbourhood. This certificate ought to state that the applicant cannot afford to pay for medical advice; and it should further be required that no subscriber to a hospital

should be allowed to receive benefit either for himself or any member of his own household. Pending this proposed reform, the Sub-committee are of opinion that a qualified medical officer should be appointed for the purpose of sifting the cases for out-patient relief, and refusing those who are suffering from trifling disorders, and others who may be as properly attended at Poor Law or provident institutions.

(7.) With respect to the duties of the out-patient service, the Sub-committee are of opinion that the medical officers ought in no case to be called upon to attend for more than three hours at a time.

That, with due regard to proper registration, careful observation, and clinical instruction where there are students, the number of patients should not exceed from twenty to twenty-five per hour, it being understood that between one-fourth and one-third of the whole number will be new cases.

With respect to a proposal of granting to medical practitioners the opportunity of obtaining gratuitous consultations for patients, who, though able to pay for ordinary advice and medicines, would yet be embarrassed by the payment of a fee, the Sub-committee are of opinion that, under certain restrictions as safeguards against possible abuse, a system of gratuitous consultations at hospitals may be established with great advantage to the poorer classes, and be a means of improving the present system of medical education.

That in order to the proper working of this system, the general practitioner who seeks a gratuitous consultation at a hospital is bound to see that the privilege is not abused by persons for whose benefit the consultation is sought.

The Sub-committee are sure that in practice no consultee would desire to deprive a general practitioner of his patient, either by taking the only fee he can afford to pay, or by forcing him to become a gratuitous patient at the hospital. And it is in precisely such cases that free consultation would become the truest charity. One of the greatest sources of hospital abuse, is the ignorance too frequently displayed by medical men engaged in the routine of ordinary work. The deep-seated disease has not been fairly recognised as it would have been if an early consultation had been held. But the ordinary medical attendant fears to tax his patient for a consultation fee, and he blunders on until the resources of his patient are seriously crippled, or the disease is allowed to progress until it is beyond the possibility of cure. Moreover, the patient is often tempted to the hospital by the superiority of the advice he is supposed to obtain, and a sort of antagonism naturally springs up between the general practitioner and

the consultee. It may be affirmed that anything which tends to cement a better state of feeling, and more perfect confidence between the ordinary practitioner and the consultee must conduce to their mutual interests, and advance the position of the profession in the mind of the public by diminishing the jealousy which too commonly exists. The ordinary practitioner under the scheme proposed would have to deal primarily with every case, either at the Poor Law Dispensary, the Provident Dispensary, or as his private patient. The consultee will be principally occupied with special and important cases. Each will have his proper sphere of action. The education of the general practitioner will be extended and improved by the proposed association, and it may be reasonably expected that the privilege of obtaining gratuitous consultations will not be seriously abused, whilst it is obvious that the lower order of independent patients would obtain an enormous boon in the early opportunity for consultation, and the prevention of incurable disease.

The Sub-committee, however, recommend that, as far as possible, the system of giving gratuitous consultations and gratuitous advice be limited in its application to hospitals and other public charities. And they do so because they are of opinion that many patients would prefer to pay a fee for the privilege of avoiding the publicity which is the condition of gratuitous hospital relief, and the numerous examinations by students necessary to their acquiring a knowledge of disease.

The practice of receiving small payments for medicine, or the payment of a small sum for the privilege of attending the hospital, appear to your Sub-committee equally unsound. In either case there is necessarily associated with the payment a certain sense of right. It is obvious that by the payment of a penny for a bottle of medicine, or of half-a-crown for the privilege of attending for two or three months at any hospital, the person really obtains far more than his money's worth. The effect indeed is to enrich the hospital to the extent of the payment, but it also tends to lower the standard of medical remuneration in the district, and it will be utterly impossible to introduce Provident Dispensaries which either require payment in anticipation of actual illness, or a much more considerable sum when no preparation has been made, if the workman has the idea proposed to him that he can obtain the better advice at the hospital in this cheaper way.

It is impossible in the opinion of the Sub-committee to dissociate the ideas of payment and right, and when once the right is admitted to obtain hospital advice and medicine

on payment, it is obvious that the workman will avail himself of the privilege when and as he pleases, even though suffering under slight complaints. In this case, regarded from a professional point of view, the business of the general practitioner, who is willing and competent to attend these classes on terms suitable to their means, is practically transferred to the consultee, and every farthing paid to the hospital managers will be regarded by the latter as an abstraction from his legitimate source of income. Moreover, if the principle of admission by payment be once admitted, it follows, as a logical consequence, that the members of the staff are entitled to a share of what is paid, in which case they enter into personal competition with the general practitioner, with the special advantage of having the subscriptions of the benevolent to back them up. Reformed as we propose, the out-patient staff will, however, be strictly legitimate. The assistant physicians and surgeons will aid the general practitioners in all suitable cases, and instead of the general practitioner regarding the assistant staff with suspicion, because they lure away his patients, he will look to them as friends.

The Sub-committee are of opinion that the reform of the out-patient department, as proposed, will render the work of the staff less onerous and more interesting. The improvement in the position of the assistant staff in respect to clinical teaching, together with the improved relationship between the consultees and the general practitioner, which would certainly lead to more frequent consultations between them, would generally prove to be more profitable sources of income than any which the managers of hospitals could generally afford to give. At the same time, the Sub-committee think that a moderate remuneration of the out-patient staff, rather by way of honorarium than of pay representing the work actually done, would be a proper and most desirable thing. It would often enable, or at least assist, men of high professional attainments but small means to take hospital appointments, and enter upon consulting practice in London, to the great advantage of the profession and the public.

In conclusion, the Sub-committee are quite aware of the great difficulties and obstacles which are likely to obstruct reform. Much objection will doubtless be raised against the great restrictions which these proposals will involve. But it is obvious that no reform can be effected worth the name, unless by perfecting the Poor Law system of medical relief we take away every excuse for unlimited gratuitous assistance to the poor, and put such a moral pressure upon the artizan and labouring classes, as will make it incumbent upon them to

contribute for the services they require in proportion to their means.

The Sub-committee would observe, that never were the evils of indiscriminate charity, of which the hospital out-patient administration is one of the most mischievous examples, more acutely felt. Societies are springing up with the express object of assisting such reforms as we have ventured to propose. And if the medical profession would unite earnestly and firmly in the completion of a well devised scheme of reform, the Sub-committee believe that it would command the support of all philanthropists who desire to raise the standard of self-help and independence amongst the labouring poor.

(Signed)

A. MEADOWS, M.D., *Chairman.*

FRANCIS ANSTIE, M.D.

CHRISTOPHER HEATH, F.R.C.S.

W. F. TEEVAN, F.R.C.S.

F. I. GANT, F.R.C.S.

J. H. STALLARD, M.B.,

Honorary Secretary.