Third report from the Select Committee of the House of Lords on Metropolitan Hospitals, &c.; : together with the proceedings of the Committee, minutes of evidence, and appendix : Session 1892.

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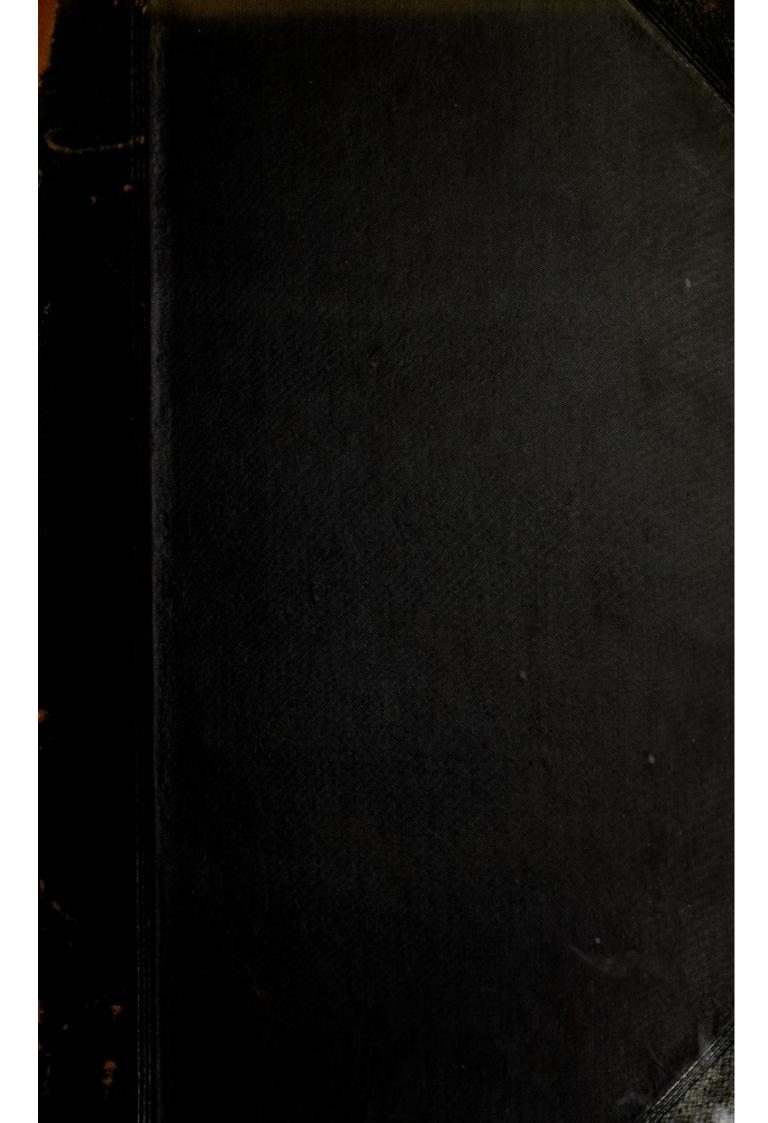
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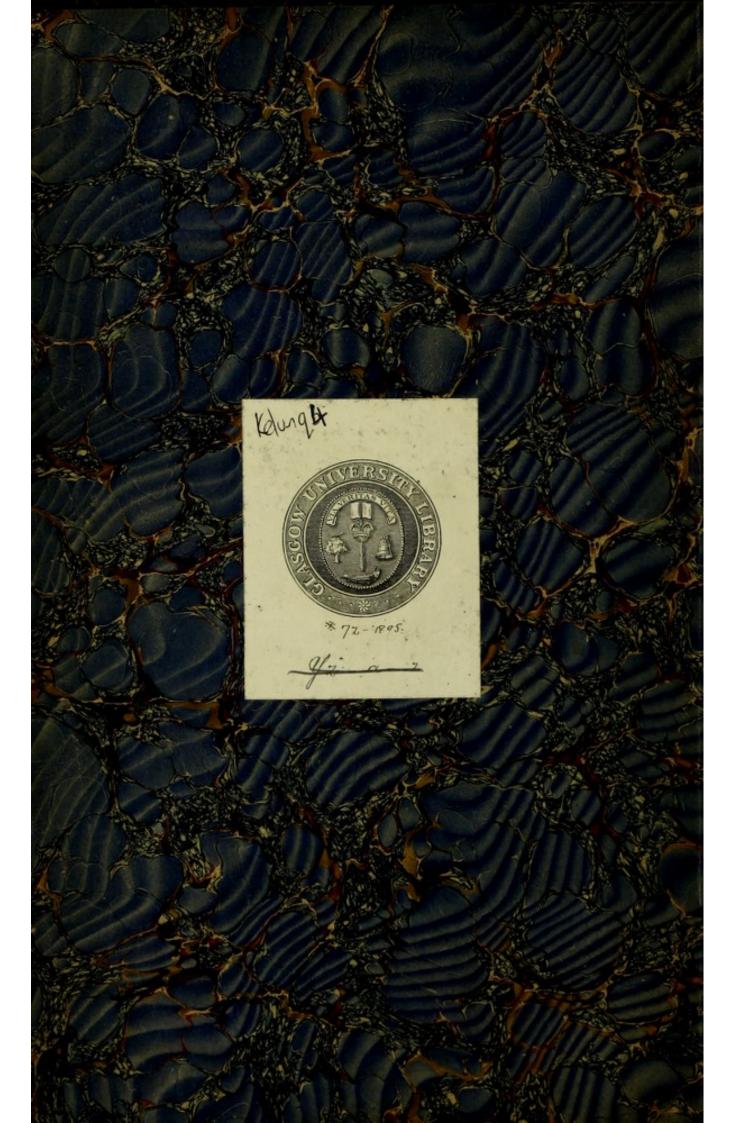
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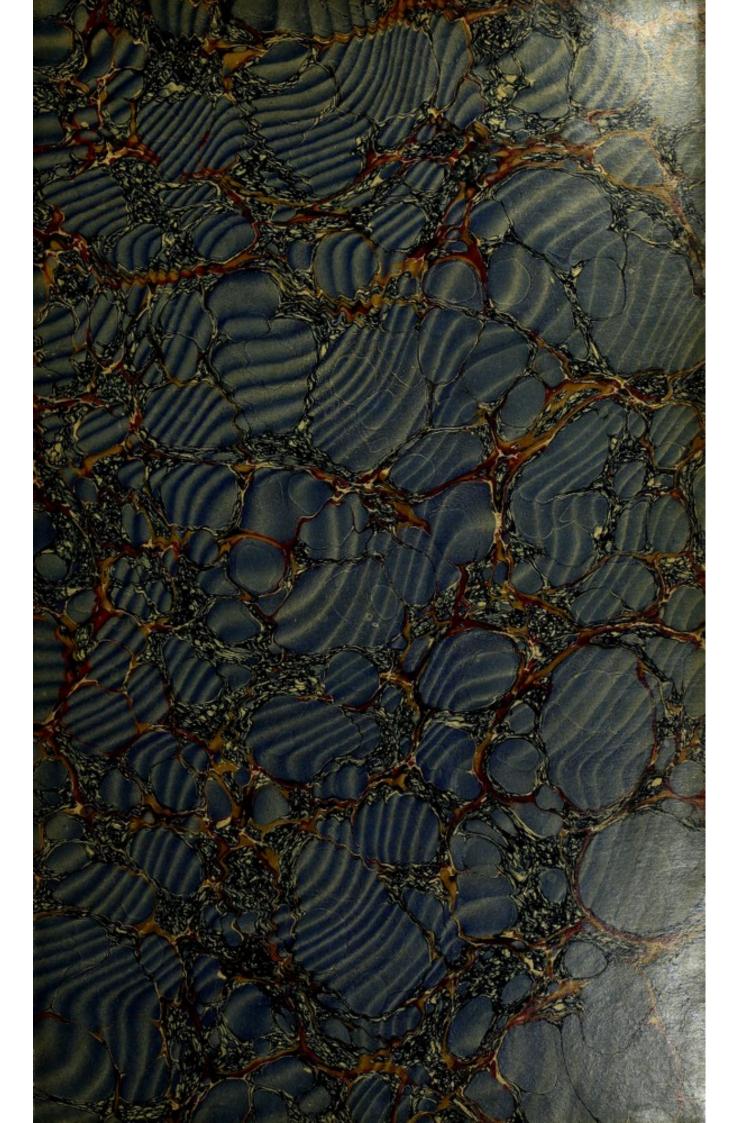
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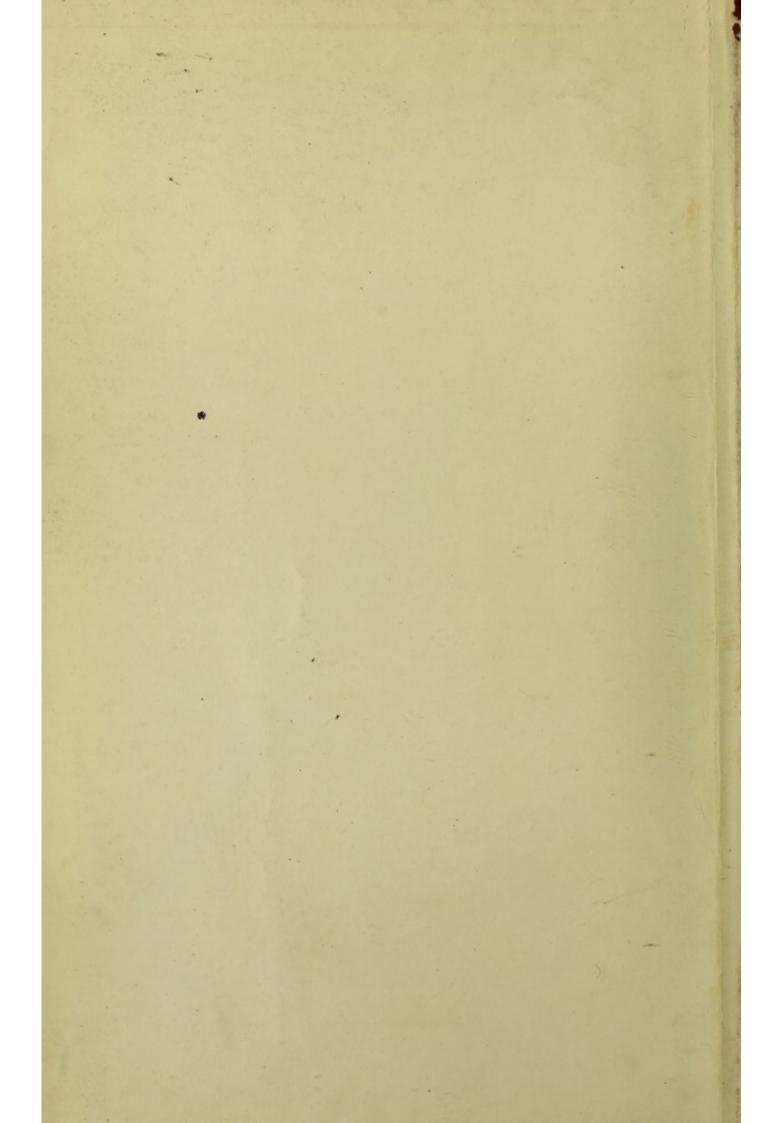


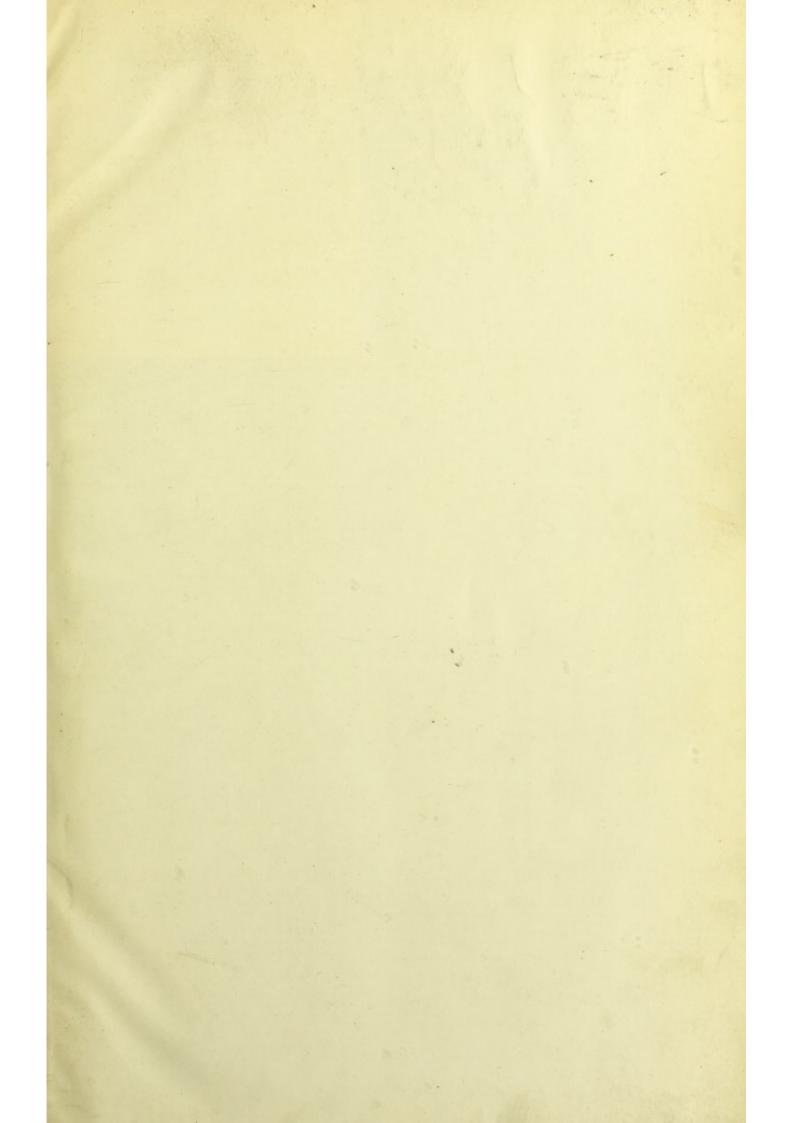
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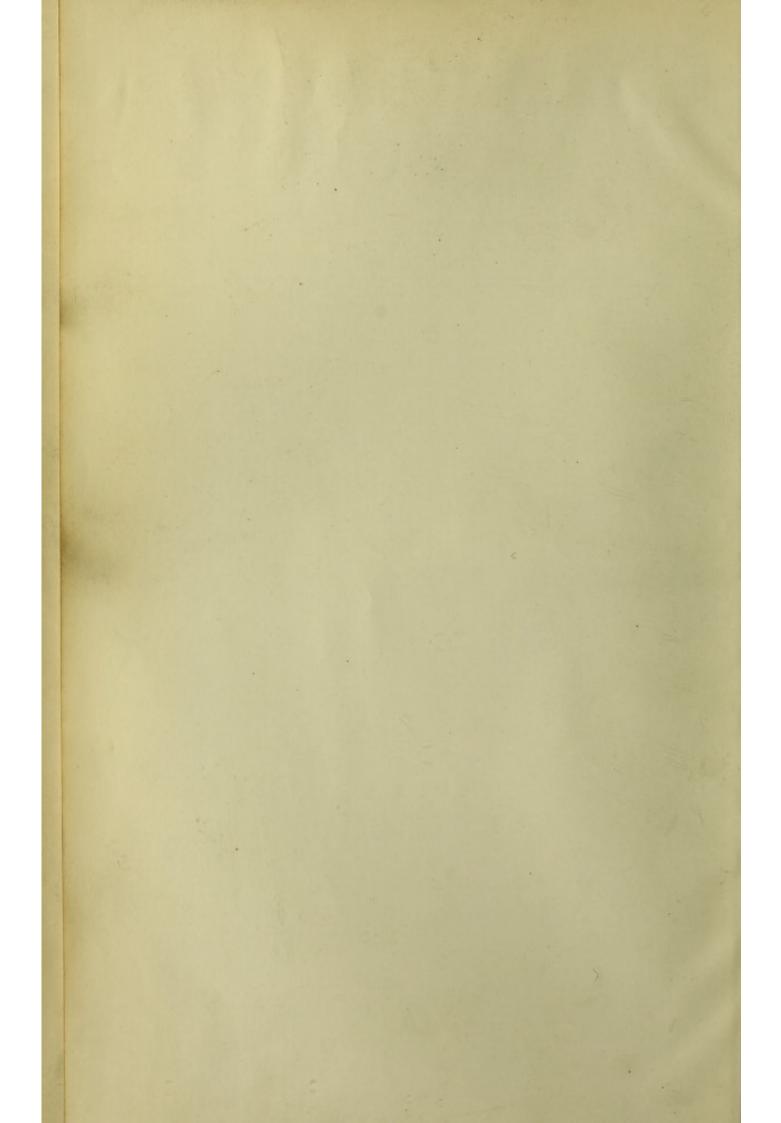












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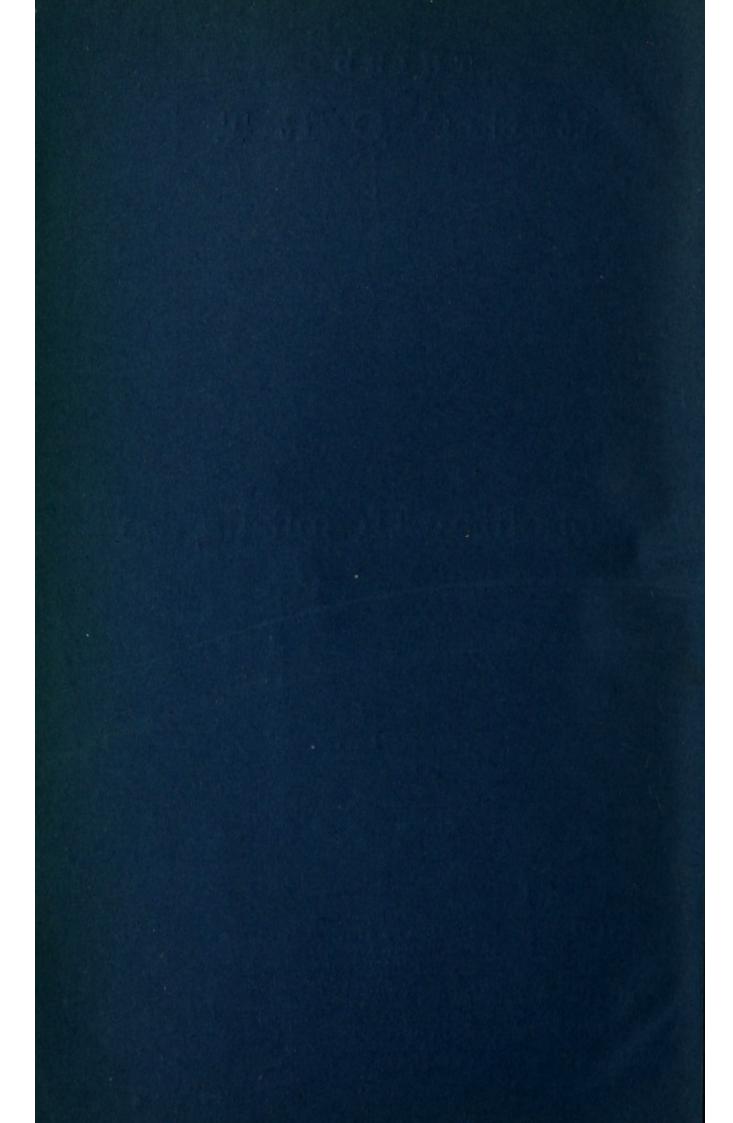
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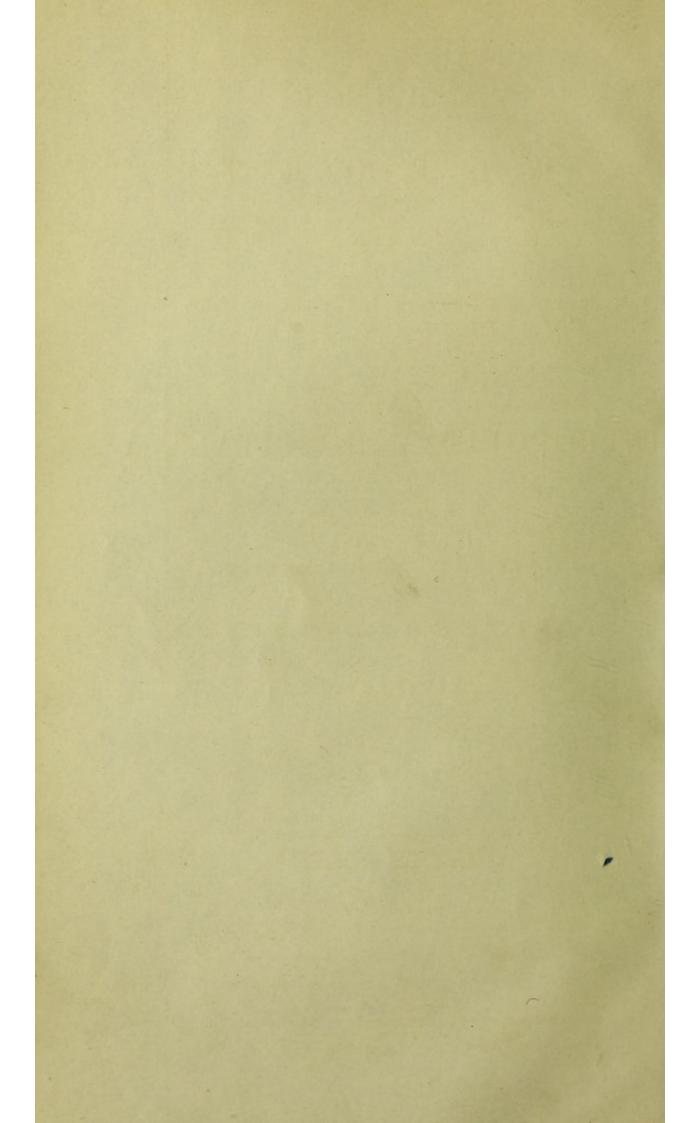
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THIRD

REPORT

FROM THE

SELECT COMMITTEE OF THE HOUSE OF LORDS

ON

METROPOLITAN HOSPITALS, &c.

TOGETHER WITH THE

PROCEEDINGS OF THE COMMITTEE,

MINUTES OF EVIDENCE,

AND APPENDIX.

Session 1892.

Ordered to be printed 13th June 1892.

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THIRD REPORT.

BY THE SELECT COMMITTEE appointed to consider the Evidence taken during the Sessions of 1890 and 1891, with regard to all Hospitals and Provident and other Public Dispensaries and Charitable Institutions within the Metropolitan Area, &c., and to Report thereon to the House.

ORDERED TO REPORT,

THAT the Committee have met, and considered the subject referred to them, and have agreed to the following Report:—

The Committee have taken the evidence of the following classes of witnesses: General practitioners, attending all classes; special practitioners; medical men on the consulting staff of various general and special hospitals; resident medical officers in hospitals; deans of medical schools, secretaries, and those engaged in the administration of general and special hospitals and dispensaries of various kinds; medical men attending dispensaries; the principal advocates of the provident system of medical relief; secretaries of provident medical institutions, and their medical officers; the superintendents of Poor Law infirmaries; medical officers of Poor Law dispensaries; medical officers in charge of sick wards attached to workhouses; the principal clerk of the Metropolitan Asylums Board, the superintendent of infectious hospitals under that Board; the medical inspector for the Metropolitan district for Poor Law purposes; Mrs. Garrett Anderson (Dean of the School of Medicine for Women); the principal officers of the Hospital Saturday and Sunday Funds; the secretaries of the Charity Organisation Society; the Chief Charity Commissioner; and others who are regarded as authorities on the subject.

The Committee consider that they have in the evidence already presented examples of every institution in London, whether supported by charity or poor law, for the relief of the sick poor. It has obviously been impossible to inquire into every institution; therefore, by desire of the Committee, series of questions were sent to every institution in London. From a few, however, replies were not forthcoming, or were sent too late for insertion. Copies of the questions marked A., B., C., D., will be found in the Appendix to the Proceedings, and also the replies in a tabulated form.

- 1. The institutions existing in London for the care and treatment of the Sick Poor are, (a) those supported by charity, and (b) those provided under the Poor Law, and may be classed as follows:—
 - General Hospitals.
 - Special Hospitals.
 - 3. Dispensaries (Provident, part pay, Charitable, and Poor Law).
 - 4. Poor Law Infirmaries.
 - Hospitals under the management of the Metropolitan Asylums Board (for Infectious Cases).
- 2. The organisations for the nursing of the patients in these institutions, and for the training of Medical Students, form important branches of the Inquiry.

(93.)

GENERAL HOSPITALS.

- 3. The General Hospitals of London are: -
 - 1. St. Bartholomew's.
 - 2. St. Thomas's.
 - 3. Guy's.

These three are known as the Endowed Hospitals.

- 4. The London.
- 5. The Middlesex.
- 6. The Charing Cross.
- 7. The Westminster.
- 8. St. George's.
- 9. University College.
- 10. King's College.
- 11. St. Mary's.

These 11 Hospitals are those which have Medical Schools attached to them.

- 12. The Royal Free.
- 13. The Miller Memorial (Greenwich).
- 14. The Great Northern Central.
- 15. The Metropolitan.
- 16. The West London (Hammersmith).
- 17. The Tottenham.
- 18. The North West London.
- 19. The London Temperance.

4. Endowed Hospitals .- Although the so-called endowed hospitals derive a portion of their revenue from voluntary contributions, while some of the others are more or less substantially endowed, the proportions in which their incomes are derived from these respective sources differ to so considerable an extent as to make a very broadly marked distinction between the two classes. St. Bartholomew's, for example, has 7 per cent. from voluntary subscriptions; Guy's and St. Thomas's, 25 per cent.; St. George's (the most largely endowed of the voluntary hospitals) 71 per cent. Hospital endowments, so far as they are of a permanent character, come under the Charitable Trusts Acts, and are within the jurisdiction of the Charity Commissioners, without whose consent they cannot be alienated, and to whom their accounts have to be annually rendered. The bulk of the revenue-bearing property of the hospitals (other than the three "endowed" hospitals) is derived from accumulations of legacies and gifts which have not been required to meet the current expenditure; it is not in the nature of permanent endowment, but can at any time be withdrawn and applied as income; while the remainder, which is strictly tied up, and is therefore technically subject to the control of the Charity Commissioners, contributes so small a share to the hospital revenues, that the affairs of these hospitals are not practically brought under the view of the Commissioners. They are free to make up their accounts, and to have them audited and published in their own way, without any external control. The endowed hospitals, on the other hand,

Longley, 3162-71, 3191-6, 3223-9.

though not called upon to publish their accounts, have to send them in annually to the Charity Commissioners, who thus have a certain general supervision over the affairs of these institutions. It appears, however, that they have little power of direct intervention; they can compel the production of documents and the giving of information; but they cannot control the audit, nor can they take direct steps for enforcing their views, except by certifying a case to the Attorney General, a course only appropriate in cases of serious abuse. Only when the hospital wishes to deal with its estates, or to alter the conditions on which it administers its charity, can the Commissioners effectively intervene, these circumstances they do not find it practicable to keep a general and thorough check on the accounts which are annually forwarded to them, or to make themselves responsible for the mode in which the revenue is spent; nor do they attempt a complete examination of the accounts. The accounts of the other opinion of the Chief Charity Commissioner that the existing powers of the Com- 3241-8, 3199-4, 3259-1. missioners with regard to the accounts ought to be increased, so as to give them a direct right of intervention and control over expenditure; and he agreed with the Charity Organisation Society, that there should be some supervision over the accounts of charities supported by voluntary contributions, and thought that the governing body under the City of London Parochial Charities Act might be charged with this function.

5. Organisation of Individual Hospitals.—The following statement shows the general organisation and financial position of most of the leading general hospitals, as appearing from the evidence:-

St. Bartholomew's.

- 6. This, the wealthiest and most ancient of the metropolitan hospitals (having Waterlow, 2473-2603, 2716-26, Cross, 10263-079, 10761-816. been founded in 1122), is situated in West Smithfield, and has a governing body of 273 governors, self-elected; the Lord Mayor, Aldermen, and 12 members of the Common Council of the City of London, being also ex officio governors. At the quarterly court 13 governors make a quorum, and the number actually attending varies from about 30 to 150. They appoint the treasurer, the four almoners, and 21 other governors who, with the president, treasurer, almoners, and all past almoners, constitute the house committee. The president, the treasurer, and the almoners have certain powers to nominate governors. The hospital property cannot be dealt with except by the court on a recommendation of the house committee, and the court makes appointments to all the senior offices.
- 7. The house committee meets once a month, or oftener if necessary, and the average attendance is about 15; this committee deals with lettings of property, and all the more important matters of expenditure, and makes contracts for provisions; everything of any importance that is done by the almoners is referred to it, and it in turn makes recommendations on important questions to the court which hears the minutes, and reviews the proceedings of the committee every quarter.
- 8. The almoners are chosen from among governors who have been on the house committee; one of them goes out of office in every year, and three of the four must never have served the office previously. The treasurer and almoners form the committee of almoners, which meets once a week (all the members being usually present), receives reports from the steward and matron, examines and initials the steward's books, and supervises all matters of detail. This committee, and in its absence the treasurer acting alone, is the executive authority of the hospital, having all necessary powers of management (inclusive of a power to suspend any officer from duty), but being subject in all things to the superior authority of the house committee and the court. In case of need, the treasurer can at any time summon a court or a meeting of the committee; and waterlow, 2000. if the treasurer is absent any two almoners can take his place.

9. The treasurer and almoners are unpaid; there is a residence for the treasurer, but it has not been occupied by him for some years, and some of the

night nurses are now lodged in it. The official in receipt of the highest salary is the clerk, who resides in the hospital, and is primarily responsible to the treasurer, whose immediate assistant he is; his salary is 1,000 l. a year. He attends all meetings of the governors, and all committees, and makes the minutes, countersigns the cheques, and issues the orders for all supplies, except daily provisions, which are ordered by the steward, in accordance with the requisitions drawn up by the sisters of the several wards. It is his duty to communicate to the treasurer every matter requiring attention, and he appears to have a general responsibility, in the treasurer's absence, for the good order of the establishment; no power is specially delegated to him of taking summary action in any case of serious and sudden emergency, but he would not hesitate to take such action, and was sure that the governors would approve of his so doing.

Cross, 10297.

- 10. The steward is responsible for the proper reception of patients into the wards, and keeps a record of the cases; he has continually to visit the wards, and is the channel of communication between the patients and their friends; he is responsible for taking in the stores and provisions, and for the proper supply of food to the patients; he has charge of the petty cash.
- 11. The medical council consists of all the medical staff except the house physicians and surgeons; it meets quarterly, and at any other times when summoned by the treasurer to consider medical questions. There is no resident medical superintendent, and in-patients are admitted by the physicians and surgeons on duty. There are two chaplains, of whom one is resident in the hospital.
- 12. The nursing staff, which comprises 28 sisters, three night superintendents, and 166 nurses and probationers, in all 197, besides 27 ward assistants, is under the charge of a matron, an assistant matron, and a superintendent and assistant superintendent of the Nurses' Home. There is also a Trained Nurses Institution for private nursing. The sisters and nurses are appointed by the treasurer on the recommendation of the matron, and subject to the approval of the almoners.

2386, 2725-6, 10325-41, 10348-50, 10489-92, 16509-4,

- 13. The net revenue of the hospital for 1889 was 70,529 l.,* derived mainly from houses in London, and from about 13,000 acres of land in Essex and the Midland and Southern Counties. There has been a falling off in the revenue from the country and suburban estates, but that has been more than counterbalanced by the increase in the value of the house property in London. The hospital does not appeal for funds to the public, and does not derive much revenue from private contributions or legacies.
- 14. The estates are managed (subject to the control of the house committee and the governors) by the treasurer and almoners, assisted (as regards the country estates) by a land surveyor, who receives 3 per eent on the rent received, and his travelling expenses; his charges for the past year were 243 l.
- 15. There was a surplus of income over expenditure in 1889 amounting to over 7,000 l., and this sum, in pursuance of a resolution passed a few years ago by the house committee, was carried to a special reserve fund, now amounting to 23,000 l., which is being accumulated with a view to extending the site of the hospital, and re-building the nurses' home and the college.

10310, 10342-8, 16562-1.

- 16. All the accounts, both for the estates and for the hospital expenditure, are checked in the clerk's office, and the books are laid before the almoners, and initialled by them, before payments are made. The year's accounts are printed and sent to every governor and to the Charity Commissioners.
- 17. The hospital occupies between four and five acres of land, comprising the parish of St. Bartholomew-the-Less. It hopes to acquire about an acre and a half in addition from Christ's Hospital, to improve the accommodation for nurses, students, and the resident medical staff. There is accommodation for 667 patients (exclusive of those in the Convalescent Home at Swanley), 189 beds being for medical, 366 for surgical, and the remainder for special cases. The

average

average number of occupied beds is 570. Letters of recommendation may be given by the Lord Mayor or by the governors, but the great majority of patients are admitted without letter. At this hospital a person on first presenting him- Waterlow, 2437-42, 2455, 2464-72. self for treatment, passes through what is called the casualty department, and if his case is serious, becomes either an in or an out-patient; the more trivial cases are called "casualty patients." The out-patients treated in 1889 numbered 19,000, and casualty patients over 137,000, and the confinements were 1,729. The existing structure, which was erected for the most part about the middle of the last century, is under the supervision of a surveyor, and under him of a resident clerk of the works. The surveyor receives a fixed salary and a commission of 25 per cent. on new buildings; and, in addition to his duties at the hospital itself. he has to survey a large number of houses belonging to it. He comes weekly, or oftener, to the hospital, and attends to any matters brought to his notice by the clerk of the works; and he makes a yearly report on the general state of the buildings and property to the house committee, whose meeting in February he attends for the purpose of giving any explanations required of him.

18. It has not been the practice to make any special periodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. Appendix A-of the drains and their connections, and, until quite recently, there does not Pariodical examination Thorne, 13202-314. appear to have been any plan showing the existing system of drainage. A recent outbreak of diphtheria among the nurses has, however, led to investigations which show the sanitary arrangements to have been very defective. In consequence of 23 nurses and three ward maids having been attacked by this disease,* the surveyor was ordered in December, 1890, to report specially upon the sanitation of the hospital, and Dr. Thorne, of the Local Government Board, also undertook, at the request of the treasurer, to make an unofficial inquiry. The surveyor's reports, dated respectively the 11th December 1890 FARSON, 13502. 13525. and the 2nd February 1891, contained a number of recommendations dealing with imperfections in water-closets, sinks, and drains, and their traps, connections, and ventilation. As regards the main drains of the hospital, the surveyor, having examined them, recommended either that they should be trapped and properly ventilated, or (in case the authorities wished to have a system of dramage quite in accordance with modern sanitary views) that they should be removed and replaced by an entirely new system. When questioned upon this matter he expressed the opinion that the existing brick drains could be made substantially effective, but that, apart from expense, it would be better to remove them.

19. From the report and evidence of Dr. Thorne it appeared that the principal nurses' home was in a wholesome condition, but that some of the nurses were lodged in a building which was not in a sanitary state, and in which moreover the diphtheria ward was situated, on the same floor as the cubicles provided for the nurses. As regards the general arrangements of the three principal ward-blocks, Dr. Thorne reported that unwholesome conditions existed tending to produce that form of sore throat which renders those suffering from it exceptionally liable to contract diphtheria when that disease is prevalent. Among the defective arrangements mentioned in the report are ward sinks, connected with soil-pipes in which excreta and liquid filth accumulate, having no effective "aerial" separation from the wards; water-closets ventilating into kitcheas which open into wards in which the nurses take one of their meals; and vegetable refuse, ward sweepings, and other ward refuse lying in tubs or thrown about on the ground outside the ward windows, and causing offensive odours in the wards. Dr. Thorne, however, did not consider that the outbreak of diphtheria could be directly attributed to these sanitary defects. With respect to the question of reconstructing the main drainage, his opinion agreed with that of the surveyor.

St. Thomas's.

20. St. Thomas's Hospital was founded in 1207. Forced in 1862 by the Briss, 10817-026, 11491-184 extension of the South Fastern Railway to abandon its old home at London Walker, 10937-11152. Bridge, the hospital was for nine years quartered in a temporary building at the

O There were also two cases of typhoid fever and one of diphtheria among the patients in the surgical wards, and four cases of typhoid among the nurses during 1800.

Surrey Gardens, and was removed to its present site on the Albert Embankment in September 1871. The cost of the new buildings (including the freehold site) was about 555,000 l., to which the proceeds of the sale of the old site and buildings contributed nearly 300,000 l., the remainder being made up partly out of the funded property of the hospital, and money saved during the nine years' interval, and partly by means of a loan of 100,000 l.

- 21. The general organisation is as follows:
 - (1.) The president, treasurer, and about 340 governors, meeting ordinarily four times a year in general court, 13 members making a quorum. The grand committee's minutes are read before the general court, and that court has control, in the last resort, over everything connected with the hospital.
 - (2.) The grand committee, presided over by the treasurer, and consisting of 34 governors, of whom 10 go out yearly, and are not re-eligible till they have been out of office for a year. The grand committee meets monthly or oftener, and is the body responsible for the management of the hospital estates; it also appoints some of the subordinate officers and servants. The quorum is five.
 - (3.) The committee of almoners, consisting of the treasurer and four governors appointed from the grand committee. This committee meets weekly, has a quorum of two, and forms practically the executive of the hospital, examining the accounts, receiving reports from the various departments, and approving of all trade contracts. Matters relating to the administration of the property come in the first instance before this body, before being considered by the grand committee.
 - (4.) The house committee, a body which has only been in existence for a few years, and consists of the treasurer and almoners, and six other governors (two of whom are retired medical officers on the consulting staff), together with the dean, and the senior physician and senior surgeon, who attend as consultants, but are not members of the committee. Their duty is to visit the wards.
 - (5.) The medical committee, comprising the medical staff of the hospital, and meeting, as a rule, weekly. All matters connected with the school come before them, and they recommend students to the treasurer and almoners for appointment to offices in the hospital.
- 22. The principal officers (apart from the medical and nursing staff) are the treasurer, the receiver, and the steward.
- 23. The treasurer, who is unpaid and has a residence in the hospital, has control over all the other officers and servants, with a power of suspension for any serious delinquency, and is responsible, in the absence of the committee of almoners, for the general administration of the hospital. He appoints the sisters and nurses and those of the servants whose appointment does not rest with the grand committee. All cheques have to be signed by the treasurer and two almoners or other governors authorised by the grand committee.
- 24. The receiver's duties are to receive the rents from the tenants; to examine all accounts presented for payment; to submit them weekly to the treasurer and almoners for approval, and to draw cheques for them when passed; to submit the cash account monthly to the treasurer and almoners, by whom it is examined and signed, and to make up the complete accounts for the yearly audit. He also attends and writes the minutes of all meetings of the almoners. He is paid a fixed salary of 600 l., and receives no commission on the rents. He does not reside in the hospital.
- 25. The steward resides in the hospital, and has (under the treasurer) the general management of the institution, and control of the junior officers and servants; he sees that all goods are supplied in proper order, according to contract, checks the accounts, and keeps a record of the patients admitted to the hospital.
 - 26. There are two paid chaplains, of whom one is resident in the hospital.

27. The hospital trains its own nurses, of whom there are 116, including Gordon, 11728. probationers. The nursing establishment is maintained by the Nightingale Fund, which was subscribed for Miss Nightingale after the Crimean War, and was applied by her as a fund for training nurses, and attached to St. Thomas's Hospital. The nurses so trained are drafted into other public institutions, but it is not the object of the fund to train them for private nursing. The probationers are lodged in a separate block, called the Nightingale Home, 11799. which was provided by the hospital authorities among the new buildings.

- 28. The number of out-patients treated during the year is about 25,000.
- 29. The hospital owns property in London, and also (to an extent of about 1043-43, 1043-43, 1145-43, 1 Kent, Derbyshire, Yorkshire, and Wilts. with a rental for the country estates of 14,565 l., and for the London estates of 31,655 l., an increase, on the whole, of about 1,600 l. on the gross rental of the town and country estates in 1880.*

- 30. The Derbyshire and Yorkshire properties are placed under a local agent, who receives a commission on the rents; but all the other estates are managed by the treasurer and almoners, with the assistance of the receiver and of a land surveyor, who is paid in proportion to the services actually performed by him. The whole expenses for the land surveyor and the agent in 1889 amounted to The rents (except those from Derbyshire and Yorkshire) are paid directly to the receiver, and their collection therefore involves no expense, except that proportion of the receiver's salary which may be regarded as payable in respect of this duty.
- 31. At the beginning of 1891 there was one farm of 500 acres untenanted. The total number of tenants is 460 in London and 160 in the country.
- 32. The revenue drawn from the estates in 1889 was stated to be 44,098 l.† in which year the hospital also received 2,372 l. dividends on invested funds; 1,173 l. cash repaid in respect of expenses incurred upon unlet farms; 5,720 l. from patients in the hospital, and upwards of 4,000 l. from donations and other minor sources. The whole amount which passed through the receiver's hands during the year amounted to 67,000 l., but this included a temporary loan of 4,000 l., which was repaid within the year, and certain other sums (such as premiums of insurance repaid by tenants, and sums paid by insurance offices for losses by fire) appearing on both sides of the account, and also a balance of 4,337 l brought forward from the previous year.
- 33. A sum of 3,300 l. is annually applied in reduction of the outstanding capital of the loan of 100,000 l. already mentioned. The amount paid in 1889 for this purpose was 6,600 l., and there then remained 33,000 l. to be paid off; the interest paid was 1,175 l. The loan was originally raised at 4 per cent., but the rate is now 3 per cent. The hospital has about 67,000 l. invested with the Charity Commissioners and the Court of Chancery at a still lower rate; but this money cannot be applied to meet liabilities.
- 34. The hospital buildings are assessed at 9,600 l. gross, and 8,000 l. rateable; and the rates amounted to 2,308 l. The annual cost of maintenance of the buildings (including any additions and improvements which may be made from time to time) is estimated at 2,900 l. Repairs are executed under the superintendence of the architect, who also renders services in relation to the management of the London estates. The architect receives 250 l. a year and $2\frac{1}{2}$ per cent. commission on repairs; his charges for 1889 amounted to 315 l., of which the receiver considered that about 115 l. was due in respect of the hospital itself. There is also a clerk of the works whose business it is to see that the buildings are kept in good order.

35. The

^{*} The increase in London between 1830 and 1889 was 4,400 l., and the decr. ase in the country, 2,780 l.

The increase in London between 1830 and 1889 was 4,400 l., and the deer are in the country, 2,180 l.

Allowances were, however, made to some of the country tenants in the latter year, so that the actual rentalfor that year must be taken at something less than the above-mentioned 14,565 l. The receiver calculated
the loss on the country estates during the last 10 years at between 20 and 21 per cent.

† This was the amount actually received, and was made up of 31,099 l. for London, and 12,999 l. for the
country. A portion of the London property is, however, subject to a rent-charge of 906 l., and there are
other rent charges amounting to 233 l. In order to arrive at the net revenue, allowance must be made for
these charges, and deductions must also be made for expenses of management and rent collection, amounting
(according to the receiver's estimate) in London to 1,665 l., and in the country to 2,409 l. The total net revenue would thus be 38,885 /.

35. The net balance of income available for hospital purposes in 1889 was stated by the receiver to be 40,040 l.

10270-7, 11097-101, 11308-21 11416-30, 11527-34, 11782-9.

36. The plan of the new hospital buildings was adopted in accordance with the report of a committee of governors and medical men who made an elaborate investigation, and inspected a large number of hospitals on the Continent. Exigencies of space dictated a straight rather than a quadrangular arrangement of the pavilions, and it is stated that this has led to additional expense and to some considerable inconvenience, the distance from one end to the other being a quarter of a mile. The opinion was, however, expressed that these objections had no weight from the purely medical point of view; that the hospital, as it stands, is one of the model hospitals of the world, and that probably the best hospital now existing (in America) covers a larger space in proportion to its height and accommodation than St. Thomas's.

10868-70, 10978-80, 11131-4, 11422,

37. The hospital is constructed to accommodate 569 in-patients, and for a short time after its completion all the wards were open; but it was soon found necessary to close no less than five of them. The causes which rendered this unfortunate course necessary are stated to have been-(1.) the agricultural depression; (2.) the burden of the building debt; and (3.) the adverse decision of the House of Lords upon a disputed question of rating, which involved a payment of 10,000 l. by the hospital for arrears of rates and for costs. Two of these wards have since been thrown open for paying patients under the name of St. Thomas's Home; the other three, containing accommodation for 90 patients, remain disused; and the capacity of the hospital for free patients is thus reduced to 435 beds. The existing accommodation is altogether inadequate for the cases which apply for relief, and large numbers have to be sent away. It was estimated that an additional income of 6,000 l. or 7,000 l. a year would be required to open the five wards. It was suggested that this sum might be obtained by appeals to the public; a sum of 20,000 l. was in fact obtained in this way soon after the hospital was opened, but it was stated to have been raised with much difficulty, and to have been subscribed mainly by the governors; and the authorities do not appear to have viewed with much confidence the proposal to seek from public charity a permanent addition to their income.

11036, 11043, 11145-7, 11385,

38. With regard to St. Thomas's Home, the opening of two of the disused wards under this name for paying patients was a scheme adopted with the sanction of the Charity Commissioners for the purpose of accelerating the process of paying off the debt. The home contains 42 beds, and produced in 1889 a sum of 5,600 l., representing a net profit of 500 l. or 600 l. Each patient pays a minimum of three guiness a week. In addition to this, the Charity Commissioners sanctioned the admission to the general wards of patients paying one guinea a week, but there are not many of this class, the year's receipts amounting only to 120 l.

10806, 11372-82, 11413.

Guy's.

teche, 238-83, 382, 417-21, 471-88, regulated by an Act of Parliament, passed shortly after the death of the founder in 1725. The supreme authority is a hody of 60 cell of the founder 39. The constitution of Guy's Hospital (St. Thomas-street, Borough), is the whole business of the hospital is practically discharged by a "court of committees," meeting seven times a year, and consisting of the president and treasurer and 19 governors, who are elected at a general court, and of whom seven retire every year, and are not immediately eligible for re-election. Their quorum is seven; their proceedings are brought up before the quarterly general courts for confirmation; but in practice this is merely a matter of form. The medical officers, the treasurer, the medical superintendent, the matron, and the chaplain, are, however, appointed by the governors in the general court. In the absence of the court of committees, the whole responsibility of the hospital rests upon the treasurer as the executive authority

One witness favoured the proposal of getting in some new blood from outside among the governors of Guy's, and he thought that the recent appeal for contributions from the public offered an opportunity for effecting this reform (Burdett, 25895-9).

and representative of the governors; he has power, if he thinks it necessary, to summon the court at any time; but this seldom happens. He has a residence in the hospital, but is unpaid. There is a standing sub-committee for considering matters connected with the management of the estates; another meeting every month, called the "taking-in committee," which consists of 10 lay governors and two members of the medical staff, and which is concerned only with the nursing arrangements; and special sub-committees are from time to time appointed for the consideration of any particular questions of importance; but all these bodies are merely of a consultative character, without executive powers.

40. The treasurer orders everything which is required in the hospital and pays all the bills, the cheques being countersigned by the accountant; contracts are made by the treasurer, and supplies are received by the steward or his clerk, the steward being responsible for them. Once a week the treasurer holds a meeting and receives all the principal members of the administrative staff, the medical superintendent, the matron, the chaplain, and the foreman of works, who make their several reports to him. Formerly another governor in addition to the treasurer used to be present at these meetings, but this practice has fallen into disuse. The appointment of the house physicians and surgeons, the nurses, and the subordinate officials and servants rests with the treasurer, but he acts in this matter mainly through the medical committee, the matron, or the superintendent, as the case may be. Probationers are appointed and may 9865-70. be dismissed by the matron alone.

- 41. The most highly paid officer is the medical superintendent, who in this hospital holds quite an exceptional position, having under the treasurer, to whom he is directly responsible, the entire supervision of the hospital in all departments, medical, nursing, and administrative, with all necessary powers of control, including the power of suspension from duty for misconduct. He has the control of the admission of in-patients, but in practice this function is for the most part deputed to the house physicians and surgeons. He is not a member of the medical committee.
- 42. The medical superintendent expressed in his evidence his opinion that the absence of a weekly board or committee having cognisance of all that went on Steele, 625-8. was a defect in the constitution, and a source of weakness in the executive of the hospital; but the treasurer did not consider that any advantage would be gained by the institution of a weekly committee.

Lushington, 9962-3,

43. The nursing establishment is controlled by the matron, but her arrangements, including the selection and dismissal of nurses, are subject to the sanction scole, 500. of the medical superintendent and the treasurer. The whole staff numbers about 130, in addition to 50 nurses at the institute for private cases.

Lushington, 9863-73.

- 44. The medical superintendent and the matron go round the wards daily.
- 45. The hospital owns an estate in Herefordshire of about 10,000 acres, another in Lincolnshire of about 13,000 acres; one in Essex of about 9,000 515, 9805-9, 9818, 9925, 9956-61. acres (of which 1,400 are in hand); and house property in Southwark. The revenue from these four estates used to be 41,000 l. a year; but their net annual value at the present time is little more than 26,000 l. The country estates are managed by separate agents, one receiving 350 l. a year, another 500 l. and a house, and a third (in Essex) 150 l. and half the net profits. The Southwark property, which is stated to be about 7,000 l. a year, is managed by the hospital authorities themselves. Land can only be sold with the sanction of the Charity Commissioners, and the proceeds have to be invested in the purchase of other land. The expediency of obtaining power by Act of Parliament to dispense with this obligation has been considered; but, the present time being unfavourable for the sale of land, this course has not yet been taken. In prosperous times the governors used to spend about 6,000 l. a year on the country estates, but that amount has been reduced by one-half.
- 46. To meet this great deficiency of income resulting from the agricultural depression, the hospital authorities some years ago raised 100,006 l. by special (93.)

appeal to the public,* and a portion of this sum is taken over from year to year to the revenue account. Minor receipts are derived from payments by lady pupils and by the patients themselves; contributions are invited by public advertisement; and legacies form an addition to the revenue. At the same time at least 100 beds are unoccupied for want of funds, the average number occupied being less than 450 (130 only for medical cases), out of a total of 600, and many applicants have in consequence to be refused admission.

Longley, 3179.

Steele, 396-7.

10049-52

Currie, 1693-1823.
Roberts, 5972-88, 6040-61, 6063-90, 6187, 6218-52, 6296-305, 8412-622.
Gomm, 6957-82, 7215-25.
Kizon, 8177-411, 8822-990.
Buxton, 8633-744.

Valentine, 5566.

47. The system of payment from in-patients is similar to that adopted at St. Thomas's; one ward has, with the sanction of the Charity Commissioners, been set apart for three-guinea patients; and others paying one guinea a week are admitted to the general wards, though the beds (about 20) allotted to this class are said to be often in fact occupied by free patients. During the last few years a charge has also been made to out-patients for their medicine, 3 d. for the first supply, or 6 d. for a fortnight; but the charge is not strictly enforced in cases of great poverty.

48. The books of the hospital are kept by an accountant, and the petry cash accounts are examined by him and brought before the treasurer about once a quarter. The whole of the accounts are audited by a chartered accountant appointed by the treasurer with the approval of the court, and are sent to the Charity Commissioners.

London Hospital.

49. The governors, of whom the London Hospital has about 4,000, hold quarterly courts, and have the ultimate control of the whole institution. One governor can be appointed for every donation of thirty guineas. They depute the management to a house committee, consisting of the treasurer and 30 governors, with a quorum of three, and an average attendance, at the weekly meetings, of about 11. The members of the medical staff form a medical council, which is summoned, when necessary, in order to deal with matters affecting their interest. There is also a college board formed of 12 members, who are taken equally from the house committee and the medical staff, and whose business it is to manage the medical school and to recommend candidates to the house committee for appointment as resident medical officers.

50. The house governor is the resident officer responsible to the committee for the good government of the hospital in the absence of the committee, to whom he reports weekly. For that purpose he has, under the standing orders, entire control of all the officers and servants except the chaplain and secretary; he can suspend any officer or servant appointed by the house committee, and it is his duty, if ever he thinks it necessary, to summon a special meeting of the committee to consider the conduct of any officer appointed by the general court. In practice, though not in theory, the matron has come to be independent of his authority. The house committee, at its weekly meetings, examines the cashbook and the treasurer's book, receives reports from the house governor, chaplain, and matron, appoints the two house visitors (who serve for a fortnight, and make, as a rule, two or three visits during that period, reporting, if they think proper, to the committee), and it deals with any matters which have arisen during the week. It appoints, from time to time, sub-committees to inquire and report upon any questions needing special consideration. Its minutes are kept by the secretary. The chief duties of the last-named officer are to conduct the correspondence, to collect the subscriptions, to keep all the accounts, except those connected with the tradesmen's accounts and the supplies of food, which are kept in the house governor's office, to manage, in conjunction with the estate sub-committee, certain house property belonging to the hospital, and to take charge generally of the finances, and make up the annual report and balance sheet. He is not concerned with matters of discipline, nor are verbal complaints made to him, these matters being within the province of the house governor. The chaplain receives a salary of 250 l. a year and a house. This salary has hitherto always been augmented by 50 l. by one of the vicepresidents.

51. There

Gomm, 7073.

^{*} This was done after the Churity Commissioners had declined to sanction a mortgage of the hospital estates (Longley, 3179-80).

51. There is no resident medical superintendent, and the late chairman of the Gomm, 7219. house committee expressed a distinct preference for the existing plan of giving full Treves, 7735-9. authority, within their province, to the house physicians and surgeons, subject to the control of the house committee. A member of the medical staff expressed the contrary opinion.

52. The contracts are made by the house committee, on the advice generally Nixon, 8311-8346. of the house governor; and the supplies are taken in partly by the storekeeper and partly by the housekeeper, the latter being responsible for the meat and eggs. Tenders from selected tradesmen only are received.

53. The London Hospital, which is situated in the Whitechapel road, has accommodation for 776 in-patients, and is the largest in the metropolis. Owing to the decrease in the number of large factories at the East end, the hospital has, to some extent, changed its character of late years; admits fewer accidents and a greater number of medical cases. It ministers to a dense and poor population; Carrie, 1717. three-quarters of a million of people are estimated to live within a mile of it, Currie, 1713. and it has to supply accommodation for the great outlying district of Mackensie, 91 Corner, 24877 West Ham, in which, at the present time, there is no general hospital. It is therefore inevitable that there should be very considerable pressure on the available accommodation, and some complaints were put forward against the hospital for admitting more cases than it could properly Carrie, 1714. accommodate. While, however, it was admitted that from time to Nixon, 8898-8801 Magkenzie, 9187. urged that under existing circumstances this could not be altogether avoided, in view of the vast number of urgent cases which present themselves for admission, and the lack of other hospital accommodation in the surrounding district. It was also stated that the total number of occupied beds had never exceeded 733; so that the hospital, as a whole, had never been overcrowded, though it was occasionally found necessary to place extra beds in certain wards; and experience showed that, whenever the total number of beds occupied was within a hundred of the maximum number available, pressure would begin to be felt in some part of the hospital. Patients are admitted by the as-istant physicians and surgeons from the out-patient department and by the resident staff, and it is their duty to admit only the orgent cases; but as applicants are constantly coming in, and there must be infinite gradations of urgency in their condition, a certain amount of overcrowding under the conditions of pressure which prevail at this hospital is said to be almost inevitable.

- 54. The number of out-patients treated annually is upwards of 100,000, Carrie, 1694. besides trivial cases which are not registered.
- 55. The hospital employs a surveyor at a fixed salary, who is responsible, Nixon, 8150. under the house governor, for the maintenance and repair of the hospital build ings, the yearly cost of which is said to average about 2,400 l. In the case of new buildings, the surveyor is sometimes employed as clerk of the works, and Gomm. 7108. his payment for that is settled by the committee. The drainage arrangements Penwick, 7632-4. Nixon, 8813. 8881-4. have recently given trouble, and it is understood that extensive works for their improvement have been put in hand.

56. The total expenditure for 1889 was about 59,000 l., and the receipts Roberts, 8457-8524. Buxton, 8454-68, 8811-3, 882 showed a balance credit of 15,842 l. Legacies were 25,733 l., the average being about 15,000 l. The hospital is stated to own real and personal property to the value of 283,000 l. A very large proportion of the subscriptions come from the neighbourhood of the hospital. In addition to the ordinary income from subscriptions and donations, there is a "People's Subscription Fund," which is worked through a special collector on much the same principle as the Hospital Saturday Fund. A special appeal is made to the public every five years.

57. The petty cash accounts (amounting in the year to over 9,000 l.) are Roberts, 8412-51, 8830-632. kept by the house governor, and submitted weekly, with the vouchers, to the house committee, and are sometimes examined and initialled by one of the (93.)members.

members. The other accounts are kept by the secretary; the bills are paid by order of the house committee after they have been checked by the committee of accounts; this last-mentioned body being a separate committee of 12 members appointed at the quarterly courts, meeting once in three months and going through all the books. The cheques are signed by the treasurer and countersigned by the secretary.

58. The whole of the accounts are audited half-yearly by a chartered accountant.

Roberts, 6191-8, 6245-52. Lückes, 6320-400, 642-6-32, 6802-7 8166-8, 8149-52, 8992. Gomm, 6981-95, 7148, 7191-6 Nixon, 8183-95.

- 59. The matron is head of the nursing establishment with a staff of four assistant matrons, 23 sisters, 191 nurses and probationers, and 25 private nurses. She has the care of the nurses and of everything connected with the nursing and the cleanliness of the words, and she is required to make frequent visits to the wards. The present matron, while superintending some years ago the reorganisation of the nursing department, used to go round the wards every night. At the present time it is considered that this is unnecessary, and would be impossible owing to the very great pressure of other work; but her visits are frequent by day and more so by night; and very special care is taken in the selection of the sisters, who, it appears, have a greater number of beds under their charge, and altogether a more responsible position than in other hospitals.*
- 60. The matron is appointed by the house committee, and in their absence is, according to the standing orders, subject to the control of the house governor; it was, however, stated that she was by established custom regarded as practically independent of that officer in the management of her own department; and she is directly responsible to the house committee, to whom she makes a weekly report. She has power to engage on trial all sisters, nurses, and probationers; but as regards the sisters, their appointment is actually made by the committee on her recommendation; while, as regards the others, it is merely reported to the committee. The number of applications from persons desiring to be taken as probationers amounted in 1889 to 1,600.
- 61. The standing orders give to the matron a power of suspension from duty with the concurrence of the house governor, but she has no power to discharge a sister or a nurse. A recent order, has, however, conferred on her a power to terminate the engagement of a probationer at any time during her two years' training, subject to an appeal to the committee. There had previously been no means of dispensing with a probationer's services except through a formal dismissal by the committee itself, a course which could not fairly be taken except in case of actual misbehaviour; and the object of the new rule was to relieve the hospital from the obligation to train on for two years a probationer who showed incompetency or unfitness for nursing, and to do this without placing on her an imputation of misconduct. While the matron was regarded as the person obviously by her position best qualified to form a judgment on questions of competency and fitness in nursing, the committee reserved to itself, through the right of appeal, a power to review any special circumstances arising in any particular case in which this new rule might be applied.
- 62. In the course of the proceedings before the Committee certain charges were made against the nursing department of the London Hospital, and in particular against the conduct of the matron, and much evidence was heard on both sides in relation to those charges. It is not proposed to enter into details, which were in a great degree of a personal character, and appear in the evidence, but the principal heads of complaint may be stated in general terms as follows:—

 (1.) That probationers were employed as staff nurses before being fully trained, a course which resulted in harm and discomfort to the patients, and was prejudicial to the good training of the other probationers; (2.) That the best probationers

Yatman, 4882, 5622-9, 5129-54, &c-Raymond, 5162, &c. Page, 5346-70, 5392. Valentine, 5483-9, 5635, 5678. 5766, &c. Mackey, 8019-38, &c.

were

Some witnesses were, however, of opinion that the visits of a matron to the wards ought to be more fre quent Mackey, 7885-92; Fenwick, 9562.

were withdrawn from the wards to attend private patients, while those patients Page, 5432, &c.: Likekes, 6450-31, 6500-3 were at the same time defrauded by getting partly trained instead of fully trained nurses; (3.) That the number of nurses was insufficient, and the staff in consequence was overworked; (4.) That the food supplied to the nurses was insufficient and bad; (5.) That sick children were roused and washed at 4 a.m. Blakes, 7306-16, 6409-17, 5871-292; Luckes, 6502-16, 6503-5, 5800-17, 5871-292; Luckes, 6502-16, 6503-5, 5800-17, 5871-292; Luckes, 6502-16, 6503-6, 7503and probationers were treated with harshness and want of consideration; (8.) That the nurses were worn out by being employed to an unnecessary extent in menial work.

Yatman, 5732-41, 8947-55; Liickes, 6433-42, 6935-49, 8993; Fenwick, 7629-1; Treves, 7798. Homersham, 5753, &c.; Liickes,

63. The charges were met by the evidence of the matron herself and of members of her own staff, and of the administrative and medical staff of the hospital. As regards the matron, a large number of letters were put in, received waters, 7801-8; Appendix. H.; from nurses and probationers trained in the hospital, who testified in high Carrie, 1818; Treves, 7730-2. terms to the excellence of the nursing arrangements and to the kind treatment which they themselves had received.

64. As regards the employment of probationers in responsible positions in Likes, 6402, 6410-8, 6455-8, 6495, the wards and for private cases, it was pointed out that, although the London Perry, 7471-4, 7486-7. Penwick, 7577-80. Penwick, 7577-80. Mackenzie, 9188-93. Mackenzie, 9188-93. Clark, 9673-4. is said that, as a matter of fact, a probationer is in some cases, after a comparatively short training, more competent than many nurses of long experience; it is a question of individual character and capacity; and at the London Hospital, where the matron considers the careful selection of her higher staff to be the most important of her duties, probationers have in a few cases been promoted at once to be sisters in charge of wards. Testimony was borne by several medical witnesses to the excellence of the nurses sent out from this hospital, and to the excellent nursing in the wards. One member of the senior medical staff expressed his opinion that the nurses of the London Hospital were unequalled by any other body of nurses in the country; he stated that in his private practice he had employed 93 of them during the last few years, 76 being certificated, and 17 probationers; and out of the whole number he had made a complaint in one case; while each of these probationers was selected on account of her special fitness for the particular case to which she was sent, and gave perfect satisfaction. To the objection that young probationers were employed as "special nurses," it was answered that a special Homersham, 5700; Linckes, 6532-4. nurse was always under the supervision of a senior nurse and the ward sister; that the duties of a special nurse do not necessarily require special skill or experience, but only constant attention and watchfulness; and that in selecting the individual nurse regard was paid to the nature of the particular case which she was to attend.

65. Upon the question of the sufficiency or otherwise of the nursing staff, [150,461, 683-8, 601-14, 8092.] the opinion generally expressed by the responsible authorities was that the Manley, 7274. Perry, 7432, 7442, number was adequate, and, judged by any existing standard, the proportion of Treves, 7739-2. Provided, 7637-8. nurses to patients (about 1 to 31) was high; and this is borne out by the Mackensle, 9201-7. figures given from other hospitals. The work is admittedly hard; and the matron herself hoped that the position of nurses in general would in future be improved by shorter hours of duty, longer holidays, and better pay; but it was strongly denied that the labour required of the nurses at the London Hospital was exceptionally heavy, or that their health suffered in consequence.

66. The

^{*} Under Miss Nightingale's system the period of training for a nurse is one year (Lückes, 2093, Appendix K.; p. 603). The late matron of St. Bartholomew's, on the other hand, held the opinion that every nurse required three years' training, and that no one ought to be made sister of a ward till after the full period (Fenwick, 9523-8).

Lickes, 6391-7, 6564-89, 6686-9, 6693-7, 6719, 6744. Gomm, 6978. Perry, 7423-31, 7454-6, 7488-160, Penwick, 7603-5. Mackenzie, 9198.

66. The evidence respecting the quality and sufficiency of the food supplied to the nurses shows that in this respect there was, some years ago, serious cause for complaint; and it appears that great efforts have been made to cure this defect. It was stated by witnesses before the Committee, and letters were put in addressed to the hospital authorities by many nurses and probationers, bearing estimony that the food has for a considerable time past been in general both good and sufficient, and that much care is taken to keep it so.

Lücken, 6003-5.

67. The statement that children were roused in the night to be washed was contradicted; but it was said that in the children's ward many children under seven years of age, who go to sleep about six o'clock in the evening, awake very early, when they are given food, and the opportunity would then be taken to wash them, after which they go to sleep again. A complaint had been made by a patient in one of the other wards of being disturbed at five o'clock, but it appears to have been contrary to the rule and practice that this should be allowed.

Lückes, 6815 Manley, 7269-70. Treves, 7802 Fenwick, 9538-7, 9578 Melhado, 12812. 68. The allegation that the rooms in which the sisters sleep are unhealthy, owing to their proximity to the wards, was denied. The matron would prefer that they should be lodged elsewhere for the sake of freedom from disturbance, but it would seem that the sisters themselves prefer to remain near their patients; this arrangement is customary in hospitals.

Middlesex.

Melhado, 12310-951, Fardon, 12952-87.

- 69. The buildings of the hospital, in Mortimer-street, date from 1745, in which year the hospital was founded. The structure, though old, has been adapted as far as possible to modern requirements, and is stated to be fairly well suited to its purpose. It is held at a ground rent of 15 l. a year.
- 70. The number of beds is 307, but only 290 are devoted to medical and surgical cases, and that number includes 34 beds specially appropriated for cancer. The daily average of occupied beds is about 250 to 260, and the accommodation is insufficient to satisfy all applications for admission. The number of out-patients treated in a year is 38,000.
- 71. A meeting of the governors is held once a quarter, at which the attendance usually numbers from 15 to 30. They appoint annually a body, styled the weekly board, composed of 24 governors, of whom 10 or 12 usually attend the meetings; the quorum is three. The weekly board delegates portions of its duty to sub-committees. The "board sub-committee" examines all the books of the hospital, the weekly account books, the disbursements of all the officials, and the attendances of the medical staff. The finance of the hospital is managed by the weekly board and the treasurers, and there is a finance committee
- 72. The medical staff is not represented on the weekly board, but there is a medical committee meeting once a week, whose recommendations are sent up to the board; and in special cases a sub-committee is appointed to report, comprising members both of the board and of the medical committee.
- 73. The general control of the hospital from day to day, in the absence of the board, to which he is directly responsible, is entrusted to a resident officer called the secretary superintendent, who has power to suspend any officer or servant for misconduct, pending the next meeting of the board. This power, however, does not extend to the nursing establishment.
- 74. There are also a resident chaplain, and a resident medical officer, who is responsible for all admissions to the hospital, has the medical care of the nurses

1200

and servants, has authority over the house physicians in the absence of the visiting staff, and keeps a general supervision over the wards in medical matters.

75. Contracts are made by the weekly board, and the steward is responsible Melhado, 1890s. for the proper delivery of supplies. Economies to the extent of 460 l. a year have recently been made in the cost of provisions, chiefly due to a new mode of preparing the beef-tea.

76. The lady superintendent has the sole charge (under the weekly board) of the nursing department and the female servants. About 86 nurses and probationes are regularly employed; they live in a house adjoining the hospital called the nurses' home. When necessary, special nurses are taken from outside, or are brought in from the nurses' institute, which is attached to the hospital, and from which trained nurses, about 20 in number, are sent out to private patients.

- 77. The average income of the hospital in recent years was said to be about 12547-04, 12589-05, 1276-28, 15,000 *l*. or 16,000 *l*. Last year was an exceptionally favourable one, the total 12286 8. income rising to 20,634 l., made up as follows: dividends, 6,367 l.; annual subscriptions, 2,851 l.; donations, 6,538 l.; alms-boxes in the hospital and in business establishments in the neighbourhood, 234 l.; Hospital Sunday Fund, 2,083 l.; Hospital Saturday Fund, 411 l.; rents (from freehold and leasehold property left to the hospital at various times), 1,951 l.; incidental receipts (chiefly arising from the school account and from the sale of refuse), 196 /. The income is reckoned at this hospital exclusive of legacies, which are always carried to the capital account. It was, however, necessary until the last few years to utilise the whole of the legacies towards meeting current expenditure; but latterly they have more than sufficed not merely to make up the annual deficit of income, but also to replace the capital drawn out during the last 10 years. The average of legacies for that period is 17,224 l.; but the last three years alone yielded 131,000 l. Excluding a single large legacy received in 1890, the average is estimated at less than 10,000 l. This system of treating all legacies as capital causes the hospital accounts to show a permanent annual deficit of income. Last year the gross expenditure was 27,117 l., of which 2,584 l. was "extraordinary," i.e., for permanent improvements; but the legacies more than made up the difference. The average expenditure is stated to be about 23,000 l. a year.
- 78. At the beginning of 1891 the capital fund, which 10 years ago stood at 172,000 l., and decreased annually for severally years after, had risen to 252,786 l. This sum includes the Special Cancer Fund of 47,132 l., and also a sum of 25,896 l., which it was resolved to set aside as a permanent Endowment Fund; the remainder of the capital can be drawn upon, but only with the sanction of the quarterly court of governors.
- 79. Constant appeals are made to the public for funds, and a collector is Melhado, 12864-6. employed, who receives a commission of 5 per cent. on subscriptions collected through him.

- 80. The accounts are examined twice a year by a firm of chartered accountants, who give a certificate to the weekly board. They are also examined annually by three auditors appointed by the court of governors.
- 81. The Cancer Fund, of which mention has been made, consists of money left for the endowment of the cancer wards, but it does not suffice for that Melhado, 12846-20. purpose, and has to be supplemented from the general funds of the hospital; it is from time to time increased by legacies. These wards accommodate 26 women and 8 men; they are an institution quite apart from the general uses of the hospital, being, in fact, an asylum to which incurable patients come to end their days. A rota is kept of candidates for admission, and they are received as vacancies occur. Cases of this disease fit for operative treatment are admitted in the ordinary way to the general wards.

82. The hospital has its own laundry.

19797-801.

Charing Cross.

Beade, 13856-14198.

- 83. Founded originally as a dispensary in 1820, and moved in 1831 to its present situation, this institution was opened as a hospital in 1834. It contains 175 beds, of which about 10 are usually kept vacant for emergencies, and the total number of in-patients admitted in 1890 was 2,165; out-patients, 21,000. The hospital is generally full, and cases have sometimes to be sent on to other hospitals, but the secretary is of opinion that the medical relief in that part of London is, on the whole sufficient.
- 84. The organisation of the hospital is peculiar; there is an annual meeting of the governors in general court, and there is a weekly board at which also every governor is entitled to be present, but between the two is the council, which consists of the vice-presidents (about 80 in number), 24 governors elected by the annual general court, the three senior physicians, the three senior surgeons, and the physician accoucheur. The council is the paramount administrative authority, appoints the higher officials, and acts independently of the annual court. The elective members hold office for three years and are re-eligible; casual vacancies are filled by the council itself; the usual number attending the monthly meetings is from 8 to 14; at the weekly board the usual attendance of governors is about six or seven, of whom one or two may be also members of the medical staff. Practically the governors attanding the weekly board are, in general, members of the council as well, and are present at the meetings of that body, so that the active management of the hospital is in comparatively few hands.
- 85. The weekly board has to superintend the whole administration of the hospital, and make all necessary arrangements, subject to the sanction of the council. Weekly reports from the various departments are made to the board.
- 86. Accounts are checked weekly by the finance committee, which consists of the two treasurers (who are ex-officio members of all committees), and three members of the council; it has the whole financial control, subject to the authority of the council, to which it reports every month. The yearly accounts are made up as nearly as possible in the form prescribed by the Hospital Sunday Fund.
- 87. The practical daily management of the hospital is in the hands of the secretary, who engages all the male servants, and has power to discharge them, though in practice it is not usual to discharge anyone finally until the matter has been reported to the weekly board. The secretary lives outside the hospital, and the highest resident officer is the chaplain; either of them would in any serious case of emergency refer to one of the treasurers.
- 88. As regards supplies, the practice is to advertise for tenders; the contracts are made by the finance committee, and confirmed by the weekly board; and the stores are taken in by the housekeeper.
- 89. The resident medical staff consi-ts of two house physicians, two house surgeons, and an obstetrical officer.
- 90. In-patients are admitted by the house physicians and surgeons, except on Tuesdays, when the weekly board meets; on that day they are, in theory, admitted by the board itself, though practically urgent cases are taken in at once without reference to the board.
- 91. The medical committee recommend candidates to the weekly board for the resident medical appointments, and settle the tenders for drugs, and generally, all medical questions, subject to the council. The senior medical officers are also governors of the hospital.
- 92 The nursing establishment is under the charge of the lady superintendent; and questions arising in this department are considered by the nursing committee. The hospital has only undertaken the training of its own nurses since 1889, having been previously supplied from St. John's House; but this plan of divided authority was not found satisfactory. The nursing staff numbers 51, including probationers.

14002-4

93. The ordinary income of the hospital is about 6,000 l. a year, which is 13387-97, 13992-8, 14083, 14128-42, altogether insufficient to meet the expenses. The deficit has to be made up by special appeals from time to time for donations, by the proceeds of the triennial festival dinner, and by drawing on the capital which is occasionally accumulated out of legacies. This source of income is, however, a very precarious one; inone year the legacies amounted to 28,000 l., but in 1890 they were little more than 1,000 l. In the present year the sum total of investments (exclusive of some special funds tied up by way of endowment) was about 2,000 l.; and the secretary estimated that the hospital could not be carried on at the present scale for more than two years without either a windfall from legacies or a special appeal to the public.

94. The income from annual subscriptions in 1890 was 1,838 l.; there was a small sum from rents of leasehold houses, and a small balance came to the general fund from the medical school. A considerable sum has recently been expended in enlarging the medical school; but, as the school returns a revenue to the hospital, that outlay is regarded as an investment.

Westminster.

95. This hospital was founded in 1719; the present buildings date from 1834, Quennell, 14873-1516t. and extensive alterations have since been made, chiefly in 1877 and 1885_86. The number of beds is 205, with a daily average of about 184 occupied. The number of out-patients is about 27,000, including casualties. The provision of medical relief is considered to be sufficient for this district, many patients being received from the country. Quarterly and, as occasion may require, special courts are held of the governors, who number in all about 350; these courts are the supreme authority of the hospital, and the attendance averages about 21 to 27 governors, more than half of whom, generally, are members of the house committee. That body consists of the president, vice-presidents, and treasurers, and 36 governors, elected by the first quarterly court in each year; and any governor may attend and speak at the meetings of the committee, but may not vote. Of the elective members one-fourth, comprising those who have least frequently attended the meetings during the year, are ineligible for re-election.

96. The house committee hold weekly meetings, at which the quorum is four, appoints house visitors and receives their weekly reports, makes the necessary contracts, after public advertisement for tenders, and is generally responsible for the management of the hospital. Every fortnight the secretary's petty cash account is checked with the vouchers by the house committee, and his balance in hand made up to 50 l. All cheques are signed by the chairman and two members of the house committee, and countersigned by the secretary. The bank pass-book is inspected at each meeting.

97. Other committees are the audit and finance committee, the medical committee, the estates committee, and the school of medicine committee; they report directly to the quarterly board.

98. The audit and finance committee consists of five governors, with a quorum of two. They appoint a professional auditor; go through the bills every quarter, after they have been checked by the secretary and certified by the auditor; compare the secretary's and collector's report of receipts with the banker's book; make a report to each quarterly board; consider any questions of finance referred to them by the house committee; and prepare the yearly abstract of receipts and expenditure.

99. The secretary has a general control over the establishment, but the precise limits of his authority are not strictly defined. Both he and the chaplain are non-resident. There is no resident medical superintendent. Supplies are taken in by the steward in person.

Quennell, 14998-15024, 15036-8, 15092 Pyne 15165-305; Allchin 15403.

100. The nursing arrangement differs from that in other hospitals, the work of this department being undertaken by the Westminster Training School and Home for Nurses, an institution founded in memory of Lady Augusta Stanley, and having funds distinct from the hospital. The nurses are lodged in a separate building at Queen Anne's-gate, and are under a lady superintendent, who is also matron of the hospital. There is a body called the nursing joint committee, appointed partly from the home and partly from the hospital, whose duty it is to determine questions referred to it relating to nursing; but it is said that this committee has practically nothing to do. The hospital pays 1,700 l. a year to the home, and a fixed sum for each nurse supplied beyond the regular staff. This arrangement is found to work well. There are about 63 nurses and probationers, exclusive of 67 nurses belonging to the private nursing institute.

4924-36, 15112-3.

15129-34, 15148-52.

Todd, 11933-12288

101. The expenditure of the hospital in 1890 amounted to 13,331 l.; the income to 14,109 l., made up of dividends and ground-rents, 2,706 l.; annual subscriptions, 1,461 l.; donations, 1,860 l.; legacies, 6,610 l.; Sunday Fund, 1,145 l.; Saturday Fund, 300 l; and miscellaneous, 245 l. There was also a legacy of 24,000 l. Consols, and a sum of 1,000 l. given for the endowment of a bed. The invested capital amounted in 1891 to 50,806 l. to the credit of the general fund, which can be used to meet any deficit of income, and about 34,000 l. to the credit of several special endowments, including one of 17,350 l. for an establishment for incurable patients, which accommodates seven women in a separate ward, and a certain number of male patients distributed in other wards. Legacies have averaged about 5,000 l. a year for the last 20 years, exclusive of the 24,000 l. above mentioned.

St. George's.

- 102. This hospital was founded in 1733; it was originally an offshoot of the Westminster, and was established in what was known as Lanesborough House. The present building at Hyde Park Corner is about 60 years old. The greater part of it is leasehold, held at a peppercorn rent, but a portion is freehold.
- 103. Quarterly meetings are held of the governors, who number 1,000, but every governor is also entitled to attend the weekly board which, through its committees, manages the hospital. An average of 20 to 26 governors attends the meetings of the board, and the committees elected by it are a general purposes committee, a finance committee, and a nursing committee, all of which are under the immediate control of the board.
- 104. The general purposes committee consists of 16 governors; it considers all matters concerning repairs, alterations, or additions to the hospital, advertises for tenders, accepts contracts, and reports to the board on questions of management.
- 105. The finance committee is composed of five governors, and the treasurers and trustees, nine in all; it discusses all matters connected with the finances of the hospital, the tradesmen's accounts, the selling of stock, and the increase of salaries.
- 106. The nurses committee comprises 12 governors elected by the board, and all the medical officers of the hospital who are governors, about 30 members in all: engages and dismisses all nurses and probationers, superintends generally everything connected with the nursing department, and makes a yearly report to the board. The superintendent of nurses reports to this committee, the chairman of which is frequently at the hospital, and is in constant communication with the superintendent of nurses.
- 107. Four or more governors are appointed every month whose business it is to go round the wards, to make inquiries and inspection, especially as regards the food, and to report weekly to the board.
- 108. The chief resident officials are the secretary and the resident medical officer. The secretary appoints, and can dismiss, most of the male servants;

he is responsible for the general management and good order of the hospital, and in case of necessity can readily communicate with the treasurer or one of the senior medical staff. The hospital is also constantly visited by the treasurer and other governors.

- 109. The head of the nursing department is the superintendent of nurses, who has under her between 90 and 100 nurses (including probationers), and who also engages the female servants.
 - 110. The steward receives the supplies, and is responsible for their quality.
- 111. The expenditure for 1890 was 27,364 l. ordinary, and 950 l. extraordinary. 11088-12010, 12116, 12126-30, In that year the receipts were, house rents, 1,056 l.; annual subscriptions, 6,644 l.; donations, 1,754 l. and 1,000 l. stock; legacies, 27,781 l. (including one of 20,000 l., or, deducting the duty, 18,000 l.; the average income from legacies was put at 5,000 (.); Hospital Sunday Fund, 156 (.; Hospital Saturday Fund, 4001.; dividends from 441,640 l. of capital invested, 12,642 l.; altogether upwards of 50,000 l., exclusive of the 1,000 l. stock.
- 112. Of the whole amount of 441,640 l. invested, about 110,000 l. is tied up, so that only the income can be used. 'The hospital has been fortunate in receiving within the last few years several very large legacies (two of 100,000 /.); previously it was found necessary to sell out yearly 2,000 l. or 3,000 l. stock to meet current expenses. A collector is employed to bring in subscriptions; he
- 113. As regards accounts, the usual practice is for the treasurer to look over the secretary's accounts weekly. They are also laid on the table at board meetings, but are not then systematically examined. Comparisons as to expenditure are made, quarter by quarter, by the finance committee.
- 114. The charge for general repairs last year was 1,200 l.; this seems to have been below the average.
- 115. There is a superintending architect attached to the hospital, who receives 5 per cent. on work done under his superintendence, and 21 per cent. on minor repairs.
 - 116. The sum paid for rates was 365 l.

is paid by commission, but is not encouraged to canvass.

- 117. The hospital contains 356 beds, 205 surgical and 151 medical. Altogether 11976, 11078-80. 4,466 patients were admitted last year, and the daily average was about 335. Applicants have constantly to be sent away for want of room, and, especially during the winter, there is often great pressure for admission to the wards.
- 118. About 16 per cent. of the in-patients were stated to be domestic Todd, 11955-8. servants, and 10 per cent. of them to be in service when admitted. Their employers are sometimes subscribers, and if not they very often make a donation, but are not obliged to do so.

University College.

119. This hospital, now standing in Gower-street, was opened in 1833, having Nixon, 15452-821. grown out of the University Dispensary, which was started in Gower-place in 1828. It contains 207 beds, of which 181 on the average are occupied, and though it is situated near other hospitals, the secretary was of opinion that 100 more beds could easily be filled. It is admitted to be structurally inconvenient, and its rebuilding is contemplated; but its sanitary condition is said to be good. Nearly 40,000 out-patients have been treated in a year.

120. The hospital was founded for the medical school of University Colleges and is under the ultimate control of the council of the College. But the executive authority is the hospital committee, consisting of 14 members elected at the annual meeting of governors and subscribers, seven nominees of the council of the College, and three delegates from the medical committee. The hospital committee appoints a house and finance committee, and a Samaritan fund committee; its meetings are held fortnightly; it deals with recommendations from the other committees, receives the visiting governor's report, and a (93.)general

general report from the secretary of proceedings in the hospital during the past fortnight, and considers any decisions of the council of the College.

- 121. The house and finance committee has to audit all the accounts fortnightly, recommends the necessary payments to be made, inspects the store and other accounts, and has control of the nursing arrangements and the servants.
- 122. The minutes of the hospital committee are laid before the council of the College, which has power to intervene, and it seems that there is also a power of intervention in the general meeting of subscribers, but practically it has not been exercised; nor has any difficulty arisen in the relations between the hospital and the college.
- 123. The secretary is charged with the general superintendence of the structure and management of the hospital, and the control of the officers and servants, except the nursing staff. In case of emergency he would appeal to the treasurer, or (in a medical matter) to the Dean of Faculty of Medicine. He is not, however, allowed to interfere with matters placed under the control of the resident medical officer. The last-mentioned is the highest official who actually resides in the hospital; he controls the admission of in-patients, except those who are taken in through the out-patient department.

Nixon, 15610, 18848, 16143; Cecilia, 15826-44, 18849-919; Barlow, 15949-20; Allison, 16886-724; Vol. 11, p. 325.

124. The hospital is nursed by the Sisterhood of All Saints, Margaret-street, in consideration of a fixed payment, an arrangement which is said to work efficiently, notwithstanding the division of authority. The sister superior, who fills the post of matron, is summoned before the house and finance committee once a month to make her report, and give any information required about her department. She engages the nurses, and has the staff of about 75 for the hospital, lodged in a neighbouring building, and separate from the religious Sisterhood. Formerly Nonconformists were not admitted to the paid nursing staff, but from 1889 this restriction has been abandoned. The nurses are recruited from all denominations, but they cannot rise to become "sisters," as these posts are held by the members of the Sisterhood only.

18525-47, 18788.

125. Constant appeals are made to the public for contributions. The total income in 1890 was 19,334 l., slightly less than the expenditure. Annual subscriptions vielded 2,020 l.; dividends, 2,944 l.; legacies, 1,973 l.; students' fees (i.e. one-third of the clinical fees, the other two-thirds going to the medical officers), 596 l.; people's contribution fund, 500 l.; donations, 7,853 l. (including 1,250 l. from the Sunday Fund, and 232 l. from the Saturday Fund, and the proceeds of the yearly dinner). The 10 years' average of legacies was 4,300 l. a year, including an exceptionally large one of 11,000 t. The hospital has 62,515 l. permanent endowment, 13,488 l. invested for general purposes, and 36,048 l. to the credit of the Samaritan Fund. This fund differs from the corresponding fund in other hospitals, in having this considerable endowment, and in being managed by a special committee. It assists in maintaining the "invalid's dinner table," an institution peculiar to this hospital, and regarded with some disapproval by the secretary of the Charity Organisation Society; it is a sort of soup kitchen, to which a limited number of persons are sent from the out-patient department.

Lech, 26118.

King's College.

Wace, 18633-831. Benefiebt 1261. 126. This hospital, situated in Portugal-street, Lincoln's Inn Fields, was founded in 1839 for the instruction of the students at the college; and its present constitution is laid down by an Act of Parliament passed in 1851. It is managed by a committee of 24 governors elected at the annual court; the principal of King's College and the treasurer are official members, and some members of the medical staff are always placed on the committee. The medical committee, which includes the whole staff, some 25 in number, does not in general take any active part in the administration. The detailed work is performed by a variety of committees, which report to the committee of management. These are the finance committee, the nursing committee, the works committee; a committee for raising funds; the dispensary committee, and the Samaritan fund committee. The finance committee meets once a month, when the several accounts are examined and initialled; this work was formerly done

every fortnight, but that course was found inconvenient owing to many of the payments being made monthly. The trade contracts are made by the finance committee after advertisements for tenders; and supplies are taken in by the steward.

127. House visitors are appointed from time to time by the committee of management.

128. The secretary, who at the present time fills also the offices of chaplain and warden, but does not reside in the hospital, is the head officer; appoints the servants, and has supreme authority over all the resident staff in the absence of the committee, to which he is responsible. There is no resident medical superintendent, and the chairman of the managing committee was of opinion that much opposition would be offered to such an appointment; but it was explained that the house physicians and surgeons are directly responsible to the committee.

129. The nursing was undertaken, until six years ago, by the St. John's House; but the arrangement was not altogether satisfactory, and the hospital now trains its own nurses, of whom there are about 80, exclusive of the private nursing staff. The matron engages the nurses, but with respect to the sisters and the special probationers, their names are submitted to the nursing committee for recommendation to the committee of management. Every nurse Wace, 18778 must attend the Church of England Service, but need not belong to the Communion of the Church of England.

130. The accounts of last year showed a deficit approaching 6,000 l., the 18669-68. expenditure being 17,126 l., and the ordinary receipts 11,288 l., to which annual subscriptions contributed 2,292 l., donations 5,150 l., and Sunday Fund 1,406 l. The legacies are carried to a special account, and they and the invested capital can only be spent by permission of the council of King's College. Last year's legacies came to 2,464 l.; they have averaged since the foundation of the hospital 3,060 l. a year, and for the last 10 years 4,020 l. The annual deficit, averaging for the ten years about 4,000 l., is made up from this source, and, when necessary, by the sale of investments. These amounted in the present year to less than 20,000 l. of which the Reardon Samaritan trusts funds absorbed 7,800 l.; and 10,500 l. was invested in land of increased prospective value, but at present unproductive. Constant appeals are made to the public, and the annual festival dinner produces a considerable sum. A few years ago it was found necessary to close two wards for lack of funds, but it has fortunately been found possible to re-open them. The full capacity of the hospital is 220 beds (90 surgical, 90 medical, and the rest special); the working average is over 200 occupied, and it is impossible to satisfy all applications for admission. The out-patients number about 20,000.

St. Mary's.

131. The control of this hospital (in Cambridge Place, Paddington), which Ryan, 14371-600, 14516-674, dates from 1845, is vested in quarterly and weekly boards of governors, both Bird, 14703-40. of which are open boards, which every governor is entitled to attend. There are also two standing committees, called the house and finance committee and the medical committee.

133. The

132. The work of the quarterly board is to read the minutes of the weekly board for the three months, and to confirm them or otherwise. The weekly board receives and considers a fortnightly report from the house and finance committee, a monthly report from the medical committee, a monthly report from the house visitors (two governors appointed monthly by the board to visit the wards), and reports from the chaplain, the matron, and the resident medical officers. The board further examines the medical officers' attendance book, the medical and surgical admission books, the "two months' book" (in which every patient who has been more than two months in the hospital is reported upon), and the weekly return of out-patients; and the chairman signs a warrant authorising the payment of accounts passed by the house and finance committee.

133. The house and finance committee practically manages the hospital as the executive authority. It receives reports from the secretary, matron steward, and house visitors, examines the steward's detailed account of the receipt and expenditure of stores, and audits the whole of the accounts month by month, checking all the various books and balancing each of the several heads of account. The members of this committee usually attend also both the weekly and the quarterly board, so that here, as in many other cases, the whole management practically devolves in general on a small number of individuals. On the other hand the chairman of the committee expressed an opinion unfavourable to government by an open board on the ground that it brought about a want of continuity in the work, and that there was always the danger of a packed meeting, or at least of those who had given their attention to the management of the hospital being out-voted by persons who rarely attended, and had no practical knowledge of the work of administration. Both he and a member of the medical staff bore witness that actual inconvenience had from time to time arisen from this cause, but there does not seem to be evidence of any such friction having been felt in other hospitals in which the

134. The medical committee meets monthly, receives reports from the medical superintendent, and from the dispensary visitors (two governors appointed every month by this committee to visit and supervise the dispensary), and examines the "six months' book" (a record of out-patients who have been six months or more under treatment), the septic book, the post-mortem book, the temperature books, and books registering particulars of the cases in the wards.

whole body of governors have an ultimate power of control.

135. An annual meeting is held at which subscribers as well as governors may be present; and the press are admitted to this, and also (if they choose to come) to the quarterly meetings.

136. In the absence of the weekly board and house committee, the head of the establishment is the secretary, who has power of dismissal over the subordinate servants, reporting in every case to the weekly board. The secretary does not reside in the hospital, and at night the medical superintendent is acting head of the establishment. The particular duty of this officer is to superintend the resident medical officers, the clerks and dressers, and he exercises a general supervision in medical and sanitary matters. He regulates the admission of those in-patients who hold letters of recommendation (urgent cases being admitted, without letter, by the house physician or house surgeon on duty).

137. The hospital chaplain is non-resident.

138. The head of the nursing staff, numbering about 60, is the matron, who is responsible to the house and finance committee and to the weekly board; if additional assistance is required in this department it is obtained from the institute of nurses belonging to the Brompton Consumption Hospital.

139. The hospital contains 281 beds, of which about 255 are usually occupied; and there is said to be very considerable pressure on the accommodation,* the hospital serving the whole district west of the Edgware-road and north of Hyde Park. Its enlargement is in contemplation, and land is already being acquired with that object.

140. The total expenditure for 1890 was 23,608 l. The income was 22,544 l., comprising annual subscriptions, 5,227 l.; donations, 3,177 l.; dividends and rents, 2,521 l.; legacies, 8,276 l. (slightly above the average of 10 years from this source); Sunday Fund, 2,083 l.; Saturday Fund, 368 l.; payments by probationers, 412 l., and minor items. The balance had to be made up from capital. The hospital now holds investments to the extent of about 72,000 l., the whole of which could, if necessary, be sold out.

* There may be great pressure on some of the special wards, at the same time that there are vacant beds in other parts of the hospital. The existence, therefore, of unoccupied beds does not prove that the hospital is able to cope fully with the demands on its accommodation.

Bird, 14717-87.

Morris, 14839-43.

Ryan, 14428-30.

14386-7, 14485.

14473-88, 14583-91.

Royal Free.

- 141. The government is entrusted to a court of governors, meeting annually, Thice, 16149-454. a committee of management, consisting of 30 governors elected at the yearly court, and a weekly board of 12 members of the committee. The weekly board manages all the general business of the hospital, but any matter of importance is referred to the committee, which meets quarterly, and can be specially summoned at other times by the board. A printed report of the board's proceedings, a statement of accounts, and other returns are sent to every member of the committee before each quarterly meeting.
- 142. The weekly board is assisted by a finance committee selected from among its own members, and meeting every week before the board meeting. The finance committee, or some members of it, examine the weekly expenses and the payments made during the preceding week, examine and initial weekly the various books containing accounts of money and stores, and make a similar examination into the quarterly accounts before they are paid.
- 143. The secretary is the representative of the committee and of the board in the general administration, and has supreme power in their absence and subject to his responsibility to them.
- 144. The nursing staff consists of a lady superintendent and 40 nurses and probationers, who are trained in the hospital. The lady superintendent has a power of suspension, but not of dismissal.
 - 145. There is a non-resident chaplain, and a senior resident medical officer.
- 146. A portion of the existing hospital buildings was occupied prior to 1842 16226-8, 16276 as a cavalry barrack. In that year the hospital, which had been founded in 1828, was removed from Hatton Garden to the present site in Gray's Inn-road; but the receipt of large legacies has enabled the committee to pull down and replace the greater part of the barrack buildings, and it was intended to issue a special appeal during the past year for funds to complete the work of re-construction, and also revise the whole system of drainage, which is on an 18181. unsatisfactory footing, though the drains are regularly tested by the architect, and no actual mischief has arisen. The number of beds is 160, with an average of 135 occupied; and there is considerable pressure on the available accommodation. The out-patients in 1890 numbered 17,263, besides nearly 11,000 casualty cases. In the years 1832, 1849, and 1854, this hospital was 16178-6. given up to cholera patients, and received 700, 3,000, and 6,000 cases in those years respectively.

147. The income for 1890 was: annual subscriptions, 1,013 /.; donations 16177-8, 16214-25, 16206, 16408 (including alms-boxes in the hospital), 2,255 l.; dividends, 934 l.; nurses' training school, 625 l.; sundry receipts, 22 l.; legacies, 6,855 l.; total, 12,904 l. The average income for 10 years was 12,398 l., including 7,370 l. from legacies. The expenditure last year was 10,671 l. Convertible investments were held to the value of about 19,000 l., and special endowments, 6,213 l. It has not been the custom to make constant appeals for subscriptions in aid of income.

- 148. The special feature of this hospital is the admission for clinical training of the female medical students attached to the London School of Medicine for Women.*
- 149. This hospital is in touch with and sends cases to the Provident Medical Third, 16381. Association.

Metropolitan.

150. This institution was first founded as a dispensary in 1836; and some Byers, 16725-16919; beds were afterwards added. Forced by the extension of the Metropolitan Railway to quit its quarters in Devonshire-square, Bishopsgate, it migrated in 1886 to its present situation in Kingsland-road, N.E., about two miles from the London Hospital, and the same distance from St. Bartholomew's. The buildings

are new, and it is claimed for them that they are constructed on the best sanitary plans. In 1887, on the adoption of the provident system in the out-patient department, the title of "Metropolitan Free Hospital" was dropped, and that of "Metropolitan Hospital" was substituted.

- 151. The hospital is governed by a general committee of management, meeting monthly, and comprising from 12 to 24 governors, elected at the annual meeting, besides the president, treasurer, trustees, and four members of the medical staff. From this body is elected a house committee of nine members (including one physician and one surgeon) who meet once a week; and the house committee in turn appoints three of its members to form the finance committee, which meets and examines the books once a quarter (after they have been audited and certified correct by a chartered accountant), and reports to the next meeting of the general or house committee. All the accounts are paid quarterly, and the cheques are signed by two members of the finance committee. The books are always produced to the house and general committees, but are only systematically examined by the finance committee and the auditor.
- 152. In the absence of the weekly committee, the secretary (non-resident) is head of the whole establishment, except the medical and nursing staff. Supplies are taken in by the housekeeper who is responsible to the sister in charge of the nursing staff. Contracts are made by the house committee.
- 153. The nursing is undertaken by a Sisterhood on the same plan as that at University College Hospital; 16 nurses are paid for under the contract, but the actual number was stated to be 32, additional ones being brought in by the Sisterhood for training.
- 154. The hospital can accommodate 160 patients; but only half that number of beds have as yet been brought into use; many applicants have to be sent away; and the accommodation is said to be very insufficient for the district.
- 155. The total expenditure in 1890 was 7,500 l. The income from provident patients amounted to 670 l.; donations, 2,400 l.; subscriptions, 565 l.; dividends, 240 l.; legacies, 2,100 l.; Sunday Fund, 312 l., Saturday Fund, 87 l.; and there was a deficit of more than 1,000 l.
- 156. The provident system, as worked in the out-patient department of this hospital for persons living within a radius of a mile from the hospital, was explained by the secretary and a member of the medical staff. The subscription for an adult is fixed at 1 d. a week or 4 d. a month; entrance-fee (except for members of benefit societies) 6 d. The wage limit is 21 s. a week (35 s. for a family). The system includes home attendance at a fee of 6 d. by day, 1 s. in the evening, and 2 s. by night; midwifery cases, 15 s. This fee is said to usually cover the expense.
- 157. Admission to the out-patient department is not exclusively confined to the provident subscribers. Anyone may be treated for the first time free, and the doctor may authorise a free patient to come again. The statement for 1890 shows 14,000 new free cases with 23,000 attendances; the attendances of subscribers were 43,000. Four medical men are specially allotted to the provident members, of whom there were estimated to be about 7,000, in the opinion of the witness, "a disappointing number." The plan has recently been adopted of collecting the members' subscription from them at their homes.
- 158. The objections raised by the general practitioners to this department of the Metropolitan Hospital are mentioned under the heading of out-patients.

16841-63.

16978-9.

16760, 16764, 16892-9014,

Byers, 16734-61, 16768-98, 16902-4; Goodsall, 16927-61, 16952, 16959-61, 16952, 16992-5, 17002; Bousfield, 1467; Currie, 1844-1944.

Byers, 16777-0.

West London.

Gilbert, 20335-506.

159. This institution in the Hammersmith-road was founded in 1856 as a dispensary for Fulham and Hammersmith. In-patients began to be taken in 1860, and at the present time there are 101 beds, with an average of 94 occupied. Applications for admission have frequently to be refused for want of space. The out-patients average 21,000 in the year.

- 160. The hospital is governed by a committee of management of 50 to 60 members meeting monthly, and receiving reports from its subordinate committees, the house and finance committees, and from the medical council. The house committee is the executive body, and consists of eight members with a quorum of three.
- 161. The secretary is responsible for the management in the absence of the committee, and his control extends to the nursing establishment. Contracts are made by the committee, tenders being submitted by invitation; and the food is taken in by the housekeeper.
- 162. The books and accounts are checked by the finance committee; bills are paid, as a general rule, quarterly, and a professional auditor is employed.
- 163. The financial position is shown in two accounts; the estate account, 20310. which for 1890 was said to give an income of 3,176 l. against an expenditure of 2,175 l., and the maintenance and management account, with an income of 4,971 l., made up of annual subscriptions, 2,411 l.; donations, 994 l.; almsboxes, 314 l.; Sunday Fund, 572 l.; Saturday Fund, 175 l.; friendly societies' demonstrations, 242 l.; and church and chapel collections, entertainments and miscellaneous sources. The expenditure on this account was 6,084 l.; and the deficit was made up by borrowing.
- 164. The annual average from legacies since the foundation of the hospital has been only 730 l. The amount of money invested appears to be about 3,000 l., and the hospital has house and garden property in the neighbourhood.
- 165. The nursing staff consists of a lady superintendent and 26 nurses, trained in the hospital. There is no nursing committee.

SAMARITAN FUNDS.

166. The administrators of the Samaritan Fund at St. Thomas's send people Walker, 11088-4. to convalescent homes. The Samaritan Fund is administered by the treasurer and almoners; the witness is their working officer. Patients are helped in various ways from the Samaritan Fund. Patients are sent home in cabs, washing provided, assisted to get clothes, trusses, wooden legs and arms, and to get tools out of pawn.

 The Samaritan Fund at the Middlesex assists destitute patients, providing Molhado, 12565 them with tea, butter, and sugar. Provides for sending patients to convalescent homes to which it subscribes. Pays the keep of patients while there, railway journeys there and back, and any other assistance they may require. Funds come from dividends, one ground-rent, and donations. £. 110 in debt last year (1890). The Samaritan Fund is administered by the chaplain, subject to the finance committee; it helps towards funerals.

168. At St. George's, Samaritan Fund comes from legacies, donations, and Todd, 12011-14. investments. In 1889 they spent 60 l. in giving support to families of patients in the hospital, after inquiry by the Charity Organisation Society or the chaplain. The fund is disbursed by the board. One-half of balance of the Samaritan Fund is paid over to the convalescent home fund. It defrays expenses of those sent 12275-90. to the seaside, pays for instruments, trusses, spectacles, and glass eyes. Cases are recommended to the board by the chaplain.

169. At St. Mary's the secretary manages the Samaritan Fund. There is no Ryan, 14689-02. absolute rule against assisting families while their relatives are in the hospital, but he had not had occasion to do it. The fund is principally used to assist to convalescence, and called the Convalescent Fund. There is a separate account for this fund.

170. At the Westminster Hospital the chaplain administers the fund under Quennell, 15154-6. a Samaritan Committee. The fund is not large enough to help families whose relations are in hospital. The money comes from subscriptions, dividends, and (93.)

Waterlow, 2593.

Dobbin, 17564.

Nixon, 15498.

Nixon, 8313.

8321.

16999

Wace, 18649.

Steele

an occasional offertory at Westminster Abbey. Subscriptions are made from the fund to one or two convalescent homes.

- 171. At St. Bartholomew's they have 18,960 l. in Consols. In 1881, 1,235 persons were relieved. They assist towards or provide various kinds of clothing, pay fares, provide tools to go to work with, surgical appliances, and artificial limbs. Frequent notice is called by the treasurer to the needs of the Fund.
- 172. At the Brompton Consumption Hospital the Samaritan Fund is called the Rose Charity Fund. From this fund washing is paid for for those who cannot afford their own, and sometimes sums of money, such as 10 s. or 1 l., are given to patients. There is no convalescent home, but arrangements are made with the London Samaritan Society.
- 173. At University College Hospital the fund is used for making grants to poor patients. These grants are 10 s. or 1 l., or so much per week given to the friends while the breadwinner is in hospital.
- 174. The London have a "Samaritan Society." From it poor patients are supplied with tea, sugar, and butter. Very poor patients are supplied with anything they want to go away with.
 - 175. There is no Samaritan Society at the Metropolitan Hospital.
- 176. At King's College Hospital there is a Samaritan Fund, with a capital of about 7,000 l., administered by a committee.
- 177. There is a Samaritan Fund at Guy's Hospital. Artificial limbs and other apparatus are provided for from it.

Letters of Admission.

Letters of Admission.

Guy's.—Steele, 427.

London.—Curric, 1767-9, 1788-93, 3017, 3020, 3076-7.

St. Barthelomen's.—Clarke, 2004-5; Waterlow, 2529.

St. Thomar's.—Brass, 10864-5.

St. George's.—Todd, 11841, 11842.

Charing Cross.—Reade, 13859-61.

St. Mary's.—Ryan, 14377-9; Morris, 14813.

Westmissior.—Quennell, 14879-80; Allechin, 15386.

Westmissior.—Quennell, 14879-80; Allechin, 15386.

King's College.—Nixon, 15454-6, 15669.

King's College.—Waxe, 18716-9; Curnow, 18835-6.

West London.—Alderson, 16637-9; Taylor, 17810, 17853-4, 17843-8; Gibbert, 20045-8.

Rogal Free.—Thies, 1618.

Metropolitan.—Byers, 1649.

Admission of Patients.

178. At most hospitals, though not all, the governors and subscribers have the right to give to deserving applicants letters for admission as in-patients or for treatment in the out-patient department. According, however, to the evidence received from a good many of the hospitals, the usual practice at the general hospitals appears to be to give a very slight preference to applicants bringing letters over those (and they are the vast majority) who come without them. An outpatient letter will sometimes open the way direct to the outpatient department when a person not so provided must first pass ackensie, 2134.

Michelli, 14094.

Dobbin, 17357-62, 17,463, 17465; Fowler, 17724-5, treated summarily there. But any person whose illness is sufficiently 17760-7. serious appears to be considered equally in either case a proper

subject for treatment. So, in regard to admission to the wards, the only privilege attaching to a letter seems to be that, where two cases are of equal gravity, the preference will be given to the recommended case; but disease, it is said, and not the recommendation of a subscriber, is the real passport of admission; and the selection of the applicants to be taken in rests practically with the officer whose duty it is to admit to the hospital (usually the house physician or surgeon).

179. It is generally understood that letters should be given only to the poor who are unable to pay the expenses of private treatment; but it is said that they are not always distributed with strict regard to this principle; and some witnesses held the use of hospitals by the subscribers for the treatment of their domestic servants to be a misuse of hospital accommodation, though it was admitted that the funds of the hospital might derive benefit from the practice. The objection made was that beds used in this way are withdrawn from the poor for whom they were intended, and that contributions given by way of charity ought not to entitle the giver to any services in return. Other witnesseswere in favour of the entire abolition of letters. It was shown, however, that subscriptions were made to hospitals by Friendly Societies, Provident Institutions, Business Establishments, and notably by the Hospital Saturday Fund, with the expressed view to obtaining in return, and making full use of, letters of admission; and there seems to be no doubt that some hospitals derive a substantial part of their funds from the system of supplying these letters to subscribers.

180. Evidence

180. Evidence was given of the tendency of the poor to go from one Migratory Habits of Poor hospital to another, as well as of the habit (mentioned later in connection with 3040, 2168, 2181, 2619, 28849-51.

the question of the unequal distribution of hospitals) of going to a distance, 1769, 2809-18, 21622-30, 16182-4, 18961-4. attracted by the reputation of certain hospitals or some favourite doctor, or by the cure of some friends. Many patients come up from the country.

IN-PATIENTS.

181. In-patients are usually taken in by the house physicians and surgeons or (where there is such an officer) by the resident medical superintendent. It was suggested, and the Committee think not altogether without reason, that there was a danger of beds being kept vacant for the reception of "interesting" quenche, 18934-8; Ryan, 1485-6; Quenche, 18934-8; Ryan, 1485-6; Ryan, 1485-6; Ryan, 15590-6; Thies, 16133-8; Ryan, 15590-6; Thies, 16133-8; Ryan, 16830-6; Micon, 15590-6; Thies, 16133-8; Ryan, 16830-8; Michelli, 18093-8. with that object.

Taking-in.

182. One method is for the house physicians and surgeons to admit patients Mackenzie, 9091, 9098-9, 9115-29, by turns, each one having a ward or number of wards to which he admits; so that, during his turn for taking in, no patients are as a rule admitted to the other wards, unless the pressure for admission makes it necessary to do so. Inquiry as to the fitness of patients to receive charity is sometimes but rarely Melhado, 12857-60. made.

183. It is not the practice of the hospitals to receive either hopeless cases Steele, 458-9; Bennett, 4283-4; Bridges, 23331-5 (unless the symptoms are particularly urgent) nor chronic cases.

184. Patients are discharged as soon as they are fit to be moved, or when it it is considered that they have received all the relief which the hospital can Steele, 326, 341; Waterlow, 2530. give, often long before they are fully cured.

Discharge.

185. The total number of beds in the general and special hospitals in London combined was stated by Dr. Steele to be 8,500, of which 6,500 are continuously employed; but according to Mr. Burdett there are only 8,094 beds, of which 6,143 are constantly occupied; in the poor-law infirmaries and sick wards of workhouses 14,000 beds with 12,000 in continuous employment (12,445 beds in the infirmaries alone); and the Metropolitan Asylums Board has 3,505 beds for infectious cases, the average number occupied in the year 1888, being 707.

Number of Beds.

idges, 23171.

186. Infectious cases (except measles) are not ordinarily admitted to the general hospitals. The Committee note that influenza had not then attracted the attention which has lately been given to it. Where a patient is found to have an infectious disease he is at once removed in an ambulance to a fever or this, 1817-80; Nixon, 1833-62; This, 18172; Mischelli, 1796-8, small-pox hospital unless the case is too serious for removal, in which case he is at once removed in an ambulance to a fever or this, 18172; Mischelli, 1796-8, small-pox hospital unless the case is too serious for removal, in which case he is at once removal, in which case he is at once removal. Typhoid cases are taken in Some heavitals. is isolated as far as possible. Typhoid cases are taken in. Some hospitals admit ordinary cases of diphtheria, while others reject patients suffering from this disease except in cases of urgency; some isolate such patients in a separate ward, others do not.

Infectious Cases.

187. King's College Hospital admits a maximum of 10 cases of scarlet fever Wace, 18790-3; Monk, 18909-12; Curnow, 1895-19001. at a time; they are not isolated, but are distributed among the wards.

188. In regard to Lock cases the practice varies; some hospitals do not profess to admit them; others do not favour them, and take in only a small number. Altogether, there seems to be a prevalent tendency at the general hospitals to reject these cases; there are objections to their admission to the general wards, and there is not always a separate Lock ward.

Lock Cases.

2697, 2896-915, 2969-82, 9054-5, 9698, 10009-98, 11003-4, 11198-307, 12268-8, 12747-8, 14177-8, 1613-8, 15085, 15564, 15070-3, 10104, 16301, 16865, 17135, 18030-89, 18919-81, 18281, 24034-8. 1385, 10087, 16101.

OUT-PATIENTS.

189. The immense increase in the importance of the out-patient departments of hospitals, and the vast numbers of persons who are now treated in them, give great prominence to this branch of the subject. Taking a few of the large Bardett, 25897. Holmes, 671-2; Kay, 4514-5. general hospitals, we find that at the London, more than 100,000 out-patients are treated in the year (243,000 attendances); at St. Thomas's, 25,000; at the Nixon, 8962. (93.)Middlesex,

Great Number of Outpatients.

Hardy, 971.

Middlesex, 38,000; at Charing Cross, 21,000; at University College, nearly 40,000; at King's College, 20,000; all these being cases of separate patients, each of whom comes, on the average, three times for treatment, and being, moreover, exclusive of many trivial cases which are not recorded, and also of lying-in cases which are treated outside the hospital. The number of outpatients treated during the year at the 11 hospitals, with schools, was estimated by one witness at over half a million. The most opposite opinions are held as to the usefulness of these departments, and as to the mode in which they are conducted.

Objections to Out-patient Departments.

- 190. On the one hand it is urged,-
- (1.) That the number of persons who come for treatment is so great that they cannot be properly attended, and that in consequence,
 - (2.) The patients are often wrongly treated, and
 - (3.) Are in many cases treated by unqualified students.
- (4.) That the hospitals encourage large numbers to come, in order to raise funds from the public by showing a large total of cases treated.
 - (5.) That the hurried treatment has a bad effect on students.
- (6.) That the evils of crowding and hurry are aggravated by the treatment of trivial cases which ought never to come to a hospital.
- (7.) That no sufficient discrimination is used in the admission of out-patients, whereby, and that consequently,
 - (8.) Persons are treated free, who ought to pay,
 - The poor are pauperised and rendered improvident,
 - (10.) Provident dispensaries are stifled,
 - (11.) The general practitioner is both deprived of his patients, and
 - (12.) Is driven to reduce his fees.
- 191. Those, on the other hand, who uphold the efficiency and the usefulness of the out-patient department, maintain that these objections are either exaggerated or totally unfounded; that out-patient departments are of great value to the private practitioner in two ways, by affording him a ready means of obtaining a consultative opinion in a difficult case, and enabling him to send to a hospital a patient who cannot pay his fees; and that, in the interests of medical education, it is absolutely indispensable that such departments should exist.
- 192. Some witnesses would abolish the out-patient departments altogether, and these cite the Edinburgh hospitals, which have none; some would reform them, and there are several ways in which they propose to effect the reform; and some are content to let them go on as they are.
- 193. The views of opponents and critics, together with the evidence on the other side, may conveniently be considered under the several heads already enumerated.

(1.) Overcrowding and hurried Treatment.—That the number of persons who

experience, that the overcrowding was such that it was impossible to give

proper attention to the cases, and it was said that a single doctor would dispose

come for treatment to the out-patients' rooms of some of the hospitals from time to time brings a strain on the powers of the staff to deal with them is an undoubted fact. Not only was this stated by witnesses who were avowedly hostile to the system, but it was admitted by several officers on the staff of the hospitals themselves. It seems, however, from the evidence of the latter class of witnesses, that this evil has of late been greatly mitigated by the checks (to be described later) which several of the hospitals have adopted upon the indiscriminate admission of out-patients. It was further asserted by many gentlemen in private practice, some of whom had formerly had hospital

Clarke, 2049-50, 2038; Mackenzie, 2176-8, 2191; Cross, 10398; Fardon, 12987 Fowler, 17728-9, 17755-7; Taylor, 17780; Armitage, 19335; Gilbert, 20375; Moore, 10621; Barker, 18016.

Montefiore, 51.

Montefiore, 52; Hardy, 790, 804, 843, 854-5, 840; Bousfield, 1255, 1274; Corbyn, 3626, 3671; Dowse, 19693; Talt, 22300; Erown, 26432.

of 60 cases or more in an hour. The charge of hurried treatment seems to

have been brought against the hospitals generally, but was especially directed against St. Bartholomew's and the London Hospital. To arrive at any conclusion on the point, it is necessary, first, to see how the out-patient department of a great hospital is worked. The plan adopted is not always the same, but in the larger hospitals the people are generally received, in the first clarke, 1948-94, 1965-74; instance, between certain hours in the casualty room where they are seen by walker, 19690; Waterlow, 2437-40, was the assistant or house physician or surgeon (who is assisted in some hospitals with the advanced students). Many of these cases are of a trivial these cases are of a trivial these cases. character, and are disposed of at once. The more serious ones are not treated in this way as "casualties," but are passed on, with a ticket or letter, to the out-patient department proper, where they are seen by the assistant physicians and surgeons. It is thus possible to pass a large number of patients through the casualty room in a comparatively short time, but the work there, is to a great extent, merely that of sorting and sending on, while of the slight cases which are at once treated, many require only (it may be) a diarrhœa mixture, Clarke, 1964-8; Owen, 12435-8. or a dressing which is applied under the house surgeon's direction by one of the student "dressers." In some hospitals (eg., St. Bartholomew's) the patients are first received by members of the junior assistant staff, whose duty is solely to divide them into "casualties" and "out-patients," and to forward them to the proper department for treatment, the casualties being sent to the house physicians and surgeons. This sifting process can, of course, be done very rapidly. At the Charing Cross and Westminster, and some other hospitals, Reade, 14159-40; Willcooks, patients are, during half-an-hour in the day (or other limited period) admitted 14289-94; Allehin, 15386; Barlow, direct to the out-patient department.

As incidental to the evil of overcrowding, complaints were made that patients were sometimes kept for many hours waiting before they could be attended to, but it is not easy to see how this could be avoided, and it may to some extent have the good effect of keeping away people able to pay their own doctor.

As regards the numbers actually treated by a single doctor in the out-patient department, the evidence from the hospitals themselves does not agree with these allegations of extreme haste in treatment. At Guy's, for instance, we are Steele, 505-11, 2928. told that on an exceptionally busy day some 480 cases are treated, but this number includes the casualty cases which are dealt with by the resident staff; for the out-patients proper there are four doctors who are in attendance for about four hours, and of the cases treated by each of them, only about 20 are new cases. It was denied that at St. Bartholomew's anything like 60 cases were disposed of in an hour by one man. At that hospital, during six Moore, 10621-6; Waterlow, 2442-3. days in May, 2,356 medical cases were admitted to the casualty department, or 390 per day; they were attended to by seven doctors, and, deducting the more serious cases, which were drafted off to the out-patient department, it was estimated that three or four minutes were given on the average to each of the remainder. During 10 days, the total number of out-patients proper at St. Bartholomew's, was 769 medical (of whom 190 were new), and 449 surgical (of whom 159 were new). From the London Hospital a detailed analysis was given Nixon, 8850. of the work in the out-patient department during a week in May 1890, from which it appears that new and specially reserved cases were seen on the medical side at the rate of 13 per hour: old cases 33 per hour; on the surgical side, new and reserved cases, seven per hour; old cases (many of them very trifling) 43 per hour. Sir Andrew Clark, speaking of his own experience at the "London," said that new cases would have 10 minutes or more; but, considering that the vast majority of cases were trivial, and that the patients had only to be told to continue the treatment areas, properties by the treatment areas, properties by

(2.) Mistreatment and (3.) Treatment by Students.—Instances were given by several general practitioners of the alleged wrong treatment of out-patients in hospitals, both through actual mistakes being made, and through trivial cases Brown, 2403-46, 3434-568.

3322-303, 3303, 3463-4, 3434-568.

Brown, 2403-640. (e.g. ulcers) being so carelessly attended to that they grew into serious ones. The mischief was mainly attributed to the want of a proper supervision over the students who, it was alleged, are allowed in the crowd and hurry of the out-Dashington, 10110; Cross, 10357; patient room to treat patients independently of the proper medical staff. At Fardon, 13035; Barlow, 15034. f3 King's

urmow, 18955, 18969-9.

King's College Hospital slight accidents (such as cut fingers) are treated by students; but they are strictly forbidden to take more serious cases without sending for the house surgeon. Much evidence was given of the care and good treatment bestowed on out-patients, and, whatever importance be attached to the particular instances alleged to the contrary, it cannot be held that anything like general neglect was proved against the hospitals under this head.

Monteflore, 111, 123-4; Hardy, \$88; Farmer, 3524; Abderson, 16656; Taylor, 17190; Corner, 26821; Brown, 24542; Quennell, 14959.

(4) Tendency to Inflate Out-patient Departments as "Bait" for Subscriptions. -A hospital issuing an appeal to the public naturally lays stress on the amount of work it is doing; and therefore the movive for desiring to treat a large number of out-patients undoubtedly exists. Several witnesses referred in general terms to this tendency as contributing to the existing congestion; but there was little direct evidence on the subject. It was said that the temptation to attract out-patients for the sake of swelling returns is more likely to be felt in the smaller special hospitals than in the great general ones; the latter having so much difficulty in getting through the cases which crowd in for treatment, that the necessity of putting a check on their admission is much more felt than any desire of admitting more.

Montedore, 52; Taylor, 17808; Dowse, 19693. Tait, 22300. Morris, 14817-8. Taylor, 17780-17802.

Fardon, 12030-1.

Waterlow, 2620; Moore, 10623. Sharkey, 11914-5;

Gilbert, 20375.

Montefiore, 51; Hardy, 814; Bousfield, 1239, 1256; Currie, 1731 Clarke, 2035; Mackenzie, 2180; Pardon, 12907; Brown 25531. Read, 14011.

Taylor, 17791, 17807.

Waterlow, 2665; Stoele, \$98.

Brodhurst, 2091, 4048; Savill, 24399; Corner, 24838; Loch, 26117.

Bousfield, 1382-3; Farmer, 3442, 3460-1; Wallace, 21191-3.

Bousfield, 1251. Montefiore, 51-9. Abderson, 16641-: Corner, 24815-9. rown, 25523-9. prdett, 25807.

- (5.) Injurious Effect of Excessive Numbers on Training of Students.—It is said that "an inordinate number of trivial 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 inefficient treatment." Stated as a general proposition, this quotation from the report of a committee of medical men who inquired in 1870 into the administration of hospitals seems to Not very much evidence was given on this point, but, in view of the numbers who are treated, it is difficult to believe that under the existing system these tendencies can be altogether avoided. The resident medical officer at the Middlesex Hospital, however, while agreeing that for the purposes of instruction it would be better to limit the number of cases, pointed out that only about a third of the casualties were sent on to the out-patient department, and that on this third alone the students attended for the purpose of receiving instruction from the hospital staff. At St. Bartholomew's also it appears that the students do not attend in the casualty department. At St. Thomas's, where the out-patients are limited in numbers, it was considered that an increase in the number would make the instruction worse.
- (6.) Quantity of Trivial Cases. —The majority of persons who present themselves at the out-patient department of a hospital come with trifling ailments which are quite unsuitable for hospital treatment, uselessly occupying the time and wearying the attention of the medical staff, whose best faculties are needed for cases of serious illness. It was the opinion of more than one witness that a good many people frequented the out-patient room more for the sake of conversation than of medical advice; but it was denied that, so far at least as St. Bartholomew's was concerned, there was much opportunity or inducement for practising this kind of abuse. At Guy's a refreshment bar is established. Mention was made also of a "stock bottle," containing a harmless mixture used for the benefit of that class of patients who are not satisfied to be dismissed without a dose. It was said that a great many applicants needed food and washing, but not medicine.
- (7.) Want of Discrimination in Admission of Out-patients.- It is generally agreed that the hospitals are intended for those who are too poor to pay for private medical attendance, but who are not recipients of relief under the poor law; and one witness was of opinion that the working classes themselves have a very clear idea who are fit subjects for hospital treatment. It is, however, charged against the hospitals that no sufficient means are adopted for rejecting those applicants who are not proper objects for charity. This charge is more especially directed against the administration of the out-patient departments. The extent to which the charge is true is a matter of dispute. The various methods adopted or proposed for relieving the congestion in these departments, and preventing their abuse, will be dealt with later; but as long as the outpatient system exists at all it can hardly be expected that any remedy will supply an absolute safeguard against abuse. Meanwhile, in those hospitals

Steele, 586-91; Wainright, 11402; Todd, 12107; Melhado, 12838-61;

which

which have not adopted any special means for controlling the admission of outRoad, 12984; Gonld, 13128;
Road, 14180; Ryan, 14480-8;
Road, 14180; Ryan, 14480-8;
Road, 14180; Ryan, 14480-8;
Albehia, 1515-8; Radion, 15288-40;
Albehia, 1516-8; Radion, 15288-40;
A who are unsuitable. Strong opinions were expressed, chiefly by medical men practising in poor districts, who are the persons chiefly interested, that this abuse prevailed to a wide extent. The hospital authorities do not in general deny its existence, but say that it is greatly exaggerated; and believe that only a very small proportion of their patients are in a position to pay doctors' fees; many also are cases requiring the best treatment, such as they could not obtain for the low fees which they are able to pay; and some of the better class of patients are sent by their own doctors for the sake of consultation. The evils solid to arise from the abuse (whether it be in fact widely spread or not), together the position of persons applying for treatment, with a view to rejecting those said to arise from the abuse (whether it be in fact widely spread or not), together with the evidence bearing on them, are noticed under the five remaining heads, which are in reality only different aspects of the same thing.

- (8) Persons treated Free who ought to Pay.—Cases were cited of persons in good circumstances applying for and obtaining free treatment. A committee of medical men, some 20 years ago, estimated that a fourth of the out-patients and pay for private advice, and half could join provident dispensaries.

 Moutefore, 69; Hardy, 941; Boufield, 1313-4, 1347; Clarke, 2006; Farmer, 222; Blabba, 2840, 3872, 2883-8; Brohurs, 4006; Bennett, 4154-6; Allchin, 1339-4; Could pay for private advice, and half could join provident dispensaries.

 Instances were given of the admission of domestic servants; of private patients 24372-4, 23426; Dawson, 25433-7. who stated that they had been treated at a hospital; of persons assuming a poorer dress in order to gain admission; of persons in affluent circumstances applying for treatment, of persons so applying in order to save a consultation fee. The assistant surgeon of St. Bartholomew's said that doctors who are getting 5 s. a visit or more very often find that their patients go to the hospital. But, as stated above, a great deal of evidence was forthcoming to the effect that this kind of abuse was rare.
- (9.) The Poor Pauperised .- Sir E. Hay Currie was of opinion that "the first Oursie, 1766-9; Mackensie, 2151; thing that makes a man a pauper, so to speak, or makes him realise that he Babba, 394; Kaya, 413; Can get something for nothing, is the ease with which he gets medical relief." Farmer, 3173; Corbyn, 3704; Babba, 394; Kay, 413; Can get something for nothing, is the ease with which he gets medical relief. Fardon, 1303-4, 13032; Good, 1317; Nixon, 1598-702

 In this condemnation of free treatment, he included not only the hospitals, but Down, 1972; Hyan, 2.418-9; also the free medical order and a the condemnation of the condemnation of the condemnation of the treatment, he included not only the hospitals, but Down, 1972; Hyan, 2.418-9; also the free medical order and the condemnation of the condemnati also the free medical order under the poor law, since the latter does not involve any loss of the parliamentary franchise. Other witnesses took a similar view, but wateriou, 2115, 2222. the opposite opinion was also held, that the free medical treatment kept a very large number of persons in time of sickness off the parish, and thus saved them from pauperism. It was also said that the system of inquiry adopted at some Mackennic, 9178-80. hospitals, by eliminating unsuitable cases, puts a stop to any pauperising tendency; but this argument is not convincing, because the residuum left after the process of elimination is just the class that is said to be pauperised. At all events, the out-patient departments would seem very largely to relieve Bardett, 25807. the poor law, since the whole number of persons treated under the poor law at dispensaries and at their own homes does not equal the number of out-patients passing through the London Hospital alone.
- (10.) Provident Dispensaries Stifled.—It is stated that provident dispensaries Monteflore, 59, 83, 171; do not flourish in the neighbourhood of the general hospitals. The decay Holmes, 779; Hardy, 875-6; do not flourish in the neighbourhood of the general hospitals. The decay Holmes, 779; Hardy, 875-6; Bousfield, 1248, 1330, 1455, 1466 of the Marylebone Provident Dispensary, the oldest institution of the kind in London, and formerly a flourishing one, was declared to be simultaneous with the growth of the out-patient departments of the Middlesex and University College Hospitals. Conversely, the opinion was expressed that where the out-patients of a hospital are reduced, there provident institutions are sure to spring up. As an instance of the good effect of such an institution where it has free play, the provident dispensary founded in 1880, at Lewisham, may be cited. The Charity Organisation Society at that place used formerly to give to applicants letters for treatment at the Royal Kent Dispensary, a free institution. Since 1881, in which year 51 of these letters were given, the number steadily diminished, till in 1888 there was not one. Evidence on the Lushington, 10017-22; Total, 12104; Carnow, 1910. other side, showing that provident dispensaries can and do in some cases flourish in the neighbourhood of hospitals, was of a less positive character; but one witness thought that a hospital where a strict limit was put on the number Dent, 15426. of out-patients did not interfere with the provident dispensary at all.
- (11.) General Practitioners Deprived of their Patients. A number of medical Bounfield, 1250; Woods, 1853, men in practice in the poorer districts were examined on this point, and were Farmer, 3277. Corbyn, 3755-8; almost unanimous in holding a very strong opinion of the injury caused to Babbia, 3828-30, 3858; almost unanimous in holding a very strong opinion of the injury caused to Renett, 4244-6; Kay, 4474-8, 4504-5, 4510-4; their class by what they considered the unfair competition of the hospitals, and Aderson, 1660-5 Taylor, 17803-4; (93.)

Kay, 4611-2, 4625; Dowse, 19689-91; Wallace, 21186; Corner, 24815-9. Waterlow, 2009-11; Mackenrie, 2192; Currie, 3111.

Bennett, 4294-6.

Cheadle, 20315, Mackenzie, 2352-4.

Farmer, 3271-2; Corbyn, 3409, 3738, 3744-5; Bhabha, 3834, 3854; Kay, 4545-7, 4627-8; Ablerson, 16648-30, 16673; Sandiland, 19741-76; Locke, 19790-801; Wallnee, 21902-4, 21255, 21278; Corner, 24823; Brown, 25530, 25590.

Montefore, 58.

Bennett, 4822-35.

Kay, 4571-5, 4582, 4511-2.

Downe, 19693.

Currie, 1760, 1832-86, 1900-21, 3140; Byers, 16746, 16902; Goodsall, 16954-8; Lucas, 20204. this view was held in a modified degree by other witnesses not directly interested. As regards the precise extent of the grievance, or the point at which any competition on the part of the hospitals became unfair, there was less unanimity. Those who held that a person able to pay a small fee to a private doctor had no right under any circumstances to receive treatment, or, at all events, out-patient treatment, in a hospital were met by the objection that such a person might be in need of very special skill or experience, and of such advice as only a hospital or an eminent consulting physician could offer. The suggestion was made that ordinary cases should cease to be treated in outpatient departments, which should be used solely for consultative purposes, or for the treatment of serious cases sent on by private practitioners; the evidence touching this point is mentioned more fully below; but here it may be observed that there was some apprehension in the hospitals lest a feeling of jealousy might, to some extent at least, check the flow from the private practitioners to the hospital of those serious cases which needed special treatment. So far as the medical practitioners are concerned, this limited use of the out-patient department would probably remove their grievance; but the hospitals would still be needed for those who are really too poor to pay private fees, unless, indeed, this class is to be wholly relegated to the provident and poor law dispensaries. And, as already mentioned under (7.), the hospitals deny that they treat any but a small minority of patients who could pay private fees.

(12.) "Sweating" of General Practitioners' Fees.—The competition of free treatment would naturally tend to drive down the fees of the private practitioners; and this was stated to be an urgent evil, and one which has been going on for 10 or 15 years. But the hostility to the indiscriminate free treatment alleged to be given by the hospitals was less strong than the hostility expressed by some to the provident, and more especially the "part-pay" systems. The line of argument seems to be this: - "Of two things, one; either let there be charity, pure and simple, so that the receiver knows what it is before he descends to accept it; or else let people pay for what they get; but do not mix up the principles of charity and of self-support, so that a person believes himself to be supplying his own needs out of his own earnings, when all the time he is really more than half a pauper." This is no argument against the provident system when it is properly carried out and pays its way; but one of the chief objects of attack was the out patient department of the Metropolitan Hospital, in which the provident system has, but it is said only partially, been applied. On the part of the hospital it was admitted that the system did not at present pay, but this, it was said, was, as regards the future, merely a question whether enough subscribers joined;* the number was growing, but must increase much more before the experiment could be pronounced a success. In the meanwhile no doubt it was kept up out of the charitable resources of the hospital; but it was impossible that a venture of this kind should at once be financially successful; as regards the grievance of the private practitioners it was urged that only the very poor were admitted to the provident department of the hospital, and that the hospital, therefore, was not bringing down to a lower level the class which ought to seek private medical advice, but was operating to raise from pauperism that lower class which would otherwise depend solely on the free treatment offered by charity or the poor law.

The promoters of the scheme fully admitted an obligation to avoid injuring the medical man, and were confident that, with the wage limit which they insisted on, their object was attained. It does not appear that the scale fixed for subscriptions is too low to pay the expenses, provided that there are sufficient subscribers; and therefore, whatever truth (if any) there may be in the allegation that the system tends to drive down private fees, it is not clear that the objection on principle to "part pay" holds altogether good against the Metropolitan Hospital; though it might be, and in fact was, argued that the application of a part of the general funds of the hospital to make good the deficits of the provident department during its period of probation, is a misuse of those funds, and a fraud on those who subscribe them. The local anta-

gonism

[•] The secretary of the hospital, however, did not appear to regard the institution as being in principle self-supporting (Byers, 16770).

gonism to this hospital seems to have been partly at least due to the employ- Wallace, 21304-10. ment of medical men from a distance on the staff, instead of local men.

The system of " part pay" is very common in the special hospitals; Guy's also Monteflore, 1510.

Brown, 3782-3, 3781-4, 4663-4, has adopted it for out-patients, who are invited to contribute something towards the cost of their medicine; but in the general hospitals, which are the chief object of the private practitioner's attack, it is not commonly in use. The upholders of the system urge that it is better for the poor to pay something, if they can afford it, however small, than to pay nothing at all; such payments are good morally for the poor, and good materially for the hospitals, whose financial difficulties might to a great extent be removed by them. It was denied, nor does there seem to be any strong evidence, that in the "part-pay" hospitals the free patients were worse treated than the paying ones. In its effect upon private practice, however, it *seems impossible to doubt that, unless Wallace, 212001-8. great care is taken to exclude all but the very poor, this system, so far as it goes, must tend to force down private fees; and the more so if it is true, as Kay, 4545-7. alleged, that the poor do not in general appreciate the distinction between paying part and paying the whole, so that, however small the payment is, they imagine themselves to be giving the price of what they receive. According to one view, however, the part-pay system acts as a protection to the local doctor, inasmuch as a patient, if he has to pay in either case, will rather go to his own Mackennie, 2280. doctor than go through the discomfort and delay of waiting in the out-patient room of a hospital.

194. The evils alleged to exist under this head were by some witnesses Parmer, 3577-86; Bhabha, 3831-6. charged in particular against the special hospitals, where the part-pay system is most prevalent, and where at the same time the greatest want of discrimination is shown in the admission of patients. But a witness from a special Forbes, 22007-8. hospital thought that the general practitioners favoured his hospital because it did not offer free treatment.

195. To complete the picture drawn by the more extreme opponents of the Parmor, 2273, 3363, 3463; hospitals, we are told that the general practitioner, impoverished by the loss of Kay, 1958, 4541, 4587-4517 Alderson, 10646-7. his patients and the reduction of his fees, deteriorates in capacity and in character, sets up private dispensaries which he works with the aid of unqualified assistants, and is driven to every shift for obtaining a scanty livelihood. He suffers, his patients suffer, the poor are pauperised, and the public who subscribe their money to the hospitals are defrauded.

196. As regards the actual fees charged by general practitioners in the woods, 1549-51; Corbfu, 695. poorer districts, some particulars were given in evidence. Payments are Montesbore, 110. commonly made on a higher or lower scale, according to the circumstances of the patient. Some witnesses mentioned a shilling as their lowest fee, and a guinea for confinements; and thought that people who could not pay that ought to be treated for nothing at a hospital; but it appears that there are doctors who will pay three visits and provide medicine for a shilling. A man with a family, who would pay a shilling for a doctor's fee, would it was thought be earning at least 30 s. a week.

197. A witness practising in South London stated that the fees in that Bhabha, 3892-4. district ranged from 2 s. upwards. In the East-end it was said that a good living could be made at the rate of a shilling for a bottle of medicine and Kay, 4502. consultation in the surgery, and 1 s. 6 d. for a visit to the patient's home and Kay, 4538-40. medicine; but it was said that some men would open dispensaries and take sixpenny fees, to the great injury of their brother practitioners, and to the risk of their patient's health.

198. A witness from the West of London regretted that there was no fixed Alderson, 16646-30, 16665. code of fees; this witness also complained that his practice was injured by the out-patient department, though his lowest usual charge was 3 s. 6 d. or 5 s. a visit, including medicine.

199. Another witness stated that in a working class and middle class district Brown, 25543-4, 25550. in North London the fees were 2 s. and 2s. 6 d. for the working classes; but that of late, in consequence of the increase of hospitals and dispensaries, doctors had been driven to take 1 s. and 1 s. 6 d., some even taking 6 d.

200. A witness, whose practice lay in the neighbourhood of St. Bartholomew's, Dawson, 25643. (93.)stated

stated that his average fee was 2 s. 6 d.; the very lowest fee he would take would be 1 s. with a bottle of medicine.

Clark, sess.

Calvert, 16558; Barry, 16591.

Corbyn, 3746.

Thomson, 4380-3.

Clutton, 12297-8, 12323-8; Whipham, 12418-9.

Fardon, 13003-4; Willcocks, 14320-5; Allchin, 15395-8; Barlow, 15948; Barker, 16023-8; Fowler, 17741.

Proposal to abolish outpatient department.

Currie, 1757; Bhabha, 3910. Brodhurst, 4:19-22; Orde, 11241; Tait, 22299.

Kay, 4506; Holmes, 670-1; Hardy, 941-2; Corbyn, 2648.

Bhabha, 3955; Bousfield, 1828.

Importance of out-patient department to medical

Steele, 404; Mackenzie, 5172; Clark, 9662-3; Moore, 10432; Owen, 12306; Farden, 13002; Willcocks, 14307; Gould, 14854; Allebin, 15369; Dent, 15435, 15451; Barlow, 15942-4; Barker, 16021-2; Fowler, 17740.

Waterlow, 2620-1, 2667-9; Browne, 3791; Brodhurst, 5047, 4053, 4082; Anderson, 16527-9; Calvert, 18554-6; Loch, 26112. Holmes, 669-73, 690; Hardy, 929-29; Bousfield, 1729, 1398-18, 1328, 1367; Farmer, 3852-3, 3361; Corbyn, 3657, 3674-7; Thomson, 4849-68; Burdett, 25829. Bousfield, 1239; Waterlow, 2714; Mackenzie, 2187, 2852-4; Broilhurst, 4083; Farmer, 3350; James, 21846-8; Faulkner, 21981.

Tait, 22299.

Currie, 1729, 1766.

201. That many members of the medical profession are scarcely able to earn a living is not disputed; but how far this fact is due to the action of the hospitals, and how far to other causes seems less certain. One general practitioner admitted that the existing low scale of fees was due in part to the overcrowded state of the profession. Another did not believe that the free or part-pay hospitals interfered with general practice. At St. Thomas's the experience was that the general practitioners were not anxious to retain surgical cases, but were glad to send them on to the hospitals; and it was thought that the general practitioners in the neighbourhood would be sorry to see the out-patient department closed. Similar evidence was given from other hospitals, and a witness expressed the opinion that the practitioners who were injured by the hospitals were not those whom it was generally desirable to protect.

202. It remains to consider the remedies proposed for the removal of the abuses and shortcomings alleged against the out-patient departments.

203. Some few witnesses would appear to favour a clean sweep being made of the whole existing system, so as to confine the hospitals solely to the treatMonteners, (61), 1843; Kay, 46715, 942
Monteners, (62), 1843; Kay, 46715, 942
Ment of in-patients. Those, however, who advocated the closing of the outCorbyn, 2648-24, 2765;
Burdett, 28807, 28826-40.

Burdett, 28807, 28826-40.

of the whole existing system, so as to confine the hospitals solely to the treatment of in-patients. Those, however, who advocated the closing of the outpatient department to general patients, admitted, for the most part, that the of the whole existing system, so as to confine the hospitals solely to the treathospitals ought to provide for cases of real urgency and for cases recommended by medical men for hospital advice or treatment. These cases would, in their opinion, provide sufficient material for the instruction of the students; and the residue of patients who could not pay for private treatment would be relieved at the provident dispensaries,* or under the Poor Law. This was the solution proposed, not only by the general practitioners, but also by some advocates of the provident system; while others, again, among both these classes, went a step further in concession, and thought the hospitals should still open their doors to the very poor.

> 204. The suggestion that it might be expedient to shut up the out-patient departments was rejected with unanimity by all the medical witnesses coming from hospitals having schools attached to them. The out-patient department, they said, was of the utmost importance, for the sake of the training it afforded their students. Some eminent hospital physicians were inclined to think that the experience gained in the out-patient room, where the student sees the beginnings of disease, is the most valuable portion of his training, and that the shutting up of this department would be a calamity to the public and disastrous to the art of medicine.

> 205. That medical students must have an opportunity, in some way, of studying the phases of disease which are seen in the out-patient rooms was admitted on all sides.† The abolitionists (partial or total) thought that this was merely an affair of organisation, and that the needs of the medical schools would be satisfied either by the cases which would filter through to the hospitals from the private practitioner, or by an arrangement which should give the students access to the provident and poor-law dispensaries, and through them (a point declared to be of much importance) to the sick poor in their own homes. It is evident, however, that the hospitals look with much distrust on the efficacy, from their point of view, of the "filtering" process; and are afraid that the cases which would be the most useful for teaching purposes would not reach them, or would reach them in insufficient number.

> 206. The proposal that dispensaries should be brought into co-operation with hospitals by some arrangement of affiliation, and should in this way take the

o The question of provident dispensaries is discussed separately.

[†] Sir M. Mackenzie appeared to attach little importance to the teaching in the out-patient department; but this opinion was opposed to the great mass of the evidence (Mackenzie, 2186, 2298-9).

the place of the out-patient department, is mentioned elsewhere;* it received some favour as a general theory, but it was objected that hitherto the provident dispensary system had not gained much ground, and was quite inadequate to supply the material necessary for the medical schools. It is difficult, however, Bounded 1333; Mackenzle, 2188, to see how the provident system is ever to prosper, unless the hospitals will Lucas, 20204. enable it to do so. It seems that at Edinburgh, where the hospitals have no out-patient department, the students acquire a portion of their training in the dispensaries; but a doubt was expressed whether this would ever be found a Lock MIII-4. convenient arrangement, except in a partial degree, in London.

207. Various proposals were made for the reform, as distinct from the abolition Suggestions for reform. (whether with or without a reservation for medically-recommended cases), of the out-patient department, the objects in view being to restrict the admission to those who were proper objects of charity, and to prevent overcrowding. Except in those bospitals which have adopted special measures, the only checks upon an applicant who is not palpably an unsuitable case for free treatment, are the limited time during which the doors of admission are open, and the delay and discomfort which he may have to suffer in the waiting-room before his turn comes for treatment. The means which some of the hospitals have adopted for relieving the pressure, are of three kinds, viz., a special system of inquiry into the circumstances of applicants; a daily limitation on the number of new cases; and the making of a small charge for drugs

208. Limitation by inquiry as to fitness for Admission. - This system has Boundard, 1245-54, 1495; Curnow, 18941-7. been adopted at King's College, St. Bartholomew's, the London, and some other hospitals. At King's College it was instituted in 1876. An officer was specially Waterlow, 2463-50, 2463. appointed to take down the names and addresses, and to ask certain questions of the applicants as they came in; then, if he saw occasion, reference was made to the Charity Organisation Society. As a matter of fact, not many cases were so referred; but the mere knowledge that inquiry was made is said to have greatly reduced the numbers. We are told that in 1871 there were 33,111 out-patients; in 1875, 28,232; in 1876, 21,346; in 1880, 14,069. Since then they have again been on the increase, and the number in 1889 was 18,916, including casualty patients; the latter class, as distinct from out-patients proper, appears to have largely increased in numbers. This system is still in force. Patients, however, are not refused first treatment, but are informed (where it is thought desirable) that inquiry will be made.

the system is similar; but at the London it applies only to the out-patients admitted Clark, 9091; Nixon, 8852. 209. At the London Hospital (since 1884) and St. Bartholomew's 'since 1883) by governors' letters and not to the casualties (at King's College and St. Barthoby governors' letters and not to the casualties (at King's College and St. Bartho
| St. Bartholomes's. - Clarke, 1991-5 |
| London, it is said | Waterlow, 2446-50, 2456-62, 2671-4 |
| Const. 1998-8, 1998-8, 1998-8; | Const. 1998-9, made of 30 persons being challenged in a day; 14,000 were questioned in a year; and 357 were visited at their own homes. Returns were put in of the inquiries made at these hospitals (Appendix G). Sir E. Hay Currie (a strong supporter of the provident system) had no great belief in the efficacy of this system of inquiry. Sir S. Waterlow, on the other hand, speaking of St. Bartholomew's, expressed himself as thoroughly satisfied with the system, and believed that the knowledge of its existence kept many unsuitable people away. But it does not seem to have been proved that the total number of applications had been greatly diminished. One effect of the inquiries is to show how many apparently unfit cases are in reality among those most in need of charitable relief. Evidence as to the working of the system in detail was given by Mr. Nixon, the house governor of the London Hospital, and his opinion was strongly favourable to its efficacy. At each of these hospitals the work of inquiry is performed by a single officer, who has a salary of about 150 l. Some other hospitals, without having a special officer for the purpose, seem to inquire more or less systematically into the circumstances of their patients, and recourse is had, in some cases (especially by St. George's), to the Charity Organisation Society. The opinion was expressed that the ordinary staff of the hospital should be quite competent to make the necessary investigations without the aid of a special officer; and

Machenzie, 2119; Told, 12107; Owen, 12433-7; Ryan, 14406-72, 14579; Thies, 16187-8.

that

that the appointment of such an officer would have little effect, and would be, in fact, a useless expense.

Steele, 296-7; Loch, 260:5. Goodsall, 16942; Dowse, 19693.

Johnson, 21934; Hincks, 2080; Mercer, 19139-42; Scott, 19850-1, 19813, 19896, 19965.

Steele, 397-401, 405, 424-6, 450-2; Harrly, 998.

Holmes, 677; Todd, 12105-0; Owen, 12435-56, 12466; Dent, 15434.

Sharkey, 11887-901, 11909-13, 1193.

Quennell, 14951-2; Allchin, 15386.

Thies, 16185-7, 16355-9.

Fardon, 18695; Taylor 17822-4, 17853-4. Alderson, 16656, 16674-6; Dowse, 19693, 19697, 19713. Lock, 20095-6.

Rende, 14013-5, 14096; Wilcocks,

Relief of out-patient department through provident dispensaries.

Tait, 22299; Hardy, 941-1; Bousfield, 1328.

Bousfield, 1494; Farmer, 3440.

Bousfield, 1494; Farmer, 3431-6
Corbyn, 5723-20;
Blabba, 3845-6, 3845-6, 3845-6;
Wallace, 21200, 21275;
Corner, 24870, 24838-40, 24852-6
Which can be made of the Charity Organisation Society for this purpose;
4870-4; Taylor, 17853.
Montefore, 228; Lech, 200 55-6
and this society was itself in favour of the general adoption of the system. As 26125.
Farmer, 2440-1; Corbyn, 3687-8: a further development of it, the proposal was made that every applicant Brown, 25829-30; Burdett, 25818-25: should be required to bring with him some written recommendation, as a Barlow, 1564-5. Lucas, 20207-14; Farmer, 3322-4. guarantee that he was a proper object of charity. At the Great Ormond-street Hospital for Children, and elsewhere this plan seems to have been tried but Hospital for Children, and elsewhere, this plan seems to have been tried, but given up; and mention was made of the great difficulty of effectively working any general system of inquiry.

> 211. Payment from Patients.-This plan, which is in force at Guy's, and has been noticed in connection with the organisation of that hospital, was effective for a time in keeping down the numbers; but they increased again to such an extent that a system of limitation has been adopted in addition to the payment system. At the West End Hospital for Paralysis and Epilepsy it is found that both out-patients and in-patients are not unfrequently willing to make some payment. At St. Peter's Hospital for Stone, the outpatient department is more than self-supporting.

> 212. Limitation of Numbers.—The most effectual check on overcrowding has been found in the plan of taking in no more than a certain limited number of new cases every day. Several hospitals apply this check; but it is not always worked in quite the same way. At Guy's, for instance, it appears to apply both to out-patients proper and also to "casuals," so that, if 60 persons apply for treatment on the medical side, 20 will be sent to the out-patient department, 20 will receive cards to be seen by the house physician, and the remaining 20 will be sent away unless any of them are in need of immediate treatment, in which case the rule is relaxed in their favour.

> 213. At St. George's the limit is 15 medical and 15 surgical new cases per day, but other cases, if urgent, are treated by the house physicians and surgeons, irrespective of this limit, which refers to the out-patients proper. The selected cases are examined as to their circumstances by a clerk.

> 214. At St. Thomas's there is a similar limit. On the medical side, the number is nominally 20, but with the margin allowed for urgent cases it rises to about 23. The daily average of applicants during 1890 was 51; of the 28 not selected, about 14 would be treated as casuals, and given medicine for two days; the remainder would be dismissed. The evidence from the medical staff was, that the system worked well, and that no system of special inquiry was needed.

> 215. At the Westminster no out-patient officer is obliged to see more than 20 new cases a day; but this rule is not strictly enforced.

> At the Royal Free Hospital there is a limit of 25 surgical, and 30 medical, new cases.

> 217. Opinions favourable to this system were expressed by medical officers at some other hospitals where it has not been adopted, and also by outside practitioners, and by the secretary of the Charity Organisation Society.

> 218. At the Charing Cross Hospital there is no limit of numbers, and it was said that no difficulty is felt.

> 219. As already mentioned, one scheme of reform provides for the relief of the out-patient departments by the development of the system of provident dispensaries; but the advocates of that system do not seem to be agreed whether the out-patient departments should be altogether closed (except to recommended cases), or whether their doors should be still open to a class between the provident dispensary and the poor law. It is evident that the latter alternative does not provide an escape from the difficulty of discriminating between different classes and phases of poverty; and would necessitate a very efficient system of inquiry, unless the proposal were adopted of making every applicant bring evidence of his necessity with him. 220. At

220. At the Metropolitan Hospital, where the provident system is in opera- Goodsail, 16942-3 tion, it is said that the number of out-patients is kept within reasonable limits.

221. One witness considered that it ought to be the duty of the medical staff Tais, 2283. rigidly to exclude all cases not really needing special hospital treatment, and another would enforce the purging of the out patient department by means of government inspection and control.

222. The secretary of the Charity Organisation Society advocated both Loch, 28005-125. limitation of number, and also investigation of cases, the investigation to be conducted by an almoner who should be an officer of experience in charitable work.

223. A good many witnesses, among those who did not propose altogether to close the out-patient department to general patients, were in favour of its being partment for consultation. used in an increasing degree for consultation purposes. The utility of the hospital for consultation was, in fact, very generally assented to, as was also the desirability of keeping down the number of trivial cases treated at a hospital; but upon the questions whether a letter from a doctor should habba, 3813; Thomson, 4318; be the sole passport for admission, and whether the hospital, having once 17886; Brown, 23433; Alderson, 16679. seen and prescribed for the patient, might go on treating him, or must forthwith send him back to his proper doctor or dispensary, there was less unanimity. Out-patients, it was said, should, as in France and in Scotland, receive advice and a prescription, but not as a rule drugs; and it seems that some would have the hospitals receive for treatment (as distinct from advice) Hardy, 891, 910, 933-40, 961-3, 1037; Farmer, 3350-2, 3457-8. only those cases sent for that purpose by a private practitioner or from a dispensary.

Use of out-patient de-

Monteflore, 228; Hardy, 1219.

224. Others, while advocating the use of the doctor's letter as a passport to Bousdeld, 1263, 1328; Moore, 18636-69; Talt, 22299, 22373. the out-patient room, hold that this principle must not be pressed to the point of excluding the very poor who cannot pay for treatment, or of depriving the hospitals of cases necessary for their schools.

- 225. Mention has already been made of the feeling in the hospitals that they would not get a sufficient supply of cases through the private practitioners. The out-patient department is Waterlow, 2715; Mackenzie, 2173; Clutton 12278-201; Whipham, 12419; already consultative to a considerable extent, and several Fardon, 18003-7; Goubi, 13134-8; Beale, 14182-3; Willoseks 14315; witnesses doubted whether it could be made much more 15348-8; Barker, 16024-8, 16036; Calvert, 16386-7, 16385; Curnow, 1914-6. so than it is now.
- 226. Questions were asked as regards the opening of out-patient depart- Question of evening attenments in the evenings. The advantage to the peor of such an arrangement was recognised; but most witnesses from the hospitals regarded it as hardly Bousfield, 1651-3; Carrie, 1727; practicable to secure the attendance of the medical staff at that time. At the Chark, 1996-9; Ord, 11288-9; Armitage, 19835-9. Provident out-patient department of the Metropolitan Hospital, there is evening Carrie, 1846; Byers, 16742; attendance; also at the Lock Hospital, where it seems to have largely increased the number of applicants. The managers of the Saturday Fund Actand, 22818, 22841. attach importance to it; and it is one of the objects of the Fund to promote it. A general practitioner expressed himself as much opposed to it on the ground that it would crush out private practice.

227. The want of sufficient accommodation for out-patients is an incon-Insufficient accommod venience which under existing circumstances is much felt at some hospitals. tion for out-patients.

At St. George's, which appears to have been among those worst off in this respect, 15443-7; Methado, 12780-3; Goold, 13124-6; Morris, 14817-21. the accommodation is now being enlarged.

PAYING-PATIENTS, AND CONTRIBUTIONS FROM THE POOR.

228. The great majority of the general hospitals are absolutely free; no payment being taken either from out-patients or in-patients. As regards outpatients, Guy's, and a few general hospitals without schools, which require a small payment in ordinary cases of 3 d. or 6 d. to meet the cost of drugs, a requirement, however, which is not insisted on where the patient appears to be too poor, seem to be the only exceptions. The only thing generally asked of outpatients is that they should provide their own bottles for medicine.

218. The (93.)g 3

229. The beds are also as a general rule quite free, the paying beds at St. Thomas's and Guy's being an innovation introduced to meet the financial difficulties of these hospitals.*

Steele, 465; Mackeurie, 2338-9; Brown, 3782-4, 3793-4, 3798, 4698 Thomson, 4378-81; Byers, 16887-8; Faulkner, 22004.

Acland, 22841.

Steele, 337.

Buxton, 8748.

Waterlow, 2769-70.

Melhado, 12849; Thies, 16437-9. Currie, 1875.

Mackenzie, 2136. Goodsall, 16393. Lucas, 20253.

Acland, 22838 : Burdett, 25805.

Monteflore, 1518.

Thompson, 4377-82.

Currie, 3151; Mackennie, 2120-3; Waterlow, 2708, 2781, 2825-7; Corbyn, 3739-41, 3748-9. Bounfield, 1290-1.

Lennox Browne, 3784-5.

Farmer, 3546-9; Bennett, 4260-3, 4239-91; Kay, 4559-86, 4630-40. Corbyn, 3742. Brodhurst, 3991; Downe, 19688.

Bennett, 4292-300, 4307-11, 4322-

230. In many hospitals boxes are put up into which patients and their friends can, if they please, drop their contributions. In a few cases it seems that the habit is to call the attention of the patients to these boxes before they are discharged, and to suggest the propriety of their contributing something to the support of an institution which has befriended them, but in general no such request is made; sometimes patients wish to make a direct contribution to the expenses of their maintenance; but this is always refused. The objections to "part-pay" have been mentioned in connection with the grievances and proposed reforms in the out-patient department. But there appears to be a strong feeling on the other side that the poor who benefit by the hospitals ought to contribute according to their means to their support. This view is held both as a matter of principle (and is indeed the leading principle of the Hospital Saturday Fund), and as a matter of expediency, for it is said that if the hospitals would encourage their patients to help them this source alone would go far to remove their financial difficulties, which at the present time are in some cases great and (it is said) increasing. Help from this source is already forthcoming to a not inconsiderable extent, if the special hospitals and the dispensaries and convalescent homes be included in the account; the total charitable income of these institutions for 1889 being estimated at 300,000 l., proprietary income 120,000 l., and payments by patients 45,000 l. The share of the general hospitals in the last item would doubtless be very small. Middlesex Hospital, we are told, derives from 20 l. to 30 l. a year from this source; the Royal Free, 20 l. Sir E. Hay Currie, speaking of the provident system in the out-patient department of the Metropolitan Hospital, the income of which was in 1890 about 800 l., expressed the opinion that the hospitals could if they chose collect from their patients the balance of money required for their support.

231. Upon the question whether the general adoption of this course would check the flow of subscriptions, one witness at least said he did not think it would.

232. It must be observed that an impression is said to prevail amongst working men that their individual subscriptions, and the contributions which they make through their provident societies and the Saturday Fund entitle them to use the hospitals as a right.

233. The system of admitting paying-patients at St. Thomas's and Guy's is referred to in connection with the organisation of those hospitals. The principle of payment was supported, according to their respective methods, by the supporters of the provident and part-pay systems. A danger to be guarded against is lest paying-patients should crowd out, or have a preference over, the poor; and the possibility of its being thought that paying-patients or patients paying on a higher scale were better cared for than those who paid nothing or paid less, was mentioned as another objection.

234. The objection of some general practitioners to the system of payment by patients in the wards was similar to their objection to it in the out-patient department. One witness thought that the paying-beds had injured the profession more than the out-patient department. When witnesses of this class were questioned as to the case of persons able to pay for their ordinary medical treatment, but unable to meet the cost of a serious and expensive operation, and the special treatment and nursing requisite in such a case, it was generally admitted that a hospital was sometimes the proper place for such persons; but objection was still taken to any direct payment being made for services rendered; the proper course, it was suggested, was for the patient to make a gift in the nature of a thank-offering in return for the charity freely accorded him.

235. Another

It was said by one witness that five out of the 11 hospitals with medical schools now admit paying-patients (Burdett, 25849), and the pay system is said to be on the increase (25842, 25849.)

235. Another witness, connected with a children's hospital, was strongly in Cheesle, 20110-2. favour of the establishment of a paying ward, on the ground that the very poor are well provided for, and the rich can take care of themselves, but no sufficient provision is available for the lower middle class, who can pay something, but not the full cost of the best private treatment.

236. Another witness spoke in praise of the American system, the principle Burdett, 25818-27, 25842-69. of which appears to be that everyone's circumstances should be inquired into, and that he should be called upon to pay according to his means; the system being worked by a committee of visitors, some of whom are constantly on the spot investigating the cases. In the Swedish hospitals it seems that no one is treated free; each patient being charged upon a scale appropriate to his means, and the pauper being paid for by the poor law authorities.

237. Another suggestion was that there should be a separate class of "home" Brown, 25592; Burdett, 25842-9; hospitals for the reception of persons of moderate private means, who are now Browne, 3785. obliged in some cases to seek admission to the general hospitals. Such an establishment has been open for some years in Fitzroy-square; the patients employing their own doctor, and paying three guineas a week, which includes everything except doctors' fees; and there are other similar institutions.

UNEQUAL DISTRIBUTION OF HOSPITALS.

238. Evidence was given showing in detail the congestion of hospitals and Montefore, 47, 171; Fardon, 12960 dispensaries in some parts of London, and their comparative scarcity in other parts. Within a radius of a mile from the Middlesex Hospital, for example, there are stated to be eight general and 26 special hospitals, with an aggregate of about 2,050 beds, and seven general and six special dispensaries; all these being in Carrie, 2000. addition to the provision made for the sick poor under the Poor Law.* All the hospitals in London, with very few exceptions, are said to lie within an area of about two miles square.

239. On the south side of the river, St. Thomas's and Guy's are the only Steele, 308; Currie, 3003, 3104; general hospitals, neither of which is at present open to its full extent for patients (the Miller Memorial at Greenwich is the nucleus of a third); and the Burdett, 25772. deficiency of hospital accommodation for that part of London was strongly insisted on.

240. Again, to the east of the London Hospital in Whitechapel-road, there Hardy, 1160; Mackensie, 9135; Corner, 24843, 24877. is great want of accommodation for the sick poor.

241. If Blackfriars Bridge is taken as a central point it is said that there are Buxton, 8801. 51 hospitals to the west, and 15 to the east (the minor special hospitals being left out of account). Again, a very large district in the north-west is served practically by a single hospital, St. Mary's. The West London Gilbert, 20335-40, 20378-81. Hospital at Hammersmith supplies a very large district, and is more than three miles distant from St. George's and St. Mary's, which are the nearest general hospitals. The region about Soho-square is the centre of a great number Downer, 19601. of special hospitals.

242. Six miles was estimated as the outside distance in London which an Busdett, 20772. accident case might have to be carried to a hospital.

243. One effect of the congestion of hospitals in central London was said by Brown, 23579. one witness to be to annihilate private practice in that district.

244. The prevailing though not unanimous opinion, as appearing from the Proposal to transplant evidence, seems to be that on the whole the hospital accommodation in London is sufficient; that much inconvenience and a partial inability in some parts to cope with the demands for admission are caused by the unequal distribution distribution distribution (Annual Proposal to transplant Proposal

The Marylebone Infirmary, situated at Notting Hill, contains 700 beds.

[†] Dr. Bridges, of the Local Government Board, thought the medical relief in London inadequate.

^(93.)

Currie, 3023-8.

Waterlow, 2606, 2627; Currie 3103-5.

Carrie, 3003-7, Mackenzie, 2257.

Buxton, 8801-3; Byers, 16898. Montefiere, 175-7.

1762-4, 3040, 2044-7, 2105-9, 2452, 2606, 2799, 8810, 8814, 11960-4, 14096, 14143-6, 14189, 14964, 16029, 16182-4, 16997, 18963, 26133.

Proposal to remove hospitals to country. Mackennie, 2199, 2221-5, 2253-7, 2278, 2353-7.

Carrie, 3003-8, 3070-5, 3081, 3149-50; Michelli, 17945-8.

Clark, 9732-3; Barnes, 13757-60; Waterlow, 2625, 2645-51; Thomson, 4447; Williams, 17628.

Objection to large hospitals.

Mackenzie, 2199, 2225, 2249-51, 2208-11, 2320-2, 2358.

Currie, 3009-14; Barnes, 13755-6; Anderson, 16511-3.

Tajt, 22284-90, 22395-402.

Mackenzie, 9138, 9148, 9160-2.

"Out-post" hospitals.
Burdett, 25772-4, 25785.

distribution of the hospitals, and by want of organisation. Some witnesses thought the difficulty might be met by the transplanting of some of the hospitals in the central district to places in the north, south, and east, where they are more wanted. Sir E. H. Currie was inclined to favour the Paris system of a bureau central, which should draft off patients when beds were vacant.

245. It can hardly be doubted that a more equal distribution of hospital accommodation is needed; but at the same time it was pointed out that in settling the position of a hospital some consideration must be shown for the convenience of the medical men who will form its staff; and (though there was evidence in favour of the view that this difficulty could be surmounted) that a hospital in any outlying district would have a difficulty in getting the amount of attendance from distinguished doctors which the chief London hospitals now enjoy. The same difficulty might be found in obtaining a good committee of management, many of the most useful members of such committees being men having business of their own, who could not conveniently attend at great distances.* It was also urged that it would not be so easy to obtain support from public contributions for a very remote hospital. As regards in-patients (except accidents) it appears that the proximity of the hospital to their homes is not generally a matter of such great importance; and, as a matter of fact, it was shown that considerable numbers of out-patients as well as in-patients are in the habit of seeking treatment at hospitals remote from their own homes, often passing by the nearer ones and going on to those farther off.

246. Another suggestion, involving the difficulties already mentioned, and also difficulties with regard to the requirements of the medical schools, was that a large portion of the establishment of hospitals, including the students, should be removed into the country, only the out-patient department and a sufficient number of beds for accidents and critical cases which would not bear removal, being retained in town. It was urged that at a distance of 10 or 15 miles out of town the patients would have a much better chance of recovery than in the vitiated air of London. Although the idea that the London hospitals should have a subsidiary country establishment met with some favour, the general opinion of the witnesses was that the main part of the hospital establishments, including the schools, must remain in town. The immense practical difficulty of altering the existing distribution of hospitals, added to the objections mentioned, seemed to some witnesses to offer insuperable obstacles to any comprehensive scheme of transplantation from one part of London to another, or removal to the country.

247. The late Sir Morell Mackenzie expressed a decided opinion adverse to very large hospitals, which he thought extremely prone to become unhealthy; he even thought it would be an improvement if hospital buildings could be of a temporary character, and be pulled down and rebuilt every 10 or 20 years. That very large hospitals are in themselves undesirable, was a view which met with a good deal of support; especially where they are planted, as the London Hospital and others are, in the midst of a dense population; 200 was mentioned as the maximum number of beds desirable. Mr. Tait considered that with a very large number of beds good management became more difficult and the death-rate higher, and he gave statistics in support of the latter statement. On the other hand, a witness from the London Hospital spoke in favour of the practical advantages of large hospitals, and in particular of their great value for teaching purposes.

248. A way of overcoming the inconveniences caused by the unequal distribution of the hospitals was suggested in the establishment of what were called "Out-post" hospitals, following the example set by the Seamen's Hospital at Greenwich, which has set up branch establishments in places where sailors congregate;

^{*} The want of capable men on their committees was declared by one witness to be the great weakness of the London hospitals (Burdett, 25656, 25739-40). The difficulty of getting good men to serve was said to be increasing (Buxton, 8809).

congregate; and it was urged that those general hospitals which had surplus Michaelli, 17863-9. funds should apply a part of them in developing this system. The Secretary of the Charity Organisation Society, when questioned on this subject, thought the plan a good one, but was afraid there might be difficulties in the way of its Loch, 26178-82. adoption. One witness testified to the usefulness of the Charity Organisation Society as an intermediary between hospitals and poor law.

Corner, 24838.

WANT OF CO-OPERATION.

249. Many witnesses drew attention to the want of co-operation among the hospitals themselves and between them and the dispensaries, the poor-law infirmaries, and the private practitioners, and various remedies were suggested. So far from there being at the present time any general system of combination, they are on the straightful property of the straightful prop or any definite division of work among the various institutions, they are on the contrary for the most part competing with one another at every point for public support, and to a great extent for patients. This condition of things is shown to be wasteful as regards subscriptions of the public, and prejudicial, not only to the public who subscribe their money and to the sick for whom these institutions exist, but also to the interests of medical science, and education, since a wide field for observation and practice is closed to the clinical teacher and his pupils, while the hospitals for the sake of their schools, lest the requisite material should fail, are driven to take in and treat a crowd of patients unsuitable for hospital treatment, and the general practitioner complains that he is being

250. The evils of the present system, or want of system, are generally Co-operation with Proviadmitted; but little has been done hitherto to cure them. The Metropolitan dent dispensaries. Provident Medical Association and the leaders of the provident movement have put forward their programmes advocating co-operation with the hospitals,* and, Thomson, 4348-38; Kay, 4306-13. as a germ of such co-operation, may be mentioned a provident dispensary which Bousfield, 1896-7; Carric, 1867-8; was set up close to the London Hospital, in the hope that the latter would work Thics, 16351. But the hospitals do not appear to have accepted the scheme, Ord, 11239-43; Fardon, 12009; though some of their officers have expressed themselves as favourable to the principle, and the Secretary of the Royal Free Hospital said that he was in the habit of sending to a provident dispensary cases which seemed unsuitable for the hospital. The interests of the school were said to stand in the way. On the other hand, it is the universal complaint of all those who are interested in the training of students, that the young doctor labours under great disadvantages when he goes out into practice, from having had no experience of those types of chronic disease which the general hospitals do not usually admit, or scarlet fever and small-pox, which are treated in the infectious hospitals of the Metropolitan Asylums Board. It is said that a great many patients are Savill, 24284. Lunn, 23776-84, 23858-9. sent to infirmaries from hospitals without orders, and interesting cases are sometimes visited at infirmaries by medical men on the staff of hospitals.

Bousfield, 1454-8, 1494; Carrie,

251. It was thought that much improvement might be effected by affiliating Affiliation of special to special to general hospitals, but next to nothing seems to have been done towards general hospitals. bringing about any co-operation between them, except here and there, where a Penwiek, 19955; Smith, 20824-7 medical man being on the staff both of a general and of a special hospital has transferred a patient of his own from the one to the other. A case of Campbell, 24883-95. co-operation is that of the Charing Cross Hospital, which sends its eye cases to the Westminster Ophthalmic Hospital; and it was said that cases were Fowler, 17770. interchanged between the general hospitals and the Brompton Consumption Hospital. One witness thought it would not be practicable to affiliate hospitals Savin, 24377. with infirmaries, and gave various reasons for this opinion.

252. In connection with this system of co-operation, a scheme was proposed, Proposal to form hospital and met with the approval of several witnesses, for dividing the whole of London districts. Monteflore, 118-120.

(93.)

O Sir E. Hay Currie was of opinion that no new hospital ought to be founded except on provident principles (1844, 1899).

Bousfield, 1266-78, 1362-7, 1384. Thomson, 4445. Currie, 2990-3001, 3023, 3037-9, Bousfield, 1274.

Bousfield, 1279.

into districts, each district to be supplied within its own limits with the necessary provision of hospitals and dispensaries, the latter (both voluntary and poor-law) being affiliated to the hospitals, and working in co-operation with them. If it proved to be impossible to transplant some of the existing hospitals, and thus make each district self-supporting and self-contained, it was suggested that means might still be found to work the system by attaching territorial areas to the hospitals in their present position. Such a scheme, however, it was thought, could only be carried through after the establishment, and with the advice and assistance, of some controlling body or central board.

HOSPITAL EXPENDITURE AND ACCOUNTS.

Advantage of uniformity

Montefiore, 171; Bousfield, 1264-5; Woods, 1594-7, 1600-6; Mackenzie, 2162-6; Longley, 3241; Nixon, 8279-82; Lushington, 10033, 10099; Melhalo, 12930-1; Morris, 14833; Quennell, 18146-7; Thies, 16400-1; Dobbin, 17582; Lucas, 20290; Morgan, 22500; Acland, 21847; Loch, 26166. Carter, 16130-1. Cross, 19354-80, 10505; Melhado, 1921-4; Ryan, 14491-503, 14311; Michelli, 18015-8.

Gordon, 21716-21.

Cost of beds.

Michelli, 18026-38-

1217,2537,8205-11,10368,10452-8, 11116-24, 12914-6, 12925-30, 12945-50,14010-9,14732,15055-7, 1296-5,17573-80,17936-7,20274-9, 20535,25875-6.

1217-8, 1623-4.

2658-60.

253. The question was asked of a great number of witnesses whether the introduction of a more uniform system of accounts would be advantageous, and was answered almost unanimously in the affirmative. existing circumstances, each hospital making out its own financial statement after its own fashion, it is impossible to form anything approaching a trustworthy estimate of the comparative cost of management and maintenance as between different hospitals. The estimated annual cost of a bed, which is the ordinary standard of comparison, is calculated after so many different methods, producing such widely different results, as to be altogether fallacious. Any such comparison must always be deceptive, unless full consideration is given to, and full allowance made for, the peculiar circumstances of different hospitals, the particular cases and phases of disease which they treat, and the varying cost of the treatment. But in the interests of economy and good management it was strongly represented that an attempt should be made to introduce such a system as should ensure that all calculations of the cost per bed should at least be made upon a uniform basis. Such a reform would assist both the hospitals themselves in checking their own expenditure, and the Montefore, 171: Hardy, 1151-2; subscribers in judging how their money was spent. Some critics saw in the ansatisfactory manner in which statements of accounts are often now sent out, not merely a want of system, but an actual design of magnifying in the eyes of the public, by means of large apparent deficits, the need for increased support.

254. Attempts have been made to form an estimate of the cost of beds in 110, 1909, 1809-7, 1819-4, 1819-4, 1819-4, 1819-4, 1819-4, 1819-18, 1809-18 want of a uniform basis for making them; and without a settled universal system of account-keeping such a basis cannot be found.

> 255. The system of calculation adopted for the Dublin hospitals was mentioned as an improvement on anything in London.

> 256. The difficulty of estimating the cost of the out-patients is a serious obstacle in the way of correctly calculating the cost per bed. The mode generally adopted is to deduct from the total expenditure a sum calculated on a more or less arbitrary basis at from 1 s. to 2 s. or even more for each out-patient; but it is found impracticable to keep the expenses actually incurred for the outpatients distinct from the general expenditure. To do so it would be necessary, amongst other things, to incur the additional expense of keeping separate dispensary accounts, and perhaps separate dispensaries.

> 257. Attention was drawn to the difference of cost per bed between the hospitals and the poor law infirmaries. This appears to be accounted for by the difference in the numbers of the medical and nursing staff, and in the character of the cases treated; the chronic cases, which form the majority in the infirmaries, requiring less expensive treatment and less nursing than the acute cases in the hospitals.

> 258. It was complained that the expenditure for particular purposes, such as stimulants for the use of the patients, could not in all cases be ascertained.

Hardy, 1190-1.

259. The

259. The Secretary of the Seamen's Hospital at Greenwich had worked out, "Glossary system" of and he described in detail, a model system of accounts by which an effective accounts of the comparison could be made between different institutions. The important state of the country o point in his proposal was that there should be not only a uniform basis of 25x79-89. account, but also a somewhat minute sub-division of the heads of expenditure, and a glossary* showing exactly what items were to be included under each head. Without such a glossary no form of account could, it was said, be really trustworthy for purposes of comparison; such things as mineral waters and condensed meat-juice, for example, would appear sometimes under "provisions" and sometimes under "dispensary," and a host of minor discrepancies of this kind would inevitably lead to erroneous inferences. This glossary system was supported on the ground that it would enable the governing body of each hospital to keep a very close control on each item of expense, by comparing it with the same item elsewhere, and that it would promote inter-communication and exchange of experience between hospitals. It met with some (but not Nixon, 8282. universal) favour from other witnesses.

260. This question of accounts was discussed in considerable detail by Mr. Defects of existing system Gordon, who had analysed the accounts of a number of hospitals, with a view to and proposed remedy. showing the diversity of plan on which they were made cut, and the defective character of many of them. Attention was drawn by him in particular to the erroneous conclusions which might be arrived at by a person inspecting the accounts of several hospitals, owing to the different methods in which the legacies were shown, and owing to the fact that in general no statement was made showing the whole amount of the property of a hospital (including value of site and fabric). The same witness produced a model form of balance sheet, which he Vol. 11, Appendix G. explained at length, in which both income and expenditure were divided into "renewable" and "non-renewable," and income was further divided into Gordon, 21774-86. "charitable" and "proprietary." Some form of compulsion would, he thought, be necessary to make the hospitals adopt this system. He further suggested Gordon, 21787-823. changes in the mode of conducting the audit, with a view to a more thorough investigation of the accounts, and proposed that the auditor should give both a certificate in the proper form, and also a report showing the means taken to test the several items of account. The imposition of a compulsory independent audit was proposed by this witness; but he would not approve of any interference in the actual management of hospitals. The recommendation Thompson, 4396-7; Ryan, 14479; in favour of an independent audit received much support. On the other hand, Burker, 16038; Barker, 16038; Burker, 16038; Burk public support. It was thought that the opportunities which would be afforded for close comparison of the working of different institutions would tend to increased efficiency of administration.

261. Some progress towards a more uniform system of accounts has already Progress to uniformity been made through the action of the Hospital Sunday Fund, one of whose objects it is to effect this reform. No hospital is qualified to receive a grant from the fund unless it furnishes a statement of its accounts in the prescribed form. The form, however, is framed merely to meet the requirements of the administration of the fund, and does not supply the particulars required for a complete comparison, in detail, of the cost of hospital management. example, it distinguishes between "proprietary" and "charitable" revenue, and shows the amount contributed by patients; the object being to arrive at the sum representing the annual "needs" of the hospital from the public. Then there is a division between expenditure for "maintenance" and that for "management"; this is for the purpose of ascertaining whether the hospital is economically or extravagantly managed.

promoted by Fund. Currie, 3152-4; Waterlow, 2634-60, 2733, 2766, 2817, 2887; Gerdon, 21722.

262. It was hoped that through the Sunday Fund further advances would be Machelli, 17925-6.

Chark, 9739.

Bende, 14005-6; Page, 14892.

at

at forcing all the hospitals into an exact method; this, it was thought, savoured too much of State control, and would tend to destroy individuality.

263. The proposals which were made regarding the establishment of some form of central body, with a limited control over hospital administration, included generally the vesting in such body of the supervision of accounts.

Effect of medical school on expenses. 14422-32, 1636-7, 3987-91, 4028-9, 4107, 4115-7, 14972-2, 25861, 28876.

11184-6, 12121-4, 15339.

14091, 14128-31, 14211.

12850-6, 13185-8,

Ryan, 14492, 14641-3.

264. Some evidence was taken as to the effect which a medical school has upon the finances of the hospital to which it is attached. Some witnesses thought that the school must be indirectly a source of expense to the charity, because it rendered necessary the early and experimental adoption of scientific improvements and appliances which, without it, might have been dispensed with, and that, therefore, the medical schools were partly supported by charity; but there was rebutting evidence on this point, and it would seem that expenditure of this kind must, to some extent, be a direct gain to the patients, and, therefore, may be properly defrayed to that extent out of charitable funds; while, at the same time, the students gratuitously render services which could not otherwise be obtained without expense. At the Charing Cross Hospital, the school makes a fixed contribution to the general funds of the hospital, and the hospital appears to make a small net profit. Expenditure incurred for enlarging the school was said to be there regarded as an investment.

265. One witness, while he was of opinion that the school undoubtedly increased the expenses, thought that it also greatly increased the income of a hospital by widening the area of public interest and support.

PROPOSED CENTRAL BOARD.

266. It was generally felt by those who called for a reform of the out-patient department, for a supervision of accounts, for a restriction on the creation of new hospitals, and for a better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners, and poor law, that these changes could only be brought about through the direct agency or the indirect influence of a central board; and the necessity for such a body, its constitution, and the functions and powers to be delegated to it, were discussed by many witnesses.

Steele, 364, 465; Bourfield, 1279; Mackenzie, 2342-3; Currie, 2103, 2084, 3084-7; Brodhurst, 4204-7; Buxton, 18750-1; Clark, 9735-6; Medhado, 12912-4; Fardon, 13077; Ryan, 16477-80; Michelli, 17926-7; Brown, 4687; Barnes, 1272-8; Mergan, 22903.
Hardy, 1226; Farmer, 3544; Bhabba, 3869; Thomson, 4384-407; Kay, 4542; Monteflere, 222; Longley, 3250; Tait, 22311-6; Brown, 23544. Waterlow, 2342-3; Lushington, 1003-9; Quennell, 15042; Page, 14790-1, 14801-4.

267. Establishment of Central Board desirable.—The great weight of the desirable and the desirable and desirable and desirable and desirable.—The great weight of the devidence from within the hospitals, as well as from outside, was favourable to the idea of a central board; but the solid authorities were anxious that its functions should be strictly defined, and that it should not interfere with their internal management, but only with matters of common interest to all.

Currie, 2997-9; Barnes, 13778 Quennell, 15110-1; Michelli, 17950-1, 17965; Brown, 25565. 268. Some apprehension was felt as regards the effect which the creation of such a body might have on the flow of subscriptions; but some witnesses of experience were of opinion that the necessary money would still be forthcoming; it was even thought that the public would subscribe more freely, because they would have greater confidence in the administration.

Longley, 3251-8, 3203-4. Barnes, 13827; Michelli, 17961. 269. Constitution of Central Board.—One suggestion made by Sir H. Longley, and favourably received by another witness, was that the central governing body constituted under the City of London Parochial Charities Act might be utilised. That body consists of five members nominated by the Crown, four by the County Council, two by the School Board, and one each by London University, University College, King's College, the City and Guilds of London Institute, the Bishopsgate Foundation, and the Cripplegate Foundation. It will ultimately have the management of charitable funds worth 58,000 l. a year; and it was suggested that the office expenses might possibly be paid out of these funds and also that some medical authorities could, if it were thought desirable, be added to the body.

270. A few

270. A few witnesses were in favour of some form of Government Hardy, 1039; Buxton, 8751-81, control, or at least inspection (without direct control), and even a Government 8804-7; Bardett, 25746-52. grant-in-aid, but the general opinion was decidedly against Government Mackensie, 2366; Thomson, 4427-9; interference, and in favour of the controlling body being of a representative Corrie, 2903-9, 3027-33, 3036, 3131; 3141; Barnes, 13827-13830; Lucas, character. The maintenance of the individuality of the hospitals, of a healthy rivalry and esprit de corps, was considered to be of great importance, and it was thought that all this would be prejudiced or destroyed by the intervention of a Government inspector.

271. One proposal was that the central board should consist entirely of Barnes, 18892-5, 18897; Tait, 22346. members elected by each hospital through its subscribers or board of management, each hospital paying its share of the expenses of the central board. was thought that the voluntary hospitals would willingly come under the control of a body so composed. Another proposal was that it should comprise Clark, 97.38 representatives of the hospitals, of the inhabitants of the district, and of nominees of the Crown.

- 272. Another was to make use of the General Medical Council, acting (as Carter, 16116-8. regards the supervision of accounts) through a sub-committee.
- 273. Another witness considered that the board should be elective and com. Michella, 17956, 18052. prise both medical men and laymen, but should act in some way in conjunction with the Charity Commissioners as the guardians of trust funds. The same Michell, 17961. witness expressed approval of the suggestion to utilise the board constituted under the City Charities Act.

274. Another view was that the central body should contain representatives of Brown, 25555. (1), the hospitals; (2), the Sunday Fund; (3), the Saturday Fund; (4), the Charity Organisation Society; (5), the general practitioners; and (6) the Government.

275. The secretary of the Charity Organisation Society thought that the Loch, 26173. Montefore, 228. interests to be represented upon the board were those of (1), the medical profession (represented by the medical corporations); (2), the hospitals and medical schools; (3), the municipality; and (4), the general public (represented by the Sunday and Saturday Funds, and such bodies as the Charity Organisation Society), the total strength to be 33 members, one-third retiring n nually.

276. Sir E. Hay Currie, whose scheme is to administer hospital relief by districts, Carrie, 2023, 3057-63, 3082-3, with complete co-operation of the hospitals, the dispensaries, and the poor-law institutions, favours the representation of all these organs of relief, and also of the poor themselves (as being the persons to be relieved), on the board. He would have a separate committee managing each district.

277. Another witness, holding similar views as regards the importance of Burdett, 25726-56. co-operation between all the various organisations administering medical relief, referred to the example given by the system of supervision now existing in Dublin. It appears that a board of supervision was set up there over certain hospitals by Act of Parliament in 1856. The Hospital Sunday Fund of Dublin, a voluntary body, acting with the concurrence of the hospitals, has instituted an independent visiting committee, upon whose report the annual distribution is based. This system of voluntary supervision has, it is said, produced greater results in improved hospital administration than the supervision of the statutory board. The recommendation of this witness was, that a similar system of inspection and report should be undertaken by the Sunday Fund in London, efforts being at the same time made to strengthen the council of that fund, and also of the various hospital committees. It was thought that the council of the Sunday Fund might be allowed to visit and report upon the the poor-law infirmaries as well as the voluntary hospitals; and, in return, that the Government inspectors, if it was thought advisable, might inspect the latter; or there might be a joint committee appointed by the council of the Sunday Fund and the Government.

Michelli, 17926, 17949, 17968-78, 18023-5; Moore, 19102-10; 19504; Croly, 19127-9.

(93.)h 3 278. The Loch, 26166.

278. The secretary of the Charity Organisation Society argued that the council of the Sunday Fund was not an appropriate body to undertake the work of supervision, both because the endowed hospitals, and also some of the smaller special hospitals, did not come within its purview, and because the council of the Fund had itself expressed an unwillingness to enter into matters outside its especial sphere of requiring certain conditions of financial administration and distributing funds.

Monteflore, 228. Loch, 26173-7.

279. Functions of Central Board.—According to the scheme proposed on behalf of the Charity Organisation Society, the duties of the central board would be to inspect, to make suggestions for better management, and to issue an annual report of the proceedings of the board, dealing in particular with the finances of the various institutions. It was suggested that the board should have some power to enforce their views through an appeal to the Privy Council, or some other body, but the scheme did not precisely define the limits of this power, or the manner in which it was to be set in action, and the secretary of the Society was inclined to omit any power of compulsion. One point of the scheme is, that the board should. if possible, have to some extent the powers of the purse, and with this view it was suggested that a part of the funds dealt with under the City Parochial Charities Act should be handed over to the board, that it should be able to receive legacies and gifts for distribution, and that the Sunday and Saturday Funds should work in with it. Among the objects to be arrived at would be reform of the out-patient departments, co-operation and discrimination in the admission of patients, economy of administration, uniformity of accounts, and control over the establishment of new hospitals.

Lennox Brown, 3802.

Carrie, 3024-6, 3059-50, 3084-97, 2108, 3113-21, 3125-9; Thomson, 4418-34, 4448-50. Tuit, 22311, 22384-6.

Clark, 8735-9; Michelli, 17940, 17963, 17966-86, 18971-83.

Carrie, 3106.

Carter, 16107.

Tait, 22311-6, 21346-9.

Montefiore, 227-8; Brown, 25614-

Thomson, 4451-4; Clark, 9752-4 Loch, 26173.

280. The idea was put forward, and met with some support, that the allocation of patients to vacant beds in the several hospitals might be managed by the central board, as is done by the Bureau Central in Paris, and in the same way as the Metropolitan Asylums Board distribute infectious cases among their hospitals. This power, it was thought, might be given to the board without further interfering with the internal affairs of the hospitals, or cramping their energies. A considerable body of evidence was given in favour of the view that the duties of the board should be so arranged as not to interfere with the internal management of the several institutions; that they should have power to examine accounts, to inspect, and to make suggestions, but not to enforce them. The hospitals, it was said, would be glad enough to adopt improvements when brought to their notice; while cases of actual abuse or mismanagement they would, in their own interests, be anxious to put right. Mr. Brudenell Carter thought that some controlling body, such as exists in Paris, should be set up and "that opportunities should be given of devoting certain buildings and certain funds to such purposes as medical science might from time to time require."

281. One witness appeared to think that the hospitals would willingly submit to very extensive powers of control, as long as the controlling body was appointed by themselves.

282. Some witnesses contemplated the board being established by Act of Parliament, with express statutory powers; while others would make it a voluntary institution, or, at all events, thought that the attempt should be made to set it up by voluntary effort; but the fear was expressed that the rivalry between one institution and another would prove an obstacle to the creation of a voluntary board.

Michelli, 17987, 17996-9.

283. Mention has been made of the influence already exercised by the council of the Hospital Sunday Fund in promoting some approach to uniformity of accounts. It is the desire of the managers of the Saturday Fund also to have an influence, as a central body, in the direction of improved administration. The latter body has in particular made itself a channel for the investigation of individual grievances complained of by patients regarding their treatment in hospital; and it is creditable to the hospitals that, according to the evidence of

the

the chairman of the Fund, the great majority of these complaints have proved to be unfounded.

284. The promoters of a complete system of co-operation between all the Curric, 2002-3; Burdett, 20726-7. various organisations administering medical relief were among those who attached the highest importance to the establishment of a central authority; while, at the same time, this object was altogether dissociated from any desire to throw the hospitals upon the rates.

285. Some witnesses, who did not look to any great advantage accruing Ryan, 14678; Page, 14790-800. from the existence of a central board, so far as regarded the administration of existing hospitals, thought that such a board would be of use if it had a voice in deciding on the establishment of new ones. This was a duty which many witnesses wished to entrust to the central body. A strong feeling was expressed that much harm was done by the reckless opening of small hospitals irrespective of any need for them. But this is a question affecting the special rather than the general hospitals. The proposals were either that all hospitals applying to Corner, 24845-8, 24888-9. the public for funds should be compulsorily registered, and that the registering authority should have a discretionary power; or, that the central body should publish a report upon every scheme for founding a new hospital, and then, the public being warned, the promoters of the hospital might open it at their own risk.

MISCELLANEOUS.

286. Food in Hospitals.— Evidence was taken respecting the general treatment of in-patients, the regard shown to their comfort, the means available to them of making known their complaints, and in particular respecting the quality of the food supplied to them. Upon this latter point a great number of questions were asked, but, on the whole, little evidence was elicited of an unfavourable character.

1818-20, 1801-4, 4982-63, 4973, \$108-10, 0800-701, 8007-11, 9180-7, 1778-90, 1108-3, 1778-30, 1108-3, 1778-30, 1108-3, 1778-30, 1108-3, 1778-30, 1801-4, 1805, 1838-4, 1838-4, 1838-4, 1838-4, 1838-4, 1838-3, 1838-4, 1838-3, 1838-4, 1838-3, 1838 character. One witness, indeed, considered that the hospitals were administered, in matters concerning the comfort of the patients, on an unnecessarily luxurious Brodhurst 3967, 4039-41, 4031-2, scale. The defects which were mentioned were not of a very serious or deeplyrooted character; and strong evidence in confirmation of the general good administration of the hospitals in all that concerns the comfort of their patients was given by the chairman of the Saturday Fund, who (as is mentioned above) testified that the great majority of complaints which had been brought to his notice by ex-patients had proved, on investigation, to be unfounded. The patient appears generally to have sufficient opportunity of complaining of anything wrong, both to the nurse, who is specially charged with his care, comfort, and diet, and also to the visitors who, in most (but not all) hospitals, are specially appointed to 1800-1, 6805, 7056-9, 11047-52, 11137-44, 12026-9, 14068-75, 15078-84, 15378-95, 15731-44, 12026-9, 14068-75, 15078-84, 15378-95, 15731-44, 12026-9, 14068-75, 15078-84, 15378-95, 15731-44, 12026-9, 14068-75, 15078-84, 15078 go round the wards and inspect everything, and investigate complaints.

8562-4, 12787.

287. At many hospitals it is the practice to require patients to provide their own tea and in some cases butter; and it was said that at one hospital all the tea was mixed up, and the mixture was not good.

8405-6, 10003-9

288. The usual system in the large hospitals appears to be that the sister of each ward makes up a diet sheet for the day, in accordance with the doctor's directions for each patient; the steward (or official charged with this duty) has to provide the food and get it prepared and served up. Then it is the duty of the "sister," who is usually the head nurse of the ward, to see that the meals actually supplied are in accordance with the diet sheets.

289. At one hospital it is the custom for the chairman to see every patient 18612-4. on leaving, and ask him if his food has been good.

290. Sanitation.—The sanitary condition of some of the hospitals, peculiarly Steele, 267-77; Bousfield, 1407-8; Tait, 22306-71; Burshett, 25000. important as this matter must be in such places, is not altogether satisfactory. Many of the hospital buildings are old, and are not readily adapted to the requirements of modern sanitary science. Some of the evidence bearing on this subject has been noticed in connection with individual hospitals, (93.)h 4 notably

14580-2, 14980-2, 15103-9, 15163, 15096-9,15630-7, 20541-9, 20755-6, 16242-8.

notably St. Bartholomew's. Notwithstanding the universal recognition of the importance of maintaining a thoroughly efficient system of drainage, and notwithstanding the experience which some hospitals have had of sore-throat and other serious diseases pointing to insanitary conditions, the practice of making periodical examinations of the drains and periodically applying the recognised tests as to their efficiency does not appear to have been generally adopted. Even in the larger hospitals, which employ as one of their regular staff a surveyor, who is responsible for the fabric being kept in good order, no such safeguard is systematically applied.

Steele, 461 Waterlow, 2626; Quennell, 15159-60.

291. As regards matters other than drainage, it appears that the antiseptic precautions now commonly taken have greatly reduced the prevalence of such diseases as erysipelas and pyæmia which formerly used to be the pests of hospitals. It was, nevertheless, the opinion of some witnesses that old hospital buildings did, in spite of precautions, tend to become in some degree insanitary, and that very large hospitals were for sanitary reasons undesirable.* The ordinary deal floors which are common in the older buildings are considered unwholesome as compared with the tongued and grooved teak floors which it is now usual to lay down in hospitals, and which are kept clean by dry-rubbing.

11535-8, 14660-3, 15075-7, 15723-30, 18217-8.

292. Rating .- Some complaint was made of the heavy rates which the hospitals are called upon to pay. It seems that, until a few years ago, none of the hospitals paid anything on this account; but a late decision of the House of Lords has imposed on them the liability. It is urged that these institutions, which with difficulty collect the necessary means for carrying on a work that saves the poor-rate many thousand pounds a year, ought not at the same time to be mulcted of their funds in aid of that rate. Mr. Vallance doubted whether hospitals relieved or increased the number of poor-law cases. This charge seems to bear on the hospitals very unequally, and to fall much more heavily on the endowed than on the voluntary hospitals. According to the evidence Guy's pays 1,500 l. a year; St. Bartholomew's 1,186 l.; St. Thomas's 2,300 l.; St. George's 365 l.: Middlesex 200 l.; Westminster 125 l.; University College 72 l.; the Metropolitan 160 l.; Brompton 600 l. The Royal Free Hospital is assessed at 430 l. net. The assessment of St. Mary's appears to have been suddenly raised from 250 l. to 1,500 l. The London Hospital is protected by the Whitechapel Improvement Act, and pays only a trifling amount in rates (51 l.)

417-21, 10042-8, 10351-3, 10562-5, 10876-8, 11573-5, 12509, 12016-7, 12862, 15419-21, 15616-7, 16376-83, 17008, 17407.

293. One witness considered that the hospitals ought not to be required to pay rates.

Vallance, 24757.

8214, 16378.

Cross, 22249-80.

Waterlow, 2305-15; Buxton, 8787-800; Ord, 11223-4; Whipham, 12371; Melbado, 12729-34; Willcocks, 14349-09; Allebin, 13351; Thies, 16431; Goodsall, 1547-8; Curnow, 18983; Tait, 23237-8, 22343; Abderson, 16671.

Woods, 1635-40; Mackenzie, 2194-8, 2226-37, 2267-71; Browne, 4693-7; Moore, 19068-122; Croly,

19124-34. Brodhurst, 4002-5.

Clark, 9708-12; Moore, 10756; Allchin, 15352-76; Williams, 17697-712.

2082, 9041-51, 11225, 12379-410, 2416-21, 16366-72, 18384-6.

294. Qualifications of Medical Staff. - It appears to be the almost universal practice t of the general hospitals in London to require that their medical officers, at all events those holding the senior offices, should possess a "London qualification," i.e., a diploma from the College of Physicians or Surgeons. A great number of witnesses were questioned as to the existence of this rule and the reasons for it, and it was mentioned as a subject of complaint by several general practitioners and medical men coming from special hospitals and from Ireland, as being at the present day an anachronism injurious alike to the profession and the public. It was defended by witnesses from general hospitals, on the grounds, mainly, that the test required by the London Medical Corporations ensured more than any other the possession of the qualities required in a teacher as distinguished from a mere practitioner of medicine, and supplied also to a greater extent a guarantee of moral character; that the London colleges exercised to a great degree a disciplinary control over their members in regard to their professional conduct, a point to which much importance was attached; and that, as most of the London students went to these bodies to pass their qualifying examinations, it was desirable that their teachers should be in touch with the authorities that examined them. It was stated in evidence that a similar exclusive rule had existed in Ireland, requiring that only licentiates of the Royal College of Surgeons of Ireland should hold county infirmary appointments, but that this restriction had

Moore, 19082.

^{*} Ste page xlvi, § 247.

† At Guy's exceptions to the rule appear to be admitted (Perry, 10133-9). At St. Mary's also it is rather a custom than a strict rule (Page, 14771-5).

been abolished by Act of Parliament in 1876. A memorial received by the Committee from the Council of the Irish Schools' and Graduates' Association is in the Appendix.

APPENDIX B.

295. It was also said that any man of sufficient eminence to be elected to Whipham, 12378-4; Willcooks, the staff of a great hospital would have no difficulty in acquiring the necessary 14357; Talt, 22363-5. diploma, but to this it was answered that it was derogatory to such a man, and Browne, 4694: Moore, 19076-9. a hardship on him, to expose him to an examination.

296. A witness from Guy's thought that the rule might be useful where the Perry, 10223-32. staff was elected by a large number of ignorant voters, but that at Guy's where there are only 60 governors no such safeguard was needed.

297. Chaplains.—Each of the leading hospitals has a salaried * chaplain specially appointed to visit the wards and minister to the sick. In St. Bartholomew's, St. Thomas's, and some others of the larger hospitals there are two chaplains. The chaplain sometimes, but not in all cases, is resident in the hospital. He often performs services lying outside his strict duty by interesting himself in the circumstances of patients, communicating with their friends, and particularly in recommending grants out of the Samaritan Fund, if not (as in some hospitals) actually entrusted with the administration of it. In some hospitals (e.g., Charing Cross) he is the highest resident official.

298. Mr. Rathbone was strongly of opinion that hospital chaplains ought to Rathbone 22962-73. be appointed for a short time only, three years or five, and preferably three.

SPECIAL HOSPITALS.

299. A special hospital is one which is restricted to the treatment either of a Definition of special hospital. particular disease, or class or group of diseases, or of particular classes of Monteflore, 13. patients (e.g., women, children, seamen); or, again, it may be special, not as regards the kind of disease treated, but as regards either its effect upon the patient (e.g., a hospital for incurables), or the particular methods adopted for its treatment (as in a homœopathic hospital).

300. The number of special hospitals in London was stated to be 67 in 1890. Statistics. Between 1830 and 1840 four new special hospitals were started; between 1840 Montesore, 12, 142. and 1850, seven; between 1850 and 1860, eight; between 1860 and 1870, sixteen; between 1870 and 1880, seven; and between 1880 and 1890, six. A classified Barnes, 13722-4. Monteflore, 154-67; Hardy, 1128. list of the special hospitals was given by one witness. Many of them are very small; one is said to have only seven beds, and only an average of four occupied; another to have only five beds. Calculations of the annual cost of a Hardy, 1106. bed are acknowledged to be inconclusive; but at some of these small hospitals it is stated at so high a figure (in one case reaching 285 l.) that it seems evident that they are very much more expensive institutions than the larger hospitals.

301. The special hospitals commonly require or invite their patients to contribute towards the cost of their treatment. As already mentioned (p. 37, $\S219$), a special hospitals are estimated to pay altogether 45,000 l. a-year, of which the bulk goes to the special hospitals. The system adopted in several hospitals was explained, a special hospitals. The system adopted in several hospitals was explained, a special hospitals. as being that the patient should pay what he could afford, but that the amount of his payment was not in any way to affect the treatment; and, generally, that if he appeared unable to pay anything, he should be treated free. The suggestion that there was a tendency to favour the paying patients, rather than the others, was denied. In some hospitals there is a graduated scale of charges.

302. Objections were made to the special hospitals, or to some of them, on Objections alleged against several grounds: That many are started by medical men in their own interest, and not from any public need; that some are so small that they cannot be economically

special hospitals.

O At St. Thomas's the chaplains receive, respectively, 275 l. and a residence, and 150 l.; at the Middlesex, 200 l. with residence; Charing Cross, 100 l. with board and lodging; St. Mary's, 200 l.; University College, 70 l.; Royal Free, 100 l.; Brompton, 300 l. and residence.

Farmer, 3577-86, 3936-41; Bhabha, 3876-9.

Lucas, 20197-8; Brown, 25563, 25569. Hardy, 1059.

Steele, 465; Holmes, 699; Hardy, 1104-17; Brodhurst, 4196; Michelli, 17941.

Mackenzie, 2168-70, 2247, 2325-6

Mackenzie, 2391.

Barnes, 13721, 13728-36, 13742-3, 13793-6. Mercer, 19226-7.

19309, 19438, 19445-51, 19589, 20969.

Carter, 10095;

Hardy, 1107, 1120-1, 1143-4; Waterlow, 2573; Ord, 11282; Carter, 16121-3.

Hardy, 1140-2, 1147; Bousheld, 1282; Buxton, 8749; Allchin, 15404; Carter, 16117; Fenwick, 19968.

Mackenzie, 2142, 2262-4; Mackenzie, 9142-50; Barne Brown, 25542.

economically administered; that they draw away funds from the general hospitals; that by drawing away patients from the general hospitals they are injurious to the medical schools; that the treatment of patients in them is unsatisfactory; that the special departments which the general hospitals have opened render special hospitals unnecessary, and also that they were made use of by persons in a better position than those in general hospitals, and consequently were even more demoralising.

Monteflore, 138-41; Steele, 386;
Rollmes, 698-9.

303. Special Hospitals founded without reference to Public Requirements.—It Rardy, 1088-9, 1072-1103, 1135, 1139; is alleged that in some instances special hospitals have been founded as a special special special reputation, with a view to advance the fortune and reputation of particular special reputation. speculation, with a view to advance the fortune and reputation of particular doctors, and that some have proved themselves to be under men of extremely doubtful reputation. One witness, a general practitioner, believed that at least three-fourths of the special hospitals were conducted for the special benefit of members of their staff. Such hospitals, it is said, lay themselves out specially for the treatment of large numbers of out-patients, from whom considerable payments are obtained. The object aimed at, however, is professional status and position, rather than any direct pecuniary advantage.

> 304. But apart from any question respecting the motives which prompt their founders, it is said that a large proportion of the hospitals which are set up from year to year are not wanted in London, and in particular are not wanted in the districts where they are placed.

> 305. On the other hand, while it was admitted that human motives are mixed, and that special hospitals are generally founded by doctors who get together a committee of friends and subscribers, it was said that this method applies equally to general as to special hospitals, and to hospitals which are needed as to those which are not. St. Mary's, Charing Cross, the West London, and the Great Northern, were mentioned as instances of hospitals which had been founded by doctors. Special hospitals, it was said, were founded by specialists, men who were the best in their line, but who often, for this very reason, were excluded from the general hospitals. Upon the question of public necessity it was contended that even those special hospitals, which are really not absolutely necessary, do much good, and effect many cures which would not otherwise be effected.

> 306. One witness, while quite prepared to admit that there might be special hospitals that were unnecessary, and a very few to which the term "private adventure hospitals" might be applicable, declared that most of those which he had known had arisen out of the force of circumstances, either from the want of accommodation in the general hospitals, or from the restrictions which are there placed upon the specialist in the treatment of his cases. As an instance of such restrictions, it was mentioned that in some general hospitals a specialist physician is not allowed to perform operations on his own patients, but has to hand them over for that purpose to the hospital surgeons.* The jealousy with which specialists are said to be regarded in the general hospitals is one of the chief arguments of those who advocate special ones. The existence of any such jealousy was, however, denied by other witnesses.

> 307. Special Hospitals too small.—The expenses of these very small hospitals must be disproportionately great as compared with the larger ones. The public, therefore, it is argued, waste their money in subscribing to them.

> 308. Funds drawn away from General by Special Hospitals.—It was said that the general hospitals were better supported 20 years ago, and that the growth of special hospitals within that period has drawn away their funds. would be no reason to discourage special hospitals if they were provided with endowments sufficient to maintain them, but it was undesirable that they should be allowed, by appealing to the public, to divert funds from more deserving institutions. The secretaries of the special hospitals are said to be much more active and enterprising. One witness, however, was of opinion that the public had been less liberal during the last 15 years; more than one that the argument of the diversion of funds was exaggerated, and that the creation of new hospitals did not really very much interfere with getting subscriptions to old ones.

> > 309. Medical

O A particular case of this was admitted by a witness from one of the general hospitals (Allchin, 15413-4).

309. Medical Schools injured by Special Hospitals.—That the general hospitals Hardy, 1058; Carter, 14094, are not able to provide sufficient material for the study of particular diseases is Brown, 4693; Barnes, 13727. used as an argument both by the opponents of the special hospitals, who say that their patients are drawn away from them, and also by the specialists themselves, who point to the fact that students come to them from the general hospitals as proof of the inadequacy of the instruction there obtained, and of the superiority of the special hospitals. The rejoinder to the latter argument is, that if the special hospitals did not exist the special departments of the general hospitals would be made larger and more useful for purposes of medical training.

310. As regards some forms of disease, it was thought that the cases were Fowler, 17753-4. numerous enough both to provide instruction to the students in general hospitals, and to fill the wards of a special hospital as well.

311. Special Hospitals Inferior in Treatment of Patients.—One possible cause of defect in the treatment at special hospitals is their isolation from general practice, and the danger of a tendency to adopt a single point of view in Clark, 9678-9. approaching a case. That defective treatment did actually ensue from these Carter, 16094. causes was the opinion of at least one witness. Another point in which it was thought the special hospital was at a disadvantage was the absence of students. Nothing, it is said, is so valuable a stimulus to a physician, who has to deal with a large number of cases, as the presence and the inquiries of a class of students; nothing is so good an antidote to the hasty diagnosis resulting from weariness and a long-continued routine.

312. Special Hospitals rendered unnecessary by Special Departments of Waterlow, 2570-3, 2685, 2710-1; General Hospitals.—It was said that many of the older special hospitals had been Departments, 4271-4; Allchia, 15404; very valuable institutions; but that the necessity for them was wholly, or to a Cannon, 20873-5; Bardett, 25795-6 great extent, removed by the growth of special departments in the general hospitals. Some witnesses appeared to think that all diseases could be best Mackenzie, 2003. treated in a general hospital, and that the accommodation in the general hospitals would be sufficient for all persons who were really entitled to charitable relief. It was not that the experience of a specialist in any particular disease or operation was undervalued, but that this experience could be more profitably utilised in the special department of a general hospital than in a special hospital. A witness quoted the words of Professor Virchow, "that no speciality can flourish which separates itself entirely from the common source of science; that no speciality can develope fruitfully and beneficially if it does not ever and anon draw from the common fountain, if it does not take the other specialities into account, and if all the specialities do not mutually assist one another." The danger indicated in these words is precisely that into which, it is said, the Clark, 9678-9. Special hospitals in London have fallen. "They are guilty of magnifying the Pardon, 19947-9; Armitage, 19512. complaints with which they have to deal." To put the point somewhat baldly, the tendency of the specialist is to find his particular disease in every patient who comes to him. On the other hand, the appropriation of the treatment of certain diseases by specialists tends to make the general practitioner neglect their study and treatment, regarding them as outside the sphere of his practice. It was, however, admitted by most of the witnesses who were generally opposed to the special hospitals that there were some diseases for which such hospitals could usefully be appropriated, and that some of those existing were doing such good work that it would be undesirable to interfere with them.

313. A point particularly insisted on is, that the special hospital, remaining carter, 16095-7, 16106-14. as a survival after its period of utility has passed away, not only absorbs valuable funds and materials for teaching, but wastes, to a great extent, the services of eminent men, whose skill and experience would be more profitably bestowed in a general hospital. It is admitted that new processes of treatment, while they are in their earlier and tentative stages, must be in the hands of a few men, and are then outside the sphere of general practice. That is the period of usefulness for the special hospital. But, when the stage of experiment and investigation is past, it is urged that it is of the utmost importance, in the interest both of the sick and of medical science, that the approved results should be absorbed in general practice, and cease to be regarded as a speciality. The difficulty of at once retaining the usefulness and preventing the abuse of special hospitals

(93.)

hospitals was not denied; and this, it was thought, was one of the problems which could be solved only through the agency of a central board of control. But, if no solution of the problem could be found, it was argued that more advantage would result from the abolition of special hospitals (with some exceptions) than from their retention. The progress of discovery might be retarded, but it would not be less sure; and, at all events, its results, when gathered, would be fully utilised.

Williams, 17647-8. Barnes, 13726. Fowler, 17752. Dowse, 19589. 314. Other witnesses took a very different view, and maintained that the need for special hospitals was at the present time as great as, or greater than, it used to be; that if the general hospitals had, in the first instance, opened special departments, the need for special hospitals might never have arisen; but that now they had grown into such importance that it would be impossible to do without them. This argument would, however, appear to apply chiefly to the larger special hospitals, which are not so much the direct objects of attack as the small ones.

Mackennie, 9151-5.

2118.

315. A member of the medical staff of the London Hospital, who was in charge of a special department, did not share the strong feeling against special hospitals; he considered that there was room for both, and that special hospitals gave increased educational opportunities for the study of particular diseases.

Arguments in favour of special hospitals.

Mackenzie, 2116-7, 2167, 2205, 2210, 2275, 2203, 2206-7; Anderson, 18504; Fowler, 17734-6; Armitage, 19521-4; Penwick, 20002-4. Lenner Brown, 3808. Barnes, 13738.

Hardy, 1182, 1165.

Smith, 20878-9, 20889.

Brown, 4693.

Barnes, 13727-8; 13750-1. Smith, 20829, 20853-4, 20864-5.

Utility of some special hospitals.

Hardy, 1056: Bennett, 4269:

Hardy, 1056; Bennett, 4269; Brown, 25546. Brown, 25547.

Curnow, 19017.

Brown, 4642; Hadner, 701-3, 707; Hardy, 1060-71, 1136-8; Bousfield, 1284-6; Muckennie, 2140; Brodharst, 4190; Clark, 9682-8; Ord, 11272-88; Pardon, 12044-6; Gould, 1316-8-57; Barnes, 13748-43; Allehin, 16407-9; Anderson, 16406; Michelli, 17945; Smith, 20866-71. Moore, 10757-60.

316. The advocates of the special hospitals put foward two main arguments. In the first place, they deny that the general hospitals are so successful as the special hospitals in the treatment of their patients. The governing body, it is said, of a general hospital does not take the same interest in a special department as is shown in a special hospital, and is not so liberal in adopting improvements. The unwillingness of the general hospitals to advance is, in fact, what mainly forced the special hospitals into existence. When the special hospital has proved its value, and advanced the practical treatment of disease in its own particular line, then, and not till then, the general hospital sets up its special department. If these special departments were organised on a grand scale, with all the advantages that are now monopolised by the special hospitals then it was thought the latter could be dispensed with; but this has never hitherto been done, and the structural arrangements of most of the existing hospitals do not easily adapt themselves to the exigencies of special departments. It is further said that the medical men in charge of the special departments have themselves obtained their instruction in special hospitals, and that students go from the special departments to the special hospitals to complete their studies so that to abolish the one, because of the existence of the other, would be both unjust to the specialist and injurious to medical science.

317. The other leading argument of the specialists is, that there are diseases which the special wards in general hospitals are altogether inadequate to accommodate, and that, therefore, an outlet has to be found outside. From this point of view it is simply a question of accommodation.

318. A few witnesses appeared to consider the special hospitals as altogether an evil, or at least that it would be an advantage if the great majority could be closed. It was, however, almost universally admitted that some exceptions must be made, but there was a good deal of difference of opinion as to the precise nature and extent of the exceptions. It seems to be agreed that separate hospitals are necessary for lying-in cases, and for infectious and venereal cases, though some witnesses thought the latter class were not fit objects of private charity, and should be provided for by the poor-law. Speaking generally, the classes of diseases the treatment of which in special hospitals was most favoured, were (a) diseases which were so prevalent that the accommodation in the general hospitals was insufficient for them; and (b) diseases of a chronic or incurable nature, which the general hospitals do not take, except for temporary treatment. The applicability, however, of these two heads of exception to particular diseases or classes of patients, was a matter of dispute. Ophthalmic hospitals, orthopædic hospitals, hospitals for women, for children, for incurables, hospitals for consumption, for cancer, for paralysis, for the ear, for the throat, &c., were all in turn advocated by some witnesses, either on one of the above-mentioned grounds or because the cases which

which they treated were alleged to be unsuited for general hospital treatment, while by other witnesses most of them were either condemned or considered unnecessary.

319. A point, however, which some witnesses who advocated the transfer of 1. Moulty of providing patients from special hospitals to special departments in general hospitals do hospitals, not seem to have fully borne in mind, is the difficulty of providing the accommodation necessary for enlarging the existing special departments and opening new ones. It is difficult to see how some of the existing general hospitals could provide for all their special cases without a tendency to grow to unweildy dimensions.

320. The only way by which the desired object could be attained would Proposed affiliation of special seem to be the affiliation (if that were possible) of special to general hospitals. Mention has been made of the waste of power resulting from the existing absence of co-operation between the various institutions for the relief of the sick; and a single instance has been referred to of co-operation between a general and a special Bousseld, 1500; Fenwick, 19655; Smith, 20824; Brown, 25675-6. hospital.* Several witnesses spoke in favour of some system of affiliation which would provide a common field for instruction, by admitting the students of a general hospital to the special hospitals in the neighbourhood.

to general hospitals.

321. A witness from a special hospital thought that an obstacle (he did not Mackenzie, 2212. say an unsurmountable one) to affiliation would be the fear of the specialists lest their individuality should be lost, or their speciality treated in a less liberal way; but another thought that it was the general hospitals which held aloof. One witness seemed to think it inexpedient to alter the existing system, Fowler, 17752. although if the whole hospital system were being started anew it would be desirable to group special departments round general hospitals. And it was admitted by a witness coming from a special hospital that there would be smith, 20872-4. advantages in affiliation if the difficulty of securing a satisfactory managing body could be overcome.

322. It was thought that some form of affiliation might be secured by means Fenwick, 19056-65. of a system of licensing for special hospitals, and by keeping some control over the appointment of their medical officers, so that only those might be chosen who would be willing to co-operate with a general hospital.

323. Whatever exceptions might be made in favour of institutions now in Proposed restrictions on new existence, there was a considerable weight of opinion in favour of placing some hospitals. existence, there was a considerable weight of opinion in favour of placing some check on the growth of new special hospitals. The proposals for the establishment of a central body with greater or less powers of control have been referred to. One of the most important of its functions would, it was hoped by many witnesses, be that of licensing or registering new hospitals, or expressing in Loss, 20154-5; Brown, 2802; Brodhurst, 4197; Baxton, 8759-1, 8801; Bonnfeld, 1289; Ryan, 16758; Page, 14790-800; Meeris, 1483-6; Allchin, 15403-6; Carter, 16125; Michelli, 17340; Armitage, 18914, 19349-55; Downe, 19513-8, 19645-63 some form or other its sanction to, or dissent from, their establishment. The exact nature of the limiting power was not agreed upon. Some witnesses appeared to contemplate an absolute and peremptory prohibition on the opening of any hospital until a license had been obtained; in short, that the proposal to set up a new hospital should be treated in much the same way as a proposal to open a new public-house. It was also suggested that the promoters of a new hospital for which it was intended to collect subscriptions from the public, should be required to prove, first, their bona fides; secondly, the necessity for its establishment and the suitability of the building and site selected; and, Morris, 14835. Test thirdly, their ability to provide the necessary funds; but it was also Steele, 468-70, 592. proposed that no unlicensed hospital should be allowed to appeal to the public for money, and that any bequest by will in favour of an unlicensed hospital Michell, 18066-70; Corner, 24848. should be void. Another witness considered that special hospitals, whether they were good or bad, were not proper objects of general charity, but ought to be self-supporting, and that no institution should be allowed to adopt the word "hospital" except under license from a licensing body composed of medical men.†

324. The

(93.)

[°] Page xlvii, § 251. † One witness connected with a hospital which derived no part of its funds from charity, thought that the whole of the special hospitals might be made self-supporting (Forbes, 22611).

Loch, 26173

324. The Secretary of the Charity Organisation Society was inclined to think that it would be enough if the supervising body reported publicly upon every new proposal for the establishment of a hospital, so that the public might be fairly informed concerning its merits. If that plan failed, it might be necessary to fall back on a system of licensing, but he would rather avoid that at the outset.

Objections to check on increase of hospitals. Mackenzie, 2145-51, 2248, 2277. 325. In opposition to the proposal to check the increase of these hospitals it was said, that although some of them may not absolutely be needed, yet they all do good, that it is a question of free trade, and if a hospital is not conducted properly it will in course of time cease to exist.

Waterlow, 2609-10, 2681, 2767.

326. A witness, who considered that the starting of small hospitals was very much to be regretted, feared that any forcible means which might be taken for their repression might check the flow of voluntary contributions from the public. It is to be observed that the managers of the Hospital Sunday Fund do not refuse to grant aid to special hospitals, although it is understood that they desire to influence people rather in favour of the general hospitals.

Barnes, 13774, 13807-10.

327. One witness thought that if any restriction on the establishment of hospitals had been in force 30 years ago, it would have stopped the development of many useful institutions now existing; and as regards the opposition to very small hospitals, he urged that most large ones had started from small beginnings. A witness from the Homœopathic Hospital was also apprehensive of the effects of any such restrictions, in consequence of the jealousy of the medical profession of anything new.

Morgan, 22503.

Particulars of some special hospitals. 328. Some details respecting a few of the special hospitals are added :--

Brompton.

Dobbin, 17299-613

329. The Hospital for Consumption and Diseases of the Chest, Brompton, was founded in 1841; it has accommodation, in the old building, for 184 in-patients, and in the new extension building for 137; 321 in all; and it has a daily average of 300 occupied beds.

330. An annual court of governors is held in May, and there are three other general meetings during the year, open to all the governors and to the press. The chief executive authority is the committee of management, consisting of the president, treasurer, and chaplain, 25 members elected at the annual court, and the whole medical staff numbering 16, but the medical officers, though members of the committee of management, have no vote on it. The committee appoints a chairman and vice-chairman, meets once a week, and has a quorum of three; the average attendance is five or six (including generally one or two medical members), and on special occasions many more. All the books come before the weekly committee, and are signed by the chairman, but the examination in detail of those relating to finance and expenditure is regarded as being rather within the province of the finance committee, which meets every month, and makes quarterly returns to the committee of management; cheques are signed by the chairman and another member of the committee of management, and countersigned by the secretary. The accounts are audited every quarter by five auditors elected at the annual court; there is no professional audit.

331. The contracts are made by the committee of management, but there is no public advertisement for tenders, the tradesmen to whom invitations to tender are sent being ordinarily selected by the secretary or his clerk; the steward is responsible for taking in the supplies in good condition.

332. The secretary is the general acting head of the hospital, but the internal management of the wards is under the resident medical officer, and the secretary does not appear to have any authority over the medical or nursing staff. Any question of discipline affecting a medical officer would be brought before the medical committee; that body meets every fortnight, and anything relating to the medical department is referred to it.

333. Two house visitors are appointed every month; and there is a lady visitor to each ward.

334. The year's expenditure amounted to 24,495 l.; a sum of 1,430 l. was 17390-8, 17396-9, 17565. paid for patients sent to convalescent homes. The income included 1,130 l. from ground-rents and other rents; dividends, 3,590 l.; annual subscriptions, 8,050 l.; donations, 5,206 l.; legacies, 9,594 l.; Hospital Sunday Fund, 1,562 l.; Saturday Fund, 662 l.; "incidental receipts," 3,549 l. (the bulk of which is derived from the private nursing institution). The annual average of legacies for 10 years was 14,900 l. Most of the invested property can be disposed of, as required.

335. There is an elaborate, and it is said very efficient, system of ventilation, Williams, 17633, 17640. which was described, the vitiated air being drawn up by flues into towers heated by hot-water pipes, at the top of the building.

336. The functions of the hospital are confined to the treatment of diseases Williams, 17618-27 Fowler, 17719-23. of the chest and heart; about 70 per cent. are consumption cases, other diseases being only incidentally treated. In-patients remain, on an average, about 65 williams, 17638-60, 17648, 17654 days, which is much longer than at the general hospitals. The necessity for the hospital arose from the fact that the general hospitals did not take consumption cases, and even at the present time many do not take them, nor have they the means (it is said), or the necessary accommodation, or the appliances, for treating them with equal success. The death-rate at Brompton is 14 per cent. on the whole, and 17 per cent. for consumption. At St. Bartholomew's the mortality in consumption cases was said to be 54 per cent.; and at Guy's 50 per cent.

337. There is no regular school attached to the hospital, but arrangements Williams, 17642-5; Fowler, 17731-3. are made for the admission of students, and lectures are given to graduates as well as students. At the present time the pupils appear all to be men already qualified for practice.

338. Nurses are regularly trained, and a considerable income is derived from those who are sent out from the hospital. They are sent for a time to other hospitals to learn their duties in general medical and surgical cases. It was Taylor, 18507 18603. stated they are not supposed "as a rule to take in anybody but Protestant nurses, but on the private staff they take anybody."

339. The kitchen in this hospital is at the top of the building, of which Dobbin, 17832-3. arrangement the secretary highly approved.

London Fever Hospital.

340. This institution was founded in 1802, and from that time till 1871, when the hospitals of the Metropolitan Asylums Board were established, it was Christie, 21545-63 practically the only hospital for fever in London. The government is in the Hopwood, 21638-709. hands of the whole body of governors at the yearly meeting, of a committee which meets monthly, and of the house directors who are appointed from the committee, and meet weekly or fortnightly. There is a paid secretary, and resident medical officer.

341. Until after the establishment of the infectious hospitals under what Balfour, 21520-8, 21544-52, is known as Gathorne-Hardy's Act (the Metropolitan Poor Law Act, 1867), Christie, 21675, 21607. the London Fever Hospital took in patients free of payment. however, has since been found to be neither necessary, nor indeed practicable, since the establishment of the new hospitals caused a great falling off in the subscriptions. Payment is still remitted in individual cases of necessity; but the system is one of payment on two scales; the "ward patients" (93.)paying

paying three guineas for the whole case, and the "private patients" the same amount per week, with the same food, medical attendance, and nursing as the others, but a private room. The families and servants of governors are admitted free, and special contracts are made with commercial houses, hotels, &c. The private patients pay rather more than the cost of their treatment, and the ward-patients about one-fourth. The average length of treatment is six weeks. In three years 334 doctors, nurses, and patients from other hospitals were received as patients.

Christie, 21570-4, 21593-606.

342. The expenditure for 1890 was 8,480 *l.*, and the receipts were 13,390 *l.*, comprising donations, 2,655 *l.*; annual subscriptions, 3,582 *l.*, from householders, firms, clubs, and hotels; Saturday Fund, 50 *l.*; Sunday Fund, 468 *l.*; fees from patients, 2,447 *l.*; dividends, 1,890 *l.*; legacies, 1,003 *l.* (the last item being about equal to the average for the last 10 years).

Christie, 21584, 21608+12. Hopwood, 21661-88. 343. The number of beds is 200. Patients from within a certain distance can be brought in an ambulance sent from the hospital. They are retained, on account of the infection, longer than is necessary for the purpose of their own health, and might well be sent in times of pressure, under proper precautions, to a convalescent home, so as to make room for others in the hospital.

344. The rate of mortality is considered by the medical staff to be very low, and the hospital itself to be in a healthy condition, and no complaints appear to be made of infection being conveyed from it.

Hopwood, 21642-6, 21656.

345. The nurses are engaged on a three years' agreement; their health is said to be good, and not one has died within the last 10 years. Their number is about 20.

Hopwood, 21693.

346. Medical students are admitted.

Lock Hospital.

Coote, 17009-298, 18320-78, Shillitoe, 18213-319.

- It was founded in 1746, and is 347. There is one Lock Hospital in London. now divided into separate departments, the female, with 140 beds, in the Harrowroad, and the male, with 20 beds, in Dean-street, Soho; the female out-patient department is also in Dean-street, where females are admitted on different days The female hospital building contains also a rescue home, with or 70 persons. The average number of occupied beds in 1890 from the males. accommodation for 70 persons. was 100, on the female side. The funds are said to be insufficient to enable the whole hospital to be used; but, as a matter of fact, it seems that the applications for admission do not exceed the numbers taken in; indeed it is said that cases are seldom refused admission. There appears to be considerable reluctance to come in. A certain proportion of the cases are received from the poor-law infirmaries, from the country as well as from London, at 16s. a head per week, and the general hospitals are sending in cases to an increasing extent. Under the fortnightly board, which manages the whole institution, there is a ladies' committee for the female hospital and the home. The secretary has a general control over the establishment.
- 348. In 1890 there were 731 female in-patients admitted, and about 230 male. There were also 3,278 male, and 415 female, out-patients, all new cases. The opening of the out patient department in the evening has greatly increased the number of male attendances; it has also brought in an increased grant from the Hospital Saturday Fund. The cost of a bed was estimated at from 40 l. to 45 l. a year at the female, and about 60 l. at the male, hospital; the expenses for nursing are low, as most of the patients are able to assist the nurses. The year's expenditure was between 5,000 l. and 6,000 l., besides 2,300 l. for the home, but there is at present an annual deficit (reduced from time to time by special appeals) of about 2,000 l., and a total debt of more than 4,000 l. Voluntary contributions from out-patients (chiefly males) came to 1,163 l. for the year, there being no compulsory payment.
- 349. It is said that many patients (43 per cent. in the ward appropriated for prostitutes, and 31 per cent. in the whole hospital on the female side) leave before they are cured or sufficiently relieved; there is no power to detain them,

and

and a member of the medical staff thought the prevalence of the disease had increased. Occasions like the Derby week will always induce some women to go out, and one who is inclined to go will often persuade others to do the same. A case was mentioned of a girl going out to be married, in spite of all remonstrances, with the disease full upon her. The secretary of the hospital, who did not appear to be altogether in favour of the now repealed Contagious Diseases Acts, was nevertheless of opinion that there ought to be a modified power of detention, and the same opinion was held by other witnesses. A member of the medical staff thought the absence of such a power a very great misfortune to the nation at large. On the other hand, there is the danger that such a power would deter people from seeking admission. The average period of treatment required is seven weeks; but in some cases it is much longer. Considerable success is claimed for the rescue home; women are not received into it until they are relieved; they remain for a year or longer, and it is said that one-fourth of those who pass through it are permanently rescued. They go into service, and the committee take pains to keep touch with them.

350. Medical men are admitted to see the practice, but students are excluded except on the male side, to which they may be taken by the visiting surgeon. The male out-patient department is almost self-supporting.

Coote, 17147-8. 17140.

Royal Hospital for Incurables, Putney.

351. This hospital was founded, 1854, by public subscription. The secre- Andrew, 24972-4, 24976-7, 24980, tary, who has filled that position from the commencement, receives a salary of 500 l., without board or lodging, and does not reside in the hospital. There are 218 inmates; 38 men, 180 women. Pensions of 20 l. per annum are allowed to poor people in any part of the country, to the amount of 11,000 l., the pensioners being elected from the list of applicants.

24983-9.

352. The management is as follows. There is an annual meeting of governors (who are qualified by half-guinea subscription per annum, or a single donation of 5 l. 5 s.); all governors may attend. There is no quarterly meeting, but half-yearly meetings are held for the election of candidates for indoor and out-door relief. There is a board of management consisting of 20 governors, with a quorum of five; from this board is appointed a house committee. The board sit once a fortnight; the house committee once a week; six or seven governors usually attend. The business is to take cognizance of all principal matters in connection with the institution; they interview and receive reports from the matron, who is the principal officer, and the steward.

24990-5

353. Individual members of the committee occasionally visit the dinners; these visits are said to be so occasional that an average could not be given offhand, but (the secretary thought) quite twice a year. As to the suggestion that these visits should be twice a week, he thought "it would not be reasonable, because that would be calling gentlemen from their homes or from London to do that which they would not have time to do."

25305.

354. Books are laid before the committee and seen and signed; they do not go over each item; there would not be time. Other duties of the committee are to hear reports from the medical officer and from the sea-side home, and requests for leave, and to examine the staff gate book. The reports are in writing, and are read to the committee. There is no visiting committee, but governors living in the neighbourhood do visit; no written report is made by such visitors; though there are no fixed visiting governors, the institution, the

25331-60.

secretary said, was always open to the public and the governors; the house was freely open to everybody.

21099, 25131.

355. Mr. Burdett, on this point, said that this was the only institution he had Burdett, 2570s. ever had any trouble in getting permission to enter; every impediment was placed in his way in ascertaining on what principle the institution was managed internally; for some time he was refused a plan, but he ultimately received one. Permission was denied to himself, his architect, or his secretary, to enter the building; his experience in regard to this institution was unique. Even in Russia they gave him greater facilities for entering a hospital than he could get from the Royal Hospital for Incurables at Putney.

(93.)356. The Andrew, 24502.

25216-1

25218-9. 25235-7.

25018.

25044-5.

25255. 25164.

25042. 25026.

25253. 25035.

25054.

250-5.

25100-1.

25140.

25134.

25065.

25068-74

25168-79

25272-4 25286.

356. The following extracts are taken from the secretary's evidence. patient may write a complaint to the chairman; a complaint may be put in the matron's book of requests; a patient may desire a visit from one of the committee. The matron is German by birth, and has a salary of 200 l. with board and lodging; she was trained on the Nightingale system, and was, at one time, in Sir P. Dunn's Hospital in Dublin. No advertisement of the vacancy was made at the time of her appointment; she was introduced by one of the members of the committee, having been a governess in his family; it would be libellous to say she had a terrible temper, but she can exhibit temper; a complaint was made two or three years ago of her speaking violently to a patient, and she pleaded an extremely irritating cause. "The matron is supreme in the absence of any of the committee and the secretary, but the secretary does not claim to have authority in the house." That is her province. The matron, however, " of course applies to the secretary for advice, and he takes cognizance of everything and anything that goes on." Complaints by a patient with regard to the nursing, or the matron, would be made to the matron. It is her duty to remedy anything within her own judgment and power. The matron reports to the committee all changes that take place, and the reason of them; she selects, engages, and dismisses the nurses, and reports to the committee; it practically did not happen that the nurses appealed from the matron to the committee; any offence would be dealt with off-hand by the matron. The matron is, principally, responsible for the ventilation of the wards.

357. There is no nursing committee. There are two grades of nurses. Those of the first grade, in all five of them, are trained nurses, three on duty by day and one by night. In the second grade the nurses are untrained, but have some notion of nursing; they are regarded as attendants on the patients. The witness did not consider more trained nurses to be required. There is only one trained nurse in charge of one corridor of 40 beds by day; by night, one night nurse and two assistant nurses for the whole female side.

358. No nurses defaulters' book is kept. The nursing is entirely under the matron.

359. There are male attendants, mostly old soldiers, who have been employed in lunatic asylums; they are mostly employed in lifting patients.

360. The number of women is 180 to 38 men. There is no committee of female governors; the suggestion had been made, but the witness considered that some of their patients were "a little injured by over sympathy;" he thought a ladies' committee would be disastrous, and a "thoroughly competent matron, a skilled woman such as they had now, would probably not at all please a ladies committee."

361. A matron would probably not submit to the supervision of a committee of ladies. The witness admitted that a committee of ladies would probably discover much about the matron, and the management, of which he was now ignorant.

362. The steward receives 150 l., and board and lodging; he takes in the provisions and issues them, and has control of the male servants.

363. Food is contracted for; the contracts are made on the recommendation of the finance committee; the tender is not open, but a select number of tradesmen are sent to, and the witness considered that experience was against issuing tenders broadcast. The meat contract had been for some years in the hands of one man, and previously the contract was given alternately to him and another man. He had compared the prices paid with other institutions, "but not very frequently, because we are our own judges in the matter, and we have every reason to believe, at least we have good reason to believe, that the tenders are genuinely put in."

364. The drains were under the steward's supervision; he was not a sanitary engineer, but if necessary, would consult the architect, who would know as much as any architect about drains.

365. The medical officer receives 200 *l*. per annum, and is non-resident; a resident medical officer would not find sufficient to do. His reports are not filed, but he keeps the history and treatment of every case; he takes outside practice; if engaged when wanted, his partner would come, but this seldom occurs.

366. There is a consulting staff. There is no paid chaplain, but voluntary service is performed from outside; the witness thought that a paid chaplain would lead to denominational difficulties.

25346.

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367. In 1890 a letter was addressed by the Duke of Portland to the Board, bringing to their notice the "very general complaints which he heard on all sides about the management" of this institution. The points referred to in the letter are "food, "want of supervision," "management," and "general." Under the last head came "time for patients' meals," "neglect of religious needs of inmates." The points were replied to seriatim by the secretary, on behalf of the treasurer and the Board, and no further communication being received from the Duke of Portland, the management considered that the replies were satisfactory. One striking discrepancy between the reply of the managers and the evidence given by Mr. Andrew before the Committee is, that whereas the managers stated the meat contracts were open to competition, Mr. Andrew stated that such was not the case. In regard to the complaints and the reply, Mr. Andrew's evidence was that investigation was made. The committee of management went into the matter, as the house committee, on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and considered that the complaints were fully and fairly dealt with.

25394-5.

The receipts for the past year were - 44,509 Expenditure (including pensions, 11,129 l.) about - 28,000

25107.

Queen's Jubilee Hospital.

368. Witness was the founder of the Queen's Jubilee Hospital; he calls it a Benham, 23068-80. general hospital. The witness is the medical officer of the hospital, and founded it in 1887; he took a house and supported the institution. After founding it he applied to a number of his own patients for funds.

369. He applied for assistance for funds to the Hospital Saturday and Sunday Funds several times without success. There were 10 beds always full. The institution has no money invested, and no London property.

22085.

370. There is a committee of management, and they used to meet regularly monthly. The affair is now in working order, but there is great difficulty to get funds to make both ends meet. By a clause in the rules until the hospital is self-supporting the witness is to bear the responsibility for the bills.

371. There is a secretary at the rate of 2 l. per week; and two nurses, of whom one is a trained nurse, at 20 l. a year and board and lodging; and one of these two nurses is certificated.

23146-9.

23117-21.

372. There had been a ladies committee; its principal business was to organise entertainments, but as the latter had entailed pecuniary loss the ladies committee had been abolished.

373. The witness stated that he had lost over 5,000 l. through this concern. He maintained that the institution was very much wanted, as the patients were rapidly on the increase, and they saw 22,000 out-patients last year.

> The London Homeopathic Hospital. 22072-85.

374. This hospital, stated to be the only homosopathic hospital in London, in Great Ormond-street, was founded in 1849. The utmost capacity is 90 beds, the working average 65. The remainder of the beds is unoccupied, partly for want of funds, and partly because by using the beds they would decrease the room for the nursing staff, which is very large and greatly used for private nursing. They are controlled by a board of managers and a weekly committee. It is a free hospital.

22100-6.

375. Their income last year exceeded their expenditure. They derived their funds from investments, subscriptions, donations, Hospital Saturday and (93.)Sunday Sunday Funds, out-patients who pay 1 s. for a monthly ticket, and legacies. The legacies he considers might be fixed at from 1,500 l. to 2,000 l. per annum, and they constantly appeal to the public. They are appealing for 30,000 l., of which they have received 27,000 l., before re-building.

22113-20.

376. The contracts are made by the house committee. These contracts are not made from tender, but, comparing the prices paid by other hospitals, the witness considered that their prices were the lowest of any, and that the quality of the articles supplied was equal to that of any hospital. Complaints were very rarely made by patients as to the food or cooking.

22122-6.

377. A complaint would be dealt with by the secretary, and reported to the house committee. One member of the board of management is appointed to go through every detail of the income and expenditure before a statement is made to the board; and cheques are submitted to the board to be signed. That audit is made once a month. The whole accounts go into the hands of public auditors at the end of each year.

22136-41.

378. There are two resident medical officers. They are appointed every six months with salaries of 100 l. per annum for the senior, and 40 l. a year for the other, both with board and lodging. There is in addition to these two a medical staff of 16 members.

Gordon Hospital for Fistula.

20916-24.

379. This is a special hospital. People are admitted either free or by payment. It was founded in 1884 by medical men to meet the wants of people of limited means who are unable to pay the customary fees of private practice, and yet are not desirous of receiving free treatment in general hospitals. As to payments, they have two private rooms with one bed each, where the charge is three guineas a week. In the general ward it is two guineas per week, but the secretary has authority from the committee to reduce that amount if he considers the patient unable to pay it.

20925.

380. The out-patient department is free.

20929.

381. They have eleven beds, of which the average number occupied last year was nine.

20133.

382. In 1890 they had 513 out-patients.

20951.

383. There was a small deficiency last year, but for two or three years they have been able to pay their way.

20940.

384. The secretary's salary is fifty guineas.

20975.

385. The secretary stated that they had patients coming to this hospital who had not been able to obtain full relief at the General Hospital.

20982.

386. Patients are sometimes sent from country practitioners to the hospital, and occasionally from practitioners living in London.

DISPENSARIES.

387. There are several kinds of dispensaries :-

- 1. Provident.
- 2. Free or part pay.
- 3. Private.
- 4. Poor law.

388. The second of these classes, and generally to some extent the first, receive charitable support. Dispensaries belonging to the third-class are worked by doctors, in the way of business, and this class degenerates into what are known as "doctors' shops."

389. Most of the dispensaries are for general treatment, but a few treat special forms of disease only.

Bousfield, 1494; Fardon, 12982.

PROVIDENT DISPENSARIES.

390. The provident system, advocated by Sir E. Hay Currie, Mr. Bousfield, Mackenzie, 2370-84; Waterlow, and other witnesses, has been worked in some instances with considerable Currie, 1718-19, 3123-4. success; but its development in London appears to have been checked by the " free treatment given by the hospitals in their out-patient departments. Its Vol. 1, Appendix C. fundamental principle is the payment of a regular periodical contribution in Holmos, 768-78; Hardy, 875-84 health and sickness, as an insurance of medical assistance whenever it is Montesore, 37. required. The principal organ for the promotion of the system in London has been the Metropolitan Provident Medical Association, a body which since its foundation in 1880 has opened and keeps open 15 dispensaries in different parts of the town, out of a total number of 35 or more institutions of this class. The objects of the association are, first, "to provide, upon principles of mutual assurance, by means of small periodical payments, efficient medical treatment and medicine for those members of the working classes and their families who are unable to pay the ordinary medical fees;" and, secondly, "to co-operate with the governing bodies of the metropolitan hospitals in order that they may be relieved of the large number of ordinary cases of illness that at present overcrowd their out-patient departments, and also have referred to them from the provident branches cases requiring special hospital treatment or nursing, or which are suitable for clinical instruction." The success of the movement has which are suitable for clinical instruction." The success of the movement has not been such as its promoters anticipated. The migratory habits of the London Byers, 16783-5; Curnow, 19019-1. poor tell against the movement. Some districts are too poor to support dispensaries. The hospitals have not encouraged it, though some of their members Wallace, 21231-44; Bonsfield, 1488 have viewed it with favour; the fears of the medical officers for their schools Wood, 1683-4; Carrie, 1738; Bhabha, 3838-81. seem more than anything to have operated against it. On the other hand a number of inferior dispensaries, of the kind known as "doctors' shops," have done much to discredit the system. A witness thought there was a public want of a properly organised provident scheme as a remedy for the mischief done by these very "doctor's shops." Then there are many friendly societies in London which provide medical attendance for the workman, but not for his family; while others provide sick-pay, but no medical attendance. It was hoped that many of the friendly societies would subscribe on behalf of their members to the provident dispensaries, and this to some extent they have done. Most of the dispensaries started by the association have their own buildings; but a few take the form of medical clubs, the members of which visit the doctor in his own surgery, or, if they are too ill to do so, are visited by him at their homes. As a rule the dispensaries which have been placed near hospitals have not prospered, and it has been necessary to close several of them.

391. The system adopted by the Metropolitan Provident Medical Association is that each subscriber is entitled to choose his own doctor from the medical Boundeld, 1456. staff, and then one-half of the members' contributions is distributed among the doctors in proportion to the number of patients registered under their respective names. The figures following in the text appear to show that more than onehalf of the subscriptions goes to the doctors. A provident club was mentioned where the medical men take two-thirds. The doctors at the provident out- Kay, 4524-7. patient department of the Metropolitan Hospital are paid a fixed salary. The Carrie, 1846. amount so distributed in 1889 was 1,915 l., among-t 71 medical men, including dentists. Experience has shown that these dispensaries require time Bousseld, 1468-9 and a large number of subscribers before they can become self-supporting. It is roughly estimated that it takes from 200 l. to 300 l. to start a dispensary Loch, 2010. and maintain it for a time, until it approaches self-support. But the opinion Bounfield, 1472. was expressed that if the provident system is to be a success it must show its Carrie, 1858, 1896, 1904. ability to hold its own, independent of charity. The number of persons entitled to treatment at the association's dispensaries was said to be over 25,000, and to be on the increase; and the payments in 1889 came to 3,066 l. The terms are:-1 s. on entrance, whether on a family or single card: then after four weeks the benefits of membership begin, and the contributions become payable at the following rates: single persons, 6 d. a month; man and wife, without children, 10 d. a month; children under 16, 3 d. a month each, not more than four in a family being charged for. Persons receiving more than 30 s., or, in case of a family, 40 s., a week are not generally eligible. Persons not being members, and requiring immediate attendance, are charged an entrance fee of 2 s. 6 d., which entitles them to attendance for the first week, and afterwards 1 s.

(93.)

a week

of 21 s. or 7 s. 6 d. for a midwife.

societies, and to any considerable bodies of working men joining together.

a week at the dispensary, or 2 s. 6 d. at their homes, There is a midwifery fee

Special terms are allowed to friendly

Monteflore, 104. Currie, 1824-6, 3122 392. At some provident dispensaries there are two or more distinct scales of payment according to the earnings of the members, and the payment is sometimes as low as 1 d. a week, a sum which it was thought the very poor could afford, and would be willing to pay.

393. A committee formed of medical and lay members for the purpose of organising medical attendance, which was appointed in 1886, and of which Sir Spencer Wells was chairman, made certain recommendations with respect to the co-operation of these provident dispensaries with the hospitals, the chief of which were that the medical officers of the dispensaries should be entitled to send cases for consultation or treatment, and that the hospitals should be at liberty to retain any case so sent; that the daily number of out-patients at the hospitals should be strictly limited; that agents should be employed both by the hospitals and by the dispensaries to inquire as to the circumstances of applicants for treatment that patients unsuitable for a hospital should be referred to a dispensary; and that hospital students should be permitted, under suitable regulations, to attend the practice at the dispensaries.

394. The objections raised by general practitioners to the out-patient departments of hospitals applied equally, in the opinion of some of them, to the provident dispensaries; and, as has been already shown,* the provident out-patient department of the Metropolitan Hospital, which is in fact a provident dispensary attached to the hospital (and where the rates of payment are exceptionally low), was, more than almost anything else, the object of their attack. The answer of the promoters of the provident system was that by the application of the wage-limit to the applicants for admission to the dispensaries the interests of the general practitioner were sufficiently safeguarded. One witness, however, who had been attached as a medical officer to a provident dispensary, declared that he had come to a conclusion unfavourable to the system as it was actually worked, on the ground that many people were admitted as subscribers who were not properly qualified by their poverty for admission.

395. Reference was made in a previous page of this summary to the crushing effect of the out-patient departments of the hospitals on provident dispensaries,† to the existing want of co-operation between hospitals and dispensaries,‡ and to the slight success with which the movement in this direction has hitherto been attended. There was also a considerable weight of evidence in favour of the view that the provident dispensaries should stand in the place of the "family doctor" to the working classes, and should be affiliated to the general hospitals, so that the latter might take the place of the consulting physician. This scheme of affiliation was closely connected with that (already referred to §) of forming districts for medical relief, each district containing its own hospital, and affiliated dispensaries. The general hospitals seem never to have taken up the idea. There seems to be a feeling that such a plan cannot be made to work unless the dispensaries are officered from the hospitals, and not from the profession outside; but against this is the contention that they ought to be in the hands of the general practitioners whose practice is affected by them.

FREE AND PART-PAY DISPENSARIES.

396. It seems that in 1887 there were 39 of these institutions in London; their number is said to have largely increased, and it is claimed for them, or at all events for some of them, that they are doing a great work; and the secretary of one of the chief among them declared himself satisfied that those whom it relieved were unable not merely to pay a doctor, but even to contribute to a provident dispensary. It is needless, however, to repeat here that they are looked upon with disfavour, both on principle by some of the advocates of the provident system, and also as a practical and personal grievance by general practitioners (especially those who take small payments), who complain of their loss of patients and diminished fees. There are said to be eight of these so-called "2 d. dispensaries" in the neighbourhood of St. Bartholomew's Hospital.

397. Evidence

Woods, 1554, 1557; Bhabha. 3302-3, 3948-51. Currie, 1700, 1852.

Sandiland, 19754-67, 19775-6. Byers, 16757; Wallace, 21203-8, 21255.

Cueric, 1728, 1859, 1927-30, 1934-7, 3138, 3140. Mackennie, 2284. Corbyn, 3666. Kay, 4518-37, 4548-58.

Locke, 19793-801.

1259, 1719, 3767-9, 16649, 1268-74, 1363-7, 1717, 1794-1890, 3133, 22291 2042, 2109, 8745, 10015, 10436, 10636, 11240-3, 15426, 25834.

20314-5, 20324

Kay, 4548.

Montefore, 21, 27. Faulkner, 21997-9, 22019.

Bousfield, 1268. Dawson, 25631-3, 25638-42.

397. Evidence concerning the organisation and working of two of these institutions was taken from witnesses directly concerned in their management.

398. The first of these, the Westminster General Dispensary, situated in Soho, James, 21826-95 Johnson, 21896was founded in 1774. It relieved 4,600 patients in 1890, of whom 780 (living within half a mile) were visited at their own homes. Admission is by letter, without payment; the letters are given by subscribers, but a patient coming without a letter can buy one for a shilling; cases of great urgency and people of colour are treated free, without letter, but there is no difficulty in getting letters. A subscriber's letter admits to eight visits, a bought letter to four, but it can be renewed for an additional 6d. The average number of attendances for a single patient is only about four; and the average cost of each patient is estimated at from 2s. 1d. to 2s. 6d. This dispensary is governed by a committee of 20, mainly tradespeople in the neighbourhood, elected by the governors, together with the senior physician and surgeon. There appear to be about 150 subscribers, and a guinea subscription entitles to 20 letters. No organised system of inquiry into the circumstances of applicants exists; it is stated on each letter that, "The bearer should be an industrious and respectable poor person (not in receipt of parish relief), who is unable to pay a medical man for advice and medicine; and the onus rests on the giver of the letter to satisfy himself that it is properly bestowed. The senior physician fully admitted the obligation to avoid competing with the general practitioners; abuses, he thought, did occasionally, but not often, creep in, from a want of discrimination in the giving of letters. The Johnson, 2197-8. secretary said there was no difficulty in getting a subscriber's letter. Home attendance is given only to those patients who live within half a mile and are too ill to come to the dispensary. The year's expenses are stated to be 490 l., and the receipts 507 l., comprising annual subscriptions, 208 l.; dividends, 80 l.; rents (from letting part of the building), 57 l.; grant from Sunday Fund, 36 l.; from Saturday Fund, 53 l.; payments by patients, 56 l. The medical staff consists of three physicians, three surgeons, and a resident medical officer, who receives 110 l. a year and lodging, and whose chief duty is to visit patients at their homes.

399. It will be seen that the dispensary just noticed is conducted on the principle of admission by letter only, and free treatment. The next one, the Faulkner, 21973-22071. Royal General Dispensary, in Bartholomew Close, is a type of a part-pay dispensary. This (the oldest in England) was established in 1770; for many years it was entirely free; but since 1865 a charge of 2 d. has been made for a week's medicine; those who cannot pay it are advised to go to a poor-law dispensary. The managers are very desirous neither to interfere on the one hand with the medical profession, nor to take pauper cases on the other. Patients are required to bring letters of recommendation, this rule being only relaxed for urgent cases. Twelve letters are given for a guinea subscription. The annual expenditure is about 900 l., the income about the same. The subscriptions for 1890 were 374 l.; donations, 86 l.; patients' pence, 113 l.; Hospital Sunday Fund, 52 l.; Saturday Fund, 22 l. The staff consists of two physicians, two surgeons, a consulting physician, a consulting surgeon, and a resident medical officer, the latter receiving a salary of 130 l., rising to 150 l. A new patient is first seen by this officer, who questions him and satisfies himself that it is a suitable case, before assigning him to one of the other members of the staff; and it is thought that the charity is little abused, though no systematic inquiry is made into the circumstances of applicants. The resident medical officer also visits patients at home, including infectious cases. Urgent cases are seen at all hours; 5,273 new cases were seen at the dispensary in 1890 (13,800 attendances); and 3,769 visits were paid to 1,015 patients at their homes. The average cost of a patient is estimated as high as 3s. 4d. The institution is managed by a committee of 24, elected by the subscribers, six of whom go off every year. The accounts are audited by two of the subscribers. It was the opinion of the secretary that the trouble of getting a letter, and the obligation to pay the 2 d., kept away a great many trivial cases, and that the cases treated were, on the average, more serious than those in the out-patient department of a hospital. It was argued that the fact that these institutions could live beside Hardy, 817-27; Garioch, 6718. the free out-patient departments was a proof of the superior treatment which they offered.

21907-8.

Corbyn, 3862.

Thomson, 4344-6, 4359-70.

Garioch, 4706-8.

Thomson, 4371-3, 4435-44.

Garioch, 4704-29.

4720.

Bousfield, 1271.

Bousneld, 1270.

Bousfield, 1458, 1488; Carrie, 1761, 1793.

Alderson, 16646-7; Dowse, 19702. Wallace, 21229-68, 21278. Woods, 1680, 1883-5; Bhabba, 3869

Corbyn, 3668, 1370; Geuld, 14863, 14861; Wallace, 21282.

Corner, 24828-32.

Kay, 4478-82, 4613-7.

Farmer, 3331-50, 3449-52.

3377, 3421.

400. The Western General Dispensary was mentioned as treating over 25,000 people in the year, with a drug bill of only 265 l.

401. Admission to dispensaries of this class appears to be in general by letter only, except in cases of great urgency. In some cases the subscriber is entitled to a certain number of free letters, and of part-pay letters, and the medical officer may have power to remit the payment of 6d, or whatever it may be, in cases of extreme poverty. The duty to see that a case is a fit one for treatment rests with the giver of the letter. The tendency to abandon or at least to modify the system of free treatment in favour of the part-pay system, which has already been noticed in the hospitals, is also apparent in relation to the charitable dispensaries. The Tower Hamlets Dispensary, an institution of old standing, has adopted it of late, the charge to paying patients being 6d. for the first and 3d, for every subsequent visit. The average cost of an out-patient is rather more than 2s. A proposal to extend the provident system to this dispensary was favourably considered, but at the last was thrown out by the general committee; and a similar attempt seems to have been made, with the like result, in two other cases.

402. It was said that the subscriptions to dispensaries of this class had fallen off very much in recent years.

PRIVATE DISPENSARIES.

403. The private dispensary does not enjoy a very high reputation. It was spoken of in terms of strong disapproval by witnesses who approached the subject from the public or charitable point of view, and by the supporters of the provident system, who complained that it had brought discredit on the name of dispensary; while by some medical witnesses its existence was regarded as a mark of professional degradation, an injury alike to the sick poor and to the struggling practitioner, and (as already noticed) an indication of the straits to which the profession is reduced by the competition of hospitals and other charities. It is said that the advice given at these private dispensaries is inferior; that indeed the fees charged are so small that it could not be otherwise; the patients have to be attracted by a system of advertising, and are sometimes treated by unqualified men acting as assistants to the doctor in whose name the business is carried on. One case was mentioned of a man having 25 dispensaries at once, but in this case it was not alleged that the assistants were unqualified. These places are said to have increased very largely in numbers in East London during the last 10 or 15 years. One witness, while not rating highly the character of the treatment given at them, thought they were at least an improvement on the old state of things, when the poor used to be prescribed for at the druggist's shop; but another stated that people are now driven to the druggist because the private dispensaries have been extinguished, mainly through the competition of the hospitals. A medical witness, who had himself kept a dispensary at Battersea, and who seems to have had a good deal of success in the venture, expressed himself as having been struck with the respectability of the patients and the readiness with which they paid their fees; in that case the very poor seem to have been in a minority.

POOR LAW DISPENSARIES.

Bridges, 23169, 23355-71, 23378-90, 23451.

404. The establishment of poor-law dispensaries in London dates from 1870; there are now 44 of them. In 1890 nearly 120,000 orders were given to medical officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries; and there were over 10,000 chronic cases having permanent orders. It is calculated that there are about eight attendances on the average on each order. In the larger parishes there are three of these dispensaries, and in most of the others two; they are under the control of the guardians. They employ 158 medical officers at an average salary of about 115 l. The cost for drugs and appliances in 1886 was 7,000 l. The cost per patient (cost of drugs and salaries being included) is estimated at 4 s. 3 d.

405. It

405. It has already been noticed* that the opponents of the out-patient Hardy, 935-40, 948; Bounfield, departments of the hospitals look to the poor-law dispensaries to provide for des; Burnlett, 29884. the wants of the very poor who cannot either pay for their own doctor or Burdett, 23807. subscribe to a provident institution. Favourable opinions were expressed of the quality of the treatment afforded at the poor-law dispensaries in London; but it seems that at present the number of persons annually treated at all of them together (exclusive of those who are visited at home by the district medical officers) are little more than one-half the number of the out-patients at Harly, 975; Bousdell, 1331. the London Hospital alone. It was alleged that there are medical officers at these dispensaries who do not get three cases a week; in short, that these dispensaries are, in a sense, starved by the hospitals, just as the provident dispensaries are starved by them.

406. It was suggested that any great diminution in the charitable relief afforded to out-patients might have the effect of sending great numbers of people to the poor-law dispensaries, and thus throwing on the rates the cost of providing free medical assistance for many who were not entitled to it. But, on Hardy, 976-85, 1026-32; Carrie, the other hand, it was thought that, notwithstanding the fact that the receipt of medical relief under the poor law does not disqualify the recipient from the exercise of the franchise, the obligation to obtain an order from the relieving officer carried with it a stigma which would keep the poor-law dispensaries free from any great amount of abuse. One witness, however, was of opinion Bounfield, 1332. that the objection to receiving this kind of assistance from the rates was disappearing, and the evidence referred to in 416 confirms this view.

HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

407. The hospitals belonging to the Board consist of three imbecile asylums, Mann, 24508-699. five fever hospitals, and a convalescent fever hospital, three small-pox ships in the Thames at Long Reach, and the Gore Farm Hospital for Small-pox at Darenth. For fever and diphtheria, 2,429 beds are available, and 1,150 for small-pox. Cases of measles and whooping-cough are not taken. The total number of fever cases treated in 10 years was 38,433, and of small-pox cases, 26,357. In June 1891 the South Eastern Hospital, with 462 beds, had only 150 patients; McCombie, 25164-5. the lowest record for several years.

408. Until recently, patients could be admitted only on the order of the relieving officer and district medical officer, so that these hospitals were open only to poor-law cases. Since 1889 this restriction has been removed, and non-pauper patients are now received. The cost of every patient is charged to his parish or union, but the guardians have had, until the present time, power to recover the cost of maintenance from those who were able to pay. Now, however, under the Public Health (London) Act, 1891, this power has been taken away, and every inhabitant suffering from any dangerous infectious disease will henceforth be entitled to free treatment at one of these hospitals. On receipt of notice of an infectious patient being in any hospital or elsewhere, the Asylum Managers will, at once, send an ambulance and have him Steele, 358; Currie, 1739; Waterlow, 2669; Nixon, 15560. removed.

409. The usual medical staff of one of these hospitals consists of a super- Mann, 24554-8: McComble. 23463. 25466, 25,4455, 23461-3, 25678-81. intendent and two or three assistants, but the number of assistants fluctuates according to the pressure of patients. The superintendent's salary ranges from 400 l. to 500 l. a year, with residence, &c. Each hospital is under the control of a committee of the Board, which meets once a fortnight, and receives the Bardett, 25679. officers' reports, inspects books, &c.

410. At times the hospitals have been much crowded, the largest number Manu, 24563-70. hitherto under treatment at one time being 2,611, or nearly 200 over the normal maximum. In times of great pressure temporary huts have been erected and other accommodation hired. The medical, nursing, and subordinate staffs are reduced as opportunity offers. Figures were given showing the great variations in the prevalence of the different diseases, and showing the cost of 24578-609, 24555-9. the hospitals, the number of deaths, &c.

24653-4

411. A recent

Mann, 24524-9, 24668-9, 2468-4 24695-8.

1-04 36

Corrie, 3023

Mann, 24545-33; M'Combie, 25458-00, 25467-9. Hardy, 924-6; Currie, 1750-1; Waterlow, 2845; Mnckenzie, 9188-9 Clark, 9718-22; Gould, 14852; Curnow, 18993, 19002-6.

Savill, 24375-6.

Metropolitan Poor Law Act, 1867.

Bridges, 23160-72.

Twining, 22640; Bridges, 23173.

Gross, 23452-628; Lunn, 23760-24063, Savill, 24170-339; Hopkins, 24400-507.

Bridges, 23391.

Bridges, 22185-7, 23301-3 Twining, 22798,

Bhabha, 3904-7, 3920, 3943-6. Dowse, 19678-83. Bridges, 23304-7. Lunn, 23788. 411. A recent Act (The Public Health Act, 1891) has given power to a magistrate to direct the detention in hospitals of persons suffering from infectious diseases, in cases where they appear to have no proper place to go to outside the hospital. The hospital authorities have not themselves any power of detention; but it was said that a pauper patient received from the workhouse would not be discharged except back into the workhouse.

412. An advantage claimed for such a body as the Asylums Board having a number of hospitals under their management, was that, in times of pressure, ready information could be obtained where beds were vacant, and to which hospital each patient should be sent.

413. These hospitals were, till quite recently, closed to medical students; but (by the Poor Law Act, 1889) statutory authority has, at length, been given to the Managers to admit students under regulations made by the Local Government Board, and accordingly advantage is now taken of these institutions for purposes of instruction. At the Eastern Hospital there were, in one term, 15 students. The teaching is done by the medical superintendents, who appear to approve of the new arrangement, and to be quite willing to take their share in working it. But the system appears to have hardly yet been brought into full operation. The ignorance of infectious fevers which hitherto has prevailed among young practitioners was strongly animadverted upon, and it is too soon to judge whether the new regulation will remove this defect in the efficiency and completeness of medical education. Complaint was made of the difficulty of attending at these fever hospitals by reason of their distance from the medical schools. Each student has to pay three guineas for the right to attend during three months.

POOR LAW INFIRMARIES.

414. These institutions have been established under an Act of Parliament passed in 1867, known as Gathorne-Hardy's Act, before which time the accommodation provided by the poor law for the sick was in the sick wards of the workhouses. The number of the new infirmaries is at present 24, containing 12,445 beds; but a large proportion of the sick are still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds and 2,865 deaths in the workhouses, while 8,375 persons died in infirmaries. Bethnal Green is still without an infirmary separate from the workhouse, and some particulars respecting it will be given later on. Evidence respecting the general organisation and working of the infirmaries was given by several medical superint tendents, as well as by Dr. Bridges, the Chief Inspector of the Local Government Board, and by Miss Twining, who, as a guardian, had given much attention to the subject.

415. The infirmary in nearly every case is a separate building from the workhouse, and is not always situated in the union to which it belongs: the St. Saviour's Infirmary, Southwark, for example, is at East Dulwich, and the Marylebone Infirmary is at Wormwood Scrubs. Dr. Bridges thought that inconvenience would result from the removal of the infirmary to any considerable distance from the locality which it served, both because of the difficulty of transporting large numbers of patients, and because of the dislike of the poor themselves to being removed far from their friends. The number of beds varies, but in the case of one infirmary is as high as 786, while there are others with over 700, and at times the wards of some of them are overcrowded. The medical staff of the largest consists only of the superintendent and one assistant (or at most two), who have not merely to attend to the medical wants of the patients, but are responsible for the whole management of the establishment in all its details, with the assistance of a clerk, dispenser, steward, and matron (sometimes also an assistant matron) as subordinate officers. This staff was considered to be inadequate by more than one of the superintendents. In an infirmary of 700 beds there would be, according to custom, in all three medical men, which Dr. Bridges considered would be an "extremely small staff." It was suggested that senior students or newly-qualified men might also be usefully employed as clinical assistants; but another witness declared himself well satisfied with the existing arrangements, and complained rather that the

hours

hours of duty were too long than that the actual work was excessive. The Government Inspector considered the staff extremely small, in fact insufficient.

416. The salary of a superintendent varies from 300 l. to 500 l. a year. On Bridges, 23216-8. his appointment he is usually a young man with a few years' experience. assistants are usually men who have quite recently passed their qualifying Bridges, 23328-36, 28343-5, examinations. The chronic nature of a large proportion of the cases in these 23446-9; Waterlow, 2796-8, 2807. infirmaries is what makes it possible to do the work with so small a staff. Many of the cases are such as would under the old system have been treated at their homes by the parish doctor. Many patients are sent on to them from the general hospitals, either as being unsuitable for a hospital, or after receiving all the relief which can there be given; and at the infirmary, if they are incurable, they remain till they die. Sometimes a broken leg is set at the hospital, and the patient sent to an infirmary for completion of the cure. The poorest class which is treated in these poor-law institutions is, in fact, better provided for in this respect than the poor class just above the pauper class, for whom except in a few charitable institutions, such as the Cancer Hospital, and the Hospital for Incurables at Putney, no hospital accommodation is provided when they are suffering from chronic or incurable complaints. The poor, it seems, do not generally regard the infirmary as they regard the workhouse; they look upon Gross, 23553-4. Some of them (about 10 or 12 per cent. according to one witness) contribute to the cost of their maintenance; the guardians recover from them. Bousfield as the superior of the superior of the superior of their maintenance. but Mr. Bousfield remarked that there was the gravest difficulty in getting payment, even in cases in which there was every reason to believe that it ought to be made. Many patients are artizans in receipt of good wages. It would seem, in short, from this point of view, that the excellence of the infirmaries and their separation from the workhouses are likely to exercise, and in fact do to a greater or less extent exercise, a distinctly pauperising effect on the poor, by keeping them away from provident clubs, and preventing the formation of provident habits. It is true that an order has to be obtained from the relieving officer to the district medical officer; but it seems that the stigma is hardly 23577-91, 23426, 23821-6, 23846-8, 24378-95, 24382-6, 24378-95, felt even by those to whom the idea of entering the workhouse would be 24486-8, 24763-4. in the highest degree repugnant. It was the opinion of one medical superintendent that the discipline was too strict to admit of much abuse in the class of patients admitted, and that the infirmaries do not really interfere with the provident clubs. Another was less sure of this; but was confident that the infirmaries did not tend to promote pauperism. There was a complaint of the difficulty of dealing with patients who misconduct themselves, and with those who go in and out, and will not remain to be properly cured. It was suggested that a limited power of detention would go far to put a stop to these inconveniences, and (as regards lying-in cases) that they should be passed through the workhouse. Dr. Bridges, while of opinion that many people came to the 21340-2, 23349, 23394, 23420-6. infirmaries who would not have gone to the workhouse sick wards, believed that cases of the admission to infirmaries of persons who could afford to pay for their maintenance and treatment were rare, and that the number of provident medical clubs had actually increased of late.

417. Some discussion took place regarding the treatment of very acute cases, Twining, 22777-82. and the performance of the more serious surgical operations at infirmaries; and it was urged, as one of the reasons for a more complete system of co-operation between the different medical organisations, that all such cases ought to be transferred to a hospital. In this matter there is at present no systematic practice. Some superintendents of infirmaries occasionally send a case to a hospital, and there seems no reason to suppose that the hospitals are reluctant to receive such cases; some superintendents operate to a great extent them- Bridges, 24346. selves; others are in the habit of calling in professional men from outside, both for consultation, and in some cases for assisting at important operations; 23222-4, 23418, 22030-4, 24320-44. and some boards of guardians occasionally will pay fees for such assistance. This, however, appears to be the exception, and there is no great difficulty in getting members of hospital staffs and medical men generally to come in and

24057-60, 22637-8.

(93.)

^{*} Urgent cases, if the applicants appear to be paupers, are admitted without an order, and are investigated afterwards. (23950-69.)

Vallance, 24772.

Bridges, 23205-

Twining, 22686-9.

Bridges, 23373-5 Long., 23791-2.

Infirmaries efficient, but not sufficient.

Montefore, 203; Dowse, 19620; Twining, 22720-3 Burdett, 28705-7.

Bridges, 23304-16.

Bridges, 23392-3.

Bridges, 23172-82, 23317-20, 23398-404.

Bridges, 22117-20, 23441- ; Twining, 22801; Savill, 24294-5

Central London District. Twining, 22702-4; Bridges, 23178-86.

Bethnal Green. Kmox, 24064-169; Howard. 24701-48. Bridges, 23294-5, 23407-9, 23438-40 see the infirmary patients without payment. The need, however, of regularly employing the services of consulting officers in the infirmaries was urged by one witness, not with a view of introducing any radical changes in the existing system, or removing from the superintendent any part of his existing authority or of his general responsibility as head of the establishment, but in order to relieve him of a certain portion of responsibility in deciding on the performance of dangerous operations, and in the treatment of specially critical cases, a responsibility which, it was argued, ought not to be imposed upon the unassisted judgment of one man. Dr. Bridges suggested that the insufficiency of the medical staff (the existence of which he admitted) might be supplemented either by means of an honorary visiting staff for consulting purposes, or by the appointment of additional resident doctors to assist the superintendent, or again by the admission of a certain number of senior students to act as dressers and clinical clerks.

- 418. One criticism passed upon the existing system is, that the responsibility of the medical superintendent for the general control of the whole establishment in all its branches is incompatible with the proper discharge of his duties as a doctor, and it was suggested that the infirmaries should be placed under lay superintendents. Birmingham was mentioned as a place where this system had been adopted and worked successfully. Dr. Bridges appears to have thought that unless the services of a thoroughly efficient consulting staff were obtained, it was undesirable to do anything which would lower the position of the resident medical officer.
- 419. Notwithstanding, however, the objections and suggestions already mentioned, and certain proposals for reform which still remain to be noticed, the evidence on the whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries, both in their structure and in their general arrangements and management. The question was raised, however, whether the accommodation afforded by them was sufficient in amount for the needs of the metropolis. It has already been said that a large number of the sick poor have still to be accommodated in the sick wards of the workhouses, many of the less severe cases being retained there; while in times of pressure these sick wards have to accommodate many sick people who cannot be received in the infirmaries. In some cases the superintendent of the infirmary is in general charge of the sick wards of the workhouse; but where the two buildings are far apart this is not found practicable, and a medical man is appointed to visit the latter as often as he thinks necessary. But in either case the medical supervision is less efficient in the workhouse, while the nursing is altogether inferior; the evidence clearly indicates the great superiority of the treatment in the newer institutions; and several witnesses, including the medical inspector of the Local Government Board, considered it desirable that the accommodation in infirmaries should be increased, so that they might take in a large proportion of patients who have now to be retained in the workhouse.
- 420. This want of accommodation is seriously felt in some districts; the three unions of the Strand, St. Giles's, and St. James's, Westminster, for example, have only a single infirmary (the Central London Sick Asylum in Cleveland-street) among them, which contains no more than 264 beds, while Bethnal Green has none at all.
- 421. The last-named union has been singularly unfortunate. The Committee were informed that the guardians have leng been contemplating the building of an infirmary, but that hitherto they have not succeeded in obtaining a site. It appears that much local opposition was offered to the appropriation for this purpose of an open space which was considered eligible, and the Charity Commissioners, whose consent was necessary, have, in consequence, withheld their sanction to the sale. The medical officer of the workhouse expressed in strong terms his condemnation of the existing state of things. The clerk to the guardians spoke less strongly, but recognised the necessity of providing fresh accommodation as soon as possible, and admitted the serious extent to which the workhouse was now at times overcrowded. The evidence shows that the number of sick beds is 495; but the sick sometimes in the winter exceed that number by very nearly 100, for whom extra

beds have to be put up, and additional wards have to be taken in from the workhouse proper.

422. Strong representations of the necessity of taking steps to supply these Bridges, 22181, 23410. deficiencies have been addressed by the Local Government Board to the guardians, both of Bethnal Green and of the three unions contributing to the Cleveland-street Asylum.

423. There is no system at the infirmaries, as there is at the hospitals, of Pressure on accommokeeping a certain margin of beds vacant to meet contingencies. The infirmary dation. is used, in times of pressure, up to its full capacity, and is sometimes crowded Bridges, 23296-7, 23411-7; Lunn, with supernumerary beds. The Whitechapel Infirmary is said to have some 10 per cent, more patients than its proper complement; and the regulation allowance of 850 cubic feet of space per patient would in some cases be reduced to about 650 cubic feet. Boards of guardians can enter into voluntary arrangements among themselves for relieving the pressure; and this is done sometimes, but not very often, in one institution by transferring patients to another.

424. The average annual cost of an occupied bed in one of the infirmaries Cost of Infirmaries. is estimated at 35 l. 17 s. 4 d. The wide difference between this sum and the Bridges, 21380-2.

Cost of beds in the general hospitals was used by some witnesses as an argu
Hardy, 1100; Mackennie, 2312-6.

Bousdeld, 1175; Waterlow, 2618-60. ment for inferring a great amount of extravagance in the latter institutions. It has already been pointed out that inferences drawn from the supposed cost of beds are not to be relied on, unless full allowance is made for several factors, the force of which cannot accurately be ascertained. In any comparison between hospitals and infirmaries, the expenses of nursing (so much heavier in the former than in the latter), and of the medical schools, must in particular be discounted.

425. Each board of guardians makes its own contracts for drugs and other Bridges, 22278-89, 22405.

Twining, 22715-8, 22725, 22725.

stores; and the prices paid are said to vary very much. The food appears to Savill, 24018-20, 24366-71. be generally satisfactory. The medical superintendent appears to have a full discretionary power to order whatever he deems requisite for his patients, without any fear of being surcharged by the auditor.

426. It remains to notice a body of evidence in favour of a reform which, Question of opening infirmaries to medical profession than of the infirmaries themselves, would, it was thought tend very materially to raise their efficiency, and to remove the complaints (already Anderson, 1648).

426. It remains to notice a body of evidence in favour of a reform which, Question of opening infirmaries to medical profession and students. Profession and students. Manually to raise their efficiency, and to remove the complaints (already Anderson, 1648). referred to) of the inadequacy of the medical staff belonging to them. The opinion was repeatedly and almost unanimously expressed by a great number of witnesses, both medical and lay, that by the exclusion of the medical profession and of medical students from the infirmaries a most valuable field of study and of practice was closed to them, and that their admission, under proper conditions and limitations, to the infirmary wards could produce nothing but good results to medical science, the profession, and the public.

427. The existing prohibition on the admission of students is not found in Prohibition on admission the statute under which the infirmaries have been established, but was, the Committee believe, inserted in a subsequent Act in consequence of a fear that the poor would object to their presence. The experience, however, of the large hospitals does not seem to give any countenance to this opinion, and the romand of students. Waterlow, 2844; Bonsfield, 1807, 1934-4; Charte, 1786-7; Chark, 1972-8-31; Morris, 1887-8; Barlow, 1897-8; Down, 1984-7-9, 1988-3-5; Bridges, 23711; Vallance, 24780. the evidence of witnesses of long experience in visiting the sick poor was altogether opposed to it. Indeed, the presence of a great many "doctors" attending to his case is said to be in many cases a source of positive satisfaction to the patient. At the same time, boards of guardians do not, as a rule, Waterlow, 2833, 2874-7; Twining regard favourably the proposal to admit students. They are afraid lest the 24774-5. admission of professional men from outside should tend to take the power out of their hands and to undermine discipline, and also lest it should lead Watertow, 2845, 2861, 2869. to increase of expenditure. The necessity of due safeguards was admitted, but with proper organisation it is thought that the risk would not be serious.

cases to medical education.

428. Upon the question of the value of infirmary cases for purposes of instruction, the evidence appears to admit of but one conclusion.* To the argument [Hardy, 832.]

(93.)

O Some few witnesses thought there were few cases in the infirmaries that would be interesting or useful to students, or that could not be seen in the hospitals (Brodhurst, 4076-81; Lunn, 23827-8, 23850-9; Hopkins, 24468); but the contrary opinion was decidedly more general. One witness thought there would be a difficulty to get students to attend at the infirmaries before they got their diplomas (Holmes, 781-2).

Waterlow, 2860, 2845; Currio, 2993; Farmer, 3489; Thomson, 4352-3; Fenwick, 7687; Ord, 11992-4; Fardon, 12014; Barnes, 12811; Morris, 14831. Cerbyn, 3677; Chark, 9724-7; Owen, 1296; Dent, 15437-8; Bury, 16909; Tait, 22303, 22374, 23379-81, 22393; Savill, 2490-1. 24307-8, 24374.

Admission of students advocated by poor-law authorities.

Twining, 22740; Bridges, 23210, 23295; Gross, 23003-7. Currie, 1741; Vallance, 24779; Gross, 23609.

Modes of utilising infirmaries for students,

Waterlow, 2846; Allchin, 15335-41; Vallance, 24776-8.

Clark, 9717; Downe, 19620; Bridges, 23172.

Moore, 10643-6, 10733.

Bury, 16610-5.

Lunn, 24015-7.

Bridges, 23207, 23375.

Savill, 24187-8, 24375-7.

Savill, 24266-79. *

Value to medical profession of infirmary practice. Holmes, 782, 720.

Morris, 14831; Bousfield, 1303; Barnes, 13823-6; Allchin, 18335. Tait, 22305-7.

Twining, 22675, 22711, 22742, 22787. Savill, 24183-6, 24342-4, 24158-65. Hopkins, 24467; Vallance, 24772-3. Bousfield, 1303; Currie, 1785.

argument that the hospitals have patients enough for their schools, and that the infirmaries contain little of interest for the student, the reply comes from all sides that the infirmaries afford a field for the study of precisely those chronic and intermittent cases which the young doctor will frequently meet with when he goes out into private practice, and which, at the same time, he has the least opportunity of studying in the wards of a general hospital, where all the cases are severe and acute. Just as the out-patient department shows to the student the beginnings of disease, so in the poor-law infirmary he ought to watch its continuing and closing phases.

429. But it is not only those who speak in the interests of the profession and of science who support the admission of students to the infirmaries. These interests and those of the infirmaries and their inmates appear, according to the evidence coming from the infirmaries and poor-law authorities themselves, to be, in this case, identical. Nothing, it is said, checks any tendency to dull routine, and to the habit of careless diagnosis to which men are subject who have a constant succession of similar cases to deal with, so much as the presence of a class of students.

430. As regards the particular way in which the infirmaries should be utilised for the purposes of instruction, it was not generally proposed that the infirmaries should have schools of their own, but rather that students from the general hospitals should be admitted from time to time to study the cases. One proposal was that the clinical teacher from the hospital should be allowed to bring his class at stated times, and give his explanations, assisted by the medical officer of the infirmary, while some of the students should attend at the infirmary to give assistance (unpaid) in dressing. This plan appears to be the one adopted in America. One witness thought that the admission of students to the wards would be of little use, unless a first-rate teacher from the hospital was allowed to accompany them. On the other hand, there was a fear that some difficulty might arise with the medical officer of the infirmary in carrying out such an arrangement, but the superintendent of one of the infirmaries himself suggested that if the students were to gain any advantage from their attendance at the infirmary they should be accompanied by a member of the teaching staff of their hospital. Dr. Bridges, however, thought it would be difficult unless they were paid an adequate fee for doing so, but prefers the present system of the responsibility of the superintendent. Another superintendent considered that only the more advanced students should be admitted, who would not need much teaching, and that such directions as were necessary he could himself give them. The idea of amalgamating with the hospitals, and bringing the hospital staff into the infirmaries, he did not consider workable, but he did not foresee any difficulty in obtaining consulting doctors for the infirmaries, who would assist in giving the required instruction. He referred to a plan which had actually been tried, and, as he thought, with good results, at the Paddington Infirmary, where a course of lectures had been given to senior students and newlyqualified men by the superintendent himself, and also by selected physicians and surgeons invited by the guardians.

431. Apart from the question of the admission of students, it was also urged that much more use ought to be made of the infirmaries for enlarging the experience of the profession generally. In the first place it was thought that the practice already adopted to some small extent of appointing newly-qualified men as clinical assistants might be extended with advantage to both the infirmaries and the profession; and, further, that each infirmary should have attached to it an honorary visiting staff chosen from the most eminent men who could be obtained, whether from the hospitals or from outside. These proposals also were favoured by witnesses who spoke, as it were, from within the infirmaries; and the need felt by the medical superintendents themselves of assistance from consulting physicians and surgeons has already been referred to. One superintendent, however, while strongly in favour of the employment of clinical assistants, was less sure of the practicability of working the infirmaries through a visiting staff on the hospital system; because he thought that the medical men in charge of these infirmary cases needed quite a special and long training in what he called their "socio-medical" aspect; i.e., in judging what class of pauper a person belonged to, to what extent his ailment incapacitated

him

him for work, and other matters not belonging to the purely medical consideration of his case. This witness, however, would welcome the appointment of a visiting staff for the purposes of consultation, and he thought that this reform could be effected without interfering with the existing authority or responsibility of the medical superintendent or involving any additional expense; the relations of the superintendent with the consulting staff would be subject to the ordinary rules of consultation.

Twining, 22689-9

432. At the sick asylum at Birmingham, a poor-law institution corresponding Birmingham system. to the infirmaries in London, there is a large staff of resident medical officers Tail, 22305-9, 22341-5, 22352-7, and a visiting physician and surgeon. There are also a number of clinical Montesore, 212-3. clerkships to which students are appointed for six months, each being placed in charge, under the medical staff, of a certain number of beds. The institution of these clerkships is regarded as being of great value for educational purposes as well as a benefit to the patients.

- 433. It should be noted that some of the evidence indicated a doubt whether Holmes, 739-42 students would have time, before passing their final qualifying examination, to attend the practice at the infirmaries, regard being had to the shortness of the curriculum and the amount of study and hospital work to be got through, and the distance at which most of the infirmaries lie from the hospitals. This consideration appears to add importance to the proposed adoption of the Birmingham system, since it affords a large amount of instruction to young practitioners just after their examinations are passed. The proposal which has been entertained by the General Medical Council, to require an additional year's training before the student can pass his qualifying examination, may to some extent bring the infirmaries more within his reach.
- 434. It was suggested that the reforms above referred to in the infirmaries might result in their competing with and ultimately supplanting the general hospitals; but it did not appear that this was regarded as a practical danger.
- 435. The proposals for some scheme of co-operation or affiliation between the various institutions for the relief of the sick poor have already been noticed in connection with the subject of general hospitals.
- 436. Nursing in Poor Law Institutions.—Nursing reform has made great advances in the poor-law infirmaries as well as elsewhere. The employment of unskilled pauper nurses, which used to be the rule, has now become a rare exception, though they are to be found in the sick wards of the workhouses where a large proportion of the less severe cases are still retained. Many of the infirmary nurses have gone through a regular hospital training. About one-half of the matrons, however, even now are women who are not regularly trained nurses; the appointments are made by the guardians at their own discretion;* but it appears that of late a trained woman has always been selected.

Poor law infirmaries. Bridges, 23264-6. Bousfield, 1294. Rathbone, 25939.

Twining, 22674; Gross, 23583. Knox, 24092-2.

Dowse, 19620; Twining, 22644-8, 22673, 22792-3. Bridges, 23332-51, 23290. Hopkins, 24427-31.

Bridges, 23212-5, 23291-4.

Savill, 24212-4.

437. Complaint is made that the matrons are placed too much under the Twining, 22951-7, 22757-70. control of the medical superintendent, who has power to interfere in the nursing arrangements at all points. By courtesy and goodwill, it is said, the system has worked tolerably well; but it is urged that it is a wrong system, and is likely to lead to serious conflict between the infirmary authorities. This view was pressed by the Workhouse Nursing Association upon the Local Government Board, which, however, was unwilling to take the ultimate control out of the hands of the superintendent, though it was admitted that the matron ought rarely to be interfered with in the management of her own department. Dr. Bridges thought the existing arrangement satisfactory, provided there was an ordinary amount of tact on both sides, and the superintendents of some of the Gross, 23527-32. infirmaries spoke in favour of it.

438. High testimony was paid to the efficiency of the nursing staff in some of the new infirmaries. Dr. Bridges, the medical inspector of the Local Government Board, estimated that about one-fifth of the nurses now employed Hopkins, 24432-3, 24476-8 are hospital trained. A portion of the staff at some infirmaries certainly appears to be deficient in this respect; but it seems usual at some infirmaries to require

All appointments are subject to the sanction of the Local Government Board, but it seems that no general order has been issued respecting the qualifications of a matron (22643, 22650, 22658).

(93.)

Bousfield, 1294-5. Twining, 22659-63.

Gross, 23487-9, 23511-2.

Bridges, 23258-63. Twining, 22665-72, 22719, 22746-52, 22791. Lunn, 23798, 23829-44. Hopkins, 24419, 24432.

23490-504; 22414-5, 23806-20, 24199-211, 24439-58, 24490-2.

23510-1.

Twining, 22699-701. Gross, 23610-1.

Hopkins, 24424-6.

Twining, 22788-90.

Lunn, 23800, 23804-5, 23860-4, 23998-9.

Hopkins, 24433-6.

Savill, 24191-8.

Hopkins, 24434-8, 24499. 24449-53, 24461-2

Workhouse sick wards. Knox, 24073-04, 24152-3, 24160-9; Howard, 24741-6.

Bridges, 23235.

Twining, 22042.

Savill, 24225-41.

Asylum Board hospitals. Mann, 24579-7, 24619-42 M'Combie, 25447-54, 23464-6, 25485-34, 25599-13. that every nurse should have had a certain amount of training in a hospital. Some of the infirmaries train their own nurses, and it was hoped that this system would be further extended, so that large numbers of infirmary-trained nurses might be sent out for general service. The medical superintendent of one infirmary had hope of being allowed to take probationers.

- 439. The number employed is very much less in proportion to the number of patients than is the case in the hospitals. The whole number of nurses in the infirmaries was stated to be 888;* in the Marylebone infirmary there were 66 nurses among 700 beds. Regard being had, however, to the chronic character of the cases, it does not appear to be thought that the infirmaries are seriously under-nursed; and it was said that the nurses were less overworked than those in the hospitals, that their health was good, and that they were generally content with their position and treatment. The hours and matters of routine appear to be generally similar to those in other hospitals. A nurse leaving after a year's service receives a testimonial as to her capabilities.
- 440. The wages of infirmary nurses rise to 30 l.; there appears to be no difficulty in getting a sufficient supply of them, or at least of good probationers.
- 441. Nurses trained in the large hospitals are apt, it is said, to find the infirmaries dull; and therefore there is some difficulty in getting and keeping the best class of nurses; this is considered an additional reason for the infirmaries training their own probationers.
- 442. A witness spoke of the advantage which would be derived, especially in the nursing department, by the employment of a lady inspector to visit the infirmaries.
- 443. The Marylebone infirmary trains it own probationers under the Nightingale committee, by whom they are paid for the first year, after which they are taken on to the infirmary staff, and receive a certificate at the end of three years. They are said to be as well trained there as at a hospital. This is the only infirmary in London† which has a separate home for nurses; but the need of such an institution is felt elsewhere.
- 444. At the Paddington infirmary the assistant nurses are taken untrained, and get their training in the infirmary, but there seems to be no regular training system like that which exists at Marylebone.
- 445. It was said that at one infirmary the accommodation for the nurses was very bad, and it would seem that the food there is hardly sufficient, though complaint was not made on this score.
- 446. In the sick wards of the workhouses the nursing is of an altogether inferior character. Neither the matron nor the nurses have had hospital training; the numbers are said to be insufficient, and paupers are to a great extent employed as nurses. At Bethnal Green, where there is no separate infirmary, and where at times there are nearly 600 sick in the workhouse, there appears to be a regular staff of less than 20 nurses, some of whom are 65 years of age, and these are supplemented, when the sick wards are full, by as many as 80 paupers employed as nurses. The opinion was expressed that all the matrons employed in the infirmaries ought to be trained nurses. Up to the present time it has not been essential that nurses should be trained; witness believed that now it was considered necessary that they should have been for one year in some institution for training. At Paddington workhouse there are about nine nurses to 300 beds, only one, the lying in nurse, is trained; the matron is untrained.
- 447. At the fever hospitals, under the Metropolitan Asylum Board, the nursing is on a somewhat different footing, owing to the great fluctuations from time to time in the number of patients. When there is little of this class of sickness prevalent, the nursing staff is reduced; and when any infectious illness becomes prevalent, the wards fill up, and it becomes necessary to engage a number of additional nurses. Under these circumstances the committees have

to

In 1886 the total number was 111 (23398).

⁺ In Liverpool and some other towns nurses are systematically trained at the poor law hospitals.

to take the best material they can get. Trained nurses would have preference. The matrons are for the most part, and all those recently appointed are, women who have been trained as nurses. There is sometimes considerable difficulty in getting nurses; they are naturally more liable to illness, but the pay is rather better than in ordinary hospitals.

NURSING.

448. The great improvement in hospital nursing of recent years was testified 2551, 2903, 3673-4, 9834-5, 10836, to by several witnesses.

- 449. The nursing staff of a hospital ordinarily consists of a matron or lady superintendent, a certain number of head nurses, usually styled "sisters," one to each ward or pair of wards (according to their size) by day, and one for the whole hospital, or a wing of it, or for a group of wards, by night; staff nurses, that is to say, nurses who have passed their full period of training and received their certificate; and probationers, these latter forming the most numerous class. The more advanced probationers are often entrusted with the duties of staff nurses. In addition to the ordinary probationers there is, in some hospitals, a class of paying probationers or lady pupils, who perform the same duties as the others, but whose terms of service are different.
- 450. The probationers are engaged by the matron, subject or not (according to the rules of the particular hospital) to the sanction of a higher anthority, or are engaged by the hospital authority on her recommendation. The selection rests in all cases, practically, with the matron, and the minimum age at which they are taken is usually about 23. There is no lack of candidates for employ
 1231-12 (Resk), 13992; Thies, 18992; Michelli, 18197; Taylor, 1804, 1805; Water, 1805; Wate ment; at the London Hospital, for example, the number of applicants in a single year was said to be 1,600. Nurses are drawn from a well-educated class; many Penwick, 9505; Taylor, 18508. are daughters of professional men, merchants, farmers, and tradesmen. The terms of service differ in different hospitals. But the general rule, as regards an ordinary probationer, is, that she is first taken for a month on trial, without wages; at the end of that time, if she is considered suitable and wishes to remain, she enters into a regular contract of service for a stated period of one, two, or three years; during that period, or part of it, she not only assists in the practical work of nursing in the wards, but also attends lectures which are given by the matron or by members of the medical staff, and is required, or encouraged,* to pass examinations; and at the end of the period, having passed her examinations, she receives from the hospital a nurse's certificate.
- 451. Different opinions are held as to the length of training requisite before a woman should be sent out with a certificate as a trained nurse. A witness who Fenwick, 9456-7, 9327-8, 9354-8, had had experience as matron of St. Bartholomew's Hospital was of opinion that nothing less than three years should be taken as the qualifying period, and that no woman ought to be made sister of a ward or staff nurse, or be sent out to nurse the sick until she had passed through the whole curriculum.† Miss vol. I., Appendix K., p. 603.

 Nightingale, on the other hand, has laid down one year as the ordinary period of training, with the proviso that it would be preferable to give two years' training to those who will have to train others in their turn. At St. Thomas's, where the nursing is organised according to Miss Nightingale's system, the probationer, after her month's trial, binds herself to hospital service for four Gordon, 11848-50, 11863-5 years; after one year, if she passes her examination, she is registered as a Walker, 11062, but see 11690-2. certificated nurse, and thereupon for another three years she holds herself at the disposition of the committee of the Nightingale Fund for hospital nursing. At other hospitals the engagement does not extend beyond the period of training, but that period is prolonged to two or three years, so that the hospital, after it

Probationers.

1816, 2567, 10907, 10816.

Waterlow, 2546-8; Currie, 2987; Roberts, 6250; Lückes, 6814; Fenwick, 9456; Perry, 10204; Dobbin, 17412; Taylor, 18461; Monk, 18895.

At the London Hospital the examinations are not compulsory, but a nurse who has passed a

satisfactory examination has a different form of certificate (6421-5).

† It is, however, to be noticed that St. Bartholomew's has only 20 certificated nurses to 141 probationers (Waterlow, 2533-4), a fact which appears to indicate that a large proportion of the probationers are considered to be fully qualified nurses.

^(93.)

Fenwick, 9456.

Lückes, 6380-2, 6499, 6613-25, 6633-5, 6804-5, 6810. Perry, 7471-4, 7486-7.

Lücker, 6300-6.

Fenwick, 9486; Cross, 10811-3.

Steele, 387: Lushington, 9862-7.

Todd, 12080-1; Melhado, 12617-9.

Melhado, 12707, 12763-4.

Reade, 13990-1. Ryan, 14569. Thies, 16283. Taylor, 18418. Monk, 18841. Brew, 22434-6.

Paying probationers. Roberts, 6250; Cross, 10810; Theis, 16369; Monk, 18891-2. Teld, 12082. Steele, 385; Roberts, 6250; Melhado, 1927; Reade, 13959. Waterlow, 2534-6. Ryan, 14681.

Roberta, 6247; Lückes, 6358-9, 6803-5, 6835; Lushington, 3868, 9973-8; Cross, 10805-6; Todd, 12703; Methado, 12625; Lucas, 20168, 20284-6; Waterlow, 2545.

Monk, 18866.

6815, 6884-5, 9534-7, 9578, 11685-6, 12676-7, 12812-3.

Ward maids, 572, 2133, 3546-7, 5920, 10801, 12064, 12807-8, 12886, 12801-6, 12978-9, 14564, 18842-7, 22464-7.

6767-87, 6864-70, 7457-63, 7529, 7887, 9559-61, 9919-20, 10800, 11622-5, 11678-81, 12062-2, 12980, 14663, 18128-33, 18531-54, 22463, 24973-8.

has trained the nurse, may still have the benefit, for a time, of her trained services; the longer period being fixed rather for the sake of increasing the nurse's experience, and for the convenience of the hospital, than from the belief that she would not be fit to receive a certificate sooner. At the London Hospital, for example, a nurse is certificated after two years' service, but is in some cases given the duty of a fully qualified nurse in the hospital, or sent out to nurse a private case, occasionally is even appointed to be a sister of a ward, while still called a probationer. Length of service is only one of several elements which go to make a good nurse; and the opinion was strongly expressed that more reliance was to be placed on a system of careful individual supervision and selection than on any extension of the probationary period. At the London Hospital, out of about 210 sisters, nurses, and probationers, fully one half (including about 50 probationers in the second year) were regarded as qualified nurses.

- 452. At St. Bartholomew's, the certificate is given after three years, and a gold medal to the best nurse. A probationer having passed an examination after one year, is called a staff probationer, and may be employed as a staff nurse. At Guy's, the probationer, after her month's trial, seems to be taken on for a year, and then (if she gives satisfaction) for a further term of two years; at the end of the three years she gets her certificate; but she becomes a full nurse (though uncertificated) after 18 months, and is then qualified to enter the private nursing institution.
- 453. At St. George's and the Middlesex the certificate is given after three years, but the probationer is promoted to be a ward nurse after one year. At the Middlesex it was not until recently the practice to send out a nurse for private nursing before she had been five years in the hospital; but exceptions are now made to this rule, and nurses are in some cases allowed to go out after three years' training.
- 454. At Charing Cross the period is three years; at St. Mary's, two years; at the Royal Free, three years; at Brompton, three years; at King's College, three years, but after two years the probationer generally becomes a staff nurse; at the Homœpathic Hospital, three years, but a nurse is considered to be trained after one year.
- 455. The paying or special probationers, or lady pupils, who are taken at some, but not at all hospitals, usually enter for a three months or other short course of training; * but sometimes they remain for a second course, or they become ordinary probationers. The usual payment made by them is at the rate of a guinea a week. At some hospitals they are separately lodged, but their duties seem generally to be the same as those of the ordinary probationers.
- 456. The appointment of the sisters rests with the executive authority of the hospital. They are in a position of considerable responsibility, each having, under the matron, the entire charge of her ward; and at some hospitals they are generally selected from among nurses of superior social position. It is the matron's duty to make frequent visits to the wards. In most hospitals she appears to go round daily; but whether she does so or not the sisters are fully responsible to her for the state of their wards and the proper fulfilment by the nurses of all their duties; and they have the immediate superintendence of the training of the probationers. Nurses are not usually taken over the age of 35.
- 457. Each sister usually sleeps in a room adjoining her ward, so that she can readily be summoned at night in emergency.
- 458. The work of the nurses is supplemented by ward maids and scrubbers. The ward maids sometimes but not always are lodged in the hospital, and some of the smaller hospitals have no separate class of ward maids. Inquiry was frequently made whether the nurses were called on to perform menial duties. The rule seems to be that it is their business to do everything directly affecting

^{*} The lady pupils at Guy's undertake to remain for a year (Steel, 387), and at the Middlesex for a year or six months (Melhado, 12628, 12888). At St. Mary's they enter for one or two years, and pay 30 l. a year (Ryan, 14682-4); at the Seamen's Hospital the payment is 25 l. a year (Michelli, 18123.)

the patients, including a good deal of sweeping and dusting; they also generally clean the lamps, and sometimes inkstands; in one case, it appeared that a portion of the floor was polished by probationers, but this was quite an exceptional case. The evidence generally was to the effect that the nurses were called on to perform a certain amount, but not a great deal, of work which 6756-7, 22486. did not properly belong to their office. Some of the matrons would gladly see an addition to the number of ward maids.

459. A probationer, during her first year, is paid usually at the rate of about 1 l. a month, or rather less; after 1823-7, 1807-19, 1807that she rises to 18 l. or 20 l., a year but in some hospitals

is one of the reforms suggested.

no salary is given during the first year. The pay of fully trained nurses in the 20124-30, 20508-10, 21650-2, 22657, hospitals, and in the private nursing institutions attached to hospitals ranges [2500-6, 2300-6, 2300-6, 2300-6, 2400-8, 2400-8, 2400-6, 2400-8, 2400from 20 l. to 35 l. or 40 l.; * those employed for private nursing being, as a rule (as already mentioned), much better paid than those in the hospital, who do not generally rise so high as 30 l.† The night nurses get rather more than the day nurses. Sisters usually receive from 35 l. or 40 l. to 50 l. or 60 l. Sometimes the rate of pay is rather lower than the above, and a gratuity or 19812, 19816, 12735, 18213-6 pension, or both, are allowed by the hospital after a certain period of service; 18856-7. and the institution nurses are sometimes allowed a percentage on their earnings. Board, lodging, and often some articles of clothing are provided free, but not, as a rule, washing. The grant of an allowance of 2 s. 6 d. a week for washing

460. Provision is sometimes made for pensions, but by no means universally. This, however, is a subject which is generally engaging the attention of 12613-5, 12785, 12981, 15215-4, 12789, 22109. hospital authorities. In some hospitals where no pension can, up to the present time, be earned as of right, it is the custom to make an allowance for life to a 2556-60, 11767-9, 12085-6, 18433-5 nurse who retires from age or infirmity after long and faithful service. Guy's, the London, and other hospitals have adopted a regular pension system by 390, 6866, 16570-1, 18152-3, 18859joining the National Pension Fund for Nurses, or rather by undertaking to pay one-half of the premiums required from such of their nurses as choose to join the fund. The scheme of this institution, as adopted at Guy's, allows a nurse to retire at the age of 55 with a pension of 15 l. a year, besides bonuses, after 200. payment under the prescribed conditions of premiums amounting to 6 l. a year. At the London, a minimum pension of 22 l. 10 s. is secured at the age of 50 for a nurse who joins the fund before she is 40. The premiums are returnable 6844-7,6853. if the nurse wishes to withdraw from the fund; and in that case the amount paid by the hospital is, at Guy's, held as a fund for the benefit of their nurses who may be incapacitated by accident or illness incurred in the discharge of their duty. At the London, if the nurse leaves the hospital, she is herself allowed, after 12 months, to withdraw the share paid by the hospital, as well as her own.

461. The origin and working of the National Pension Fund were explained National Pension Fund. by a witness who had taken an active part in its establishment. It is said to Burdett, 25884-5. fulfil the objects of a savings bank as well as of a pension fund; and premiums can be withdrawn at a said to be miums can be withdrawn at any time with interest and bonus additions arising from the profits of the working of the fund. A benevolent fund has been instituted in connection with it, having now an income of 400 l. a year, for the benefit of distressed nurses. The pension fund is now in the fourth year of its existence, has 2,000 subscribers, and 100,000 l. invested. There is a system of affiliation by which a hospital paying half the premiums for its nurses can have a separate trust account with the National Pension Fund, so that the lapsing premiums may remain to the credit of that hospital, and be administered so as to form the nucleus of a permanent fund for providing for its nurses a complete system of pensions.

462. The position of the matron of a large hospital is one of great impor- Position of matron. tance and responsibility. The department of which she is the head is numeri-

At the Royal Free Hospital an institution nurse, after four years, receives 30 l. salary and 20 l.

bonus every year (16265).

+ At King's College Hospital, and at the Fever Hospital, a nurse rises to 36 l. (18855-6. 21650). the salary of a matron in the leading hospitals seems to run from 100%, a year up to 350% (6321-2, 11055, 12611, 13955, 14518, 18837).

8128.

6915-9, 9466-8.

11058, 12530, 15523, 16806.

557-66, 6350-2, 8188, 20418.

5986.

Nursing sub-committee. 9469-70, 9672, 9884-7, 12020-1, 12025, 12038, 12159-61, 12634, 13883-6, 18784.

Appointment and dismissal of nurses.

5987, 6245. 6250.

1865-70.

12058-9, 12633, 18196. 18623.

11840-1, Appendix K., p. 613.

9973, 9942-3, 1412-3, 7943-4, 1817-8, 29452-3.

9472-6.

cally the largest, and, from the nature of its duties, is after the medical department the most important to the immediate welfare of the patients, of any in the hospital. The misunderstanding which in the earlier days of nursing reform sometimes manifested itself between the medical and nursing staffs would appear to have entirely subsided; and just as the nurses hold themselves bound, as they must be, to carry out diligently the wishes of the physician in matters concerning the treatment of the sick, so the doctors appear to recognise the authority of the matron in the distribution of the nurses, their discipline, and the general arrangements of the wards. Some discussion took place respecting the exact limits which are or ought to be set to the matron's powers. Speaking generally, she is regarded as de facto, if not according to the strict letter of the law, the head of an independent department; that is to say, she is in the management of her own staff responsible directly to the chief executive authority of the hospital, and to no subordinate body or officer. A hospital has nearly always a board or committee which holds weekly meetings, and is in fact the executive authority of the hospital; and under it there is an officer, whether he be called treasurer, secretary, or resident superintendent, or by any other name, who either lives permanently in the hospital or at all events passes the day there, and who in the absence of the executive body is regarded as being in a general way the head of the establishment. The precise amount of authority delegated to this official is, however, not always strictly defined. As regards the matron it is clear that in some hospitals he has none; in others, where technically his authority extends to the nursing staff, it seems that by a well-understood arrangement he never interferes in this department (except in consultation with the matron); in others again it seems doubtful whether he has any technical right of interference at all. But however the technical limits of authority may vary, it seems everywhere to be fully admitted that practically the matron is supreme in her own department, subject only to her responsibility to the managing body; and nowhere does her authority within those limits appear to be challenged. At all hospitals she makes her reports to that body, and is amenable to it for everything that she does. The only question, therefore, at issue is as to the direct intervention of the hospital authority itself, in matters of nursing organisation and management.

463. At some hospitals there is a special nursing sub-committee of the managing body to which the general control of this department is delegated, and one witness was decidedly in favour of this system.

464. The most prominent questions raised were connected with the appointment and discharge of nurses. This subject was mentioned in reference to the London Hospital;* and it has been said above that the selection of probationers, whether they are nominally engaged by the hospital authority or not, rests really with the matron. As regards the power to dispense with the services of a nurse, the technical rule of the hospitals is not uniform. At the London Hospital it is laid down in the standing orders that in case of misconduct the matron may suspend, but only the committee can dismiss; probationers she can discharge at any time for incompetence, subject to an appeal to the committee.† At Guy's the matron has the power of dismissal during the probationary period; but it seems she would not discharge a full nurse till after consultation with the treasurer (who at Guy's is the executive authority). At St. George's and the Middlesex and the Seamen's Hospital the matron can suspend, not dismiss; at the Brompton Hospital she has full power of dismissal, reporting of course to the committee; at St. Thomas's the matron can discharge the probationers. At those hospitals, however, in which the power of dismissal nominally rests with the executive, it seems to be universally admitted that the matron is the sole competent judge of all matters relating to efficiency in nursing; and on the other hand, where the matron is given the power of dismissal, it would appear that whether or not there is a formal right of appeal from her decision, her whole conduct is always within

within the cognisance of the hospital authorities, so that with them who delegate to her the power must rest the ultimate responsibility for the mode in which she exercises it.

465. The "Suggestions" printed in Appendix K. to the first volume of the Opinions respecting position of matron. evidence show clearly what are Miss Nightingale's views on this subject. She says "The superintendent (i.e. matron) should herself be responsible to the constituted hospital authorities, and all her nurses and servants should, in the performance of these duties, be responsible to the superintendent only. No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying. No good ever comes of any one interfering between the head of the nursing establishment and her nurses. It is fatal to discipline She should be made responsible for her results and not for her methods. Of course, if she does not exercise the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere, and to remove her. It is necessary to dwell strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of Neither the medical officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head who, as already stated, is responsible to the governing authority of the hospital." "The matron should be responsible to the government of the p. 600. infirmary alone for the efficient discharge of her duties; and the nurses should be responsible to the matron alone for the discharge of their duties." The opinion thus expressed by Miss Nightingale appears (so far as the evidence shows) to be generally adopted in the metropolitan hospitals, both (as already stated) by the medical staff and also by the governing authorities themselves.

Mr. Rathbone's evidence also strongly expresses similar views. Two points Rathbone, 23913-48. to which he called attention were, first, that the object is the nursing of the

sick, and for that object every facility must be given for the selection of the best women that can be got, in short, that the nurses are for the hospitals and not the hospitals for the nurses; and, secondly, in answer to those who fear unjust dismissals as the result of allowing matrons to exercise a too arbitrary power, that the great difficulty has always been to induce even the most stern matrons to dismiss incompetent nurses. Incompetency in a nurse is not an easy thing to prove to an outside person, though it is soon discovered by the practised and watchful eyes of the ward sister and the matron. It is therefore, in Mr. Rathbone's opinion, both injurious to the patients, and unfair to the matron who is responsible for the efficiency of her staff, that she should be called upon to prove matters almost inaccessible to proof before a tribunal necessarily incapable of judging of them. The hospital committee has full power. From its frequent meetings, from the reports made to it, and in particular from the experience of those of its members who (as in most hospitals) are specially appointed in rotation to visit the wards, it has ample opportunity to judge whether it has a matron who can be trusted; and Mr. Rathbone declared himself convinced from long experience that, when it is found that the matron is not to be trusted, the sooner she is got rid of the better. For a hospital committee really to test the capabilities of a nurse was, he thought, an impossibility. A nurse's capacity depends on a number of small things; it "depends almost more upon moral than upon intellectual considerations; you cannot test it by examinations. Very often we find that those nurses who pass the best examinations are very inferior to a nurse who passes a very much worse examination, but whom her matron knows to be thoroughly trustworthy night or day, in sight or out of sight, and to have that sort of kindness and care of patients that is so important." There was, he thought, too much talking and publicity about all that goes on in a hospital for any serious danger to be feared of acts of real injustice by a matron remaining hidden from a competent committee; that risk was a trifle in comparison with the harm to efficiency which would result from cutting down the authority, and therefore of necessity the responsibility, of the matron.

(93.)466 The m 3

Need of training for matrons. Rathbone, 25958-63.

Vol. I., Appendix K., pp. 603-4.

Alleged defects in nursing organisation.

Alleged excess of untrained nurses.

Lückes, 6886; Entwisle, 11640-4; Gordon, 11740; Monk, 18881.

Alleged numerical deficiency of nursing staff.

Proportion of nurses to patients. Lückes, 6895-6.

Cross, 10795-6; Waterlow, 2741.

Wainwright, 11442; Walker, 10985.

Lückes, 8992; Mackenzie, 733.

Melhado, 12523, 12610.

Reade, 13902, 13956.

Ryan, 14382, 14520.

Wace, 18668-9; Monk, 18843.

Nixon, 15459-60; Sister Cecilia, 15827.

Thics, 16261.

466. The want of an adequate system of training for matrons was another point touched upon. The school attached to St. Thomas's is intended specially for the training of nurses for hospitals and public institutions. It is understood that a considerable number of ladies who have afterwards become the heads of the nursing establishments of important hospitals were trained at St. Thomas's, and ladies have by private arrangement been sent there for training with the special object that they should be passed on to be, first, assistant superintendents, and ultimately heads of nursing departments in hospitals. But it was urged that if some regular scheme of training women specially for the higher positions in those departments could be devised, it would supply a want now felt in the existing training system. Miss Nightingale, in her "Suggestions," makes some remarks on "training to train," showing the need of a special system for the training of women who are intended to become heads of nursing schools.

467. The chief defects alleged against the existing organisation of nursing in hospitals are, that the proportion in number of probationers to trained nurses is too great, and that the whole number of the nursing staff is too small.

468. As regards the first of these criticisms, if a ward of 30 beds be taken as an example, it appears that the day staff of nurses will probably consist, under ordinary circumstances, of a sister in charge, a staff nurse, and three probationers; that is in addition to any extra help which the condition of any of the patients may render necessary. It was pointed out that one at least of the probationers would always be at an advanced stage of her training, would be in fact a competent nurse; and, as already mentioned, it is the custom to call a nurse a probationer, and keep back her certificate, till long after the time at which she would generally be considered as trained. The great bulk of the evidence from within the hospitals, from matrons, and from medical officers, was highly favourable to the quality of the nursing at the present time.

469. Much was said about the numerical deficiency of the nursing staff, and the consequent evils of excessive hours of duty, overworking, shortness of holidays, and injury of health to which the nurses are subject.

470. Roughly speaking, at the present time, if the whole nursing establishment is to the total number of occupied beds in the ratio of 1 to 3½, it is considered a fairly high proportion. If that test is applied to a few of the leading hospitals the following results appear:—

St. Bartholomew's, about 200 nurses; average number of occupied beds, 570 out of 667; about 1 to 3.

St. Thomas's, 117 nurses; about 436 patients (not including the paying ward); about 1 to 334.

London, 218 nurses; maximum number of occupied beds, 733; about 1 to 34.

Middlesex, 88 nurses; average number of occupied beds, nearly 260; about 1 to 3.

Charing Cross, 51 nurses; 165 occupied beds; about 1 to 31.

St. Mary's, 61 nurses; 255 occupied beds; 1 to 41.*

King's College, 78 nurses; maximum number of occupied beds, about 215; 1 to 22.

Westminster, 55 nurses; maximum number of occupied beds, about 200; 1 to $3\frac{2}{3}$.

University College, 80 nurses; maximum number of occupied beds, about 200; 1 to $2\frac{1}{2}$.

Royal Free; 1 to 31.

471. Whether

^{*} St. Mary's obtains additional nurses, when required, from the Brompton Hospital; but the proportion of nurses seems to be somewhat low at St. Mary's, as there is said to be one nurse to seven patients by day, and two to 43 patients by night (Ryan 14534-7).

471. Whether the proportion of nurses to patients be considered sufficient or not, there can be no doubt that it has in recent years been very materially increased; thus it appears that in 1880, at the London Hospital, it was 1 to 5; Likeles, 6856. and the staff at Saint Bartholomew's is said to have doubled in the last 10 Feautick, 9548. years.

472. A statement read by the matron at the London Hospital showed that on Likekes, 8992. a given day in the summer of 1890 the number of patients was 626; and the number of the nursing staff actually on duty was 124 on day duty and 55 on Likekes, 8133-9. night duty, giving on the whole about 1 nurse to 31 patients. The same witness was of opinion that if money were no object the proper staff actually on duty in a ward of 30 beds would be a sister, two staff nurses, and two probationers by day, and a staff nurse and two probationers by night; she thought there should also be three ward maids to two wards. The late matron of St. Bartholomew's would add another probationer for day duty, making the Entwiste, 11651. total number by day six instead of five. In the children's wards the propor- Fenwick, 9507-8, tion of nurses should be higher. In addition to this, which would be the normal staff on duty, a margin of strength would have to be provided for the cases requiring special nurses.*

Fenwick, 9482-98, 9506.

473. The figures given above (as well as other evidence to the same effect) Waco, 18881; Macket, 7815-64. appear to show that while the strength of the nursing staff on duty by day at one of the great hospitals (the London being taken as an example) is fully sufficient for the needs of the sick, by night the strength is somewhat short,† the deficiency being however such as would be remedied by a trifling increase in the number of nurses on the establishment. The demand for an increase in the nursing staff is in fact made in the interest rather of the nurses themselves, in the interest of shorter hours of duty and longer holidays, than of the patients. There was little evidence that the patients suffered from insufficient nursing, while on the contrary abundant testimony was forthcoming of the admirable care and attention bestowed on them, and of the spirit of self-sacrificing zeal which animated the nurses.

4044-8, 9188-92.

474. The following appears to be the average daily routine; but each Hours of Duty. hospital has its own scheme of service, and allowance must, therefore, be made for variations in detail :-

The day nurses come on duty at 7 a.m., having breakfasted at 6.30 or 6.45. Eartholomew's, 2563-4, 10761-73. The sisters in some hospitals come on an hour later. The first hours are busily occupied in getting the patients fed and washed, their beds made, and the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day. Later (both before and sometimes after the wards put in order for the day.) dinner), the doctors have to be accompanied on their rounds, and the orders for the diet, medicine, and general treatment of each patient carefully noted; but this is rather the work of the sister than of the subordinate nurses. A short time is allowed in the course of the morning for getting some luncheon; and half an hour, sometimes a little more, but at some hospitals it seems a 10766-7, 11723-9, 12064-6, 12663, bare half hour or less, is allowed for dinner, the sisters and nurses going 9877-85, 9964-6. bare half hour or less, is allowed for dinner, the sisters and nurses going generally in one relay, and the probationers in another.

475. The nurses sometimes take their tea away from the wards, and they go off duty at 9 p.m., at some hospitals not till half-past 9 or 10.

476. The night staff breakfast at 8.30 p.m., and come on at 9 p.m., and 18771-3, 10782-6, 12645, 22412-22. remain till 9 a.m. or a little later; there are thus two hours in the morning

10763, 10767, 13971. £ 12043, 12051-2.

t Confirmatory evidence, as to the night staff being shorthanded, was given from St. Bartholomew's (Fenwick, 9494).

At Guy's, 8 a.m. (9877).

And sometimes go off later. At the Middlesex the sisters are on duty till 11 p.m. (12640). At St. Bartholomew's it is said there is no definite hour at which the sisters go off (10791).

P At Guy's the night nurses are on duty from 9.30 p.m. to 8.30 a.m. (9887-8); at St. Thomas's, from

10 p.m. to 9 a.m. (11830).

(93.)

The medical superintendent at Guy's spoke of one day nurse to 12 patients, and one night nurse to 20 patients as being about a fair average proportion for the actual work of attending to the patients in ordinary cases (Steele, 378-9).

11834-9, 12670-2, 18443-7.

18893-5.

14540 14550, 16273, 16288-9, 17425, 78124-6, 18436-41, 18847-70, 18918-20, 20420-3. Waterlow, 2563; Cross, 10764.

Fenwick, 9542.

Gordon, 11729, 11751-3, 11810, 11851-62.

11627, 11872-5.

12043, 12050-2.

12640, 12644, 13833.

13966.

14558.

18926-8

Fenwick, 9300.

14535-8.

when both the day and night nurses are on duty together, those being the busiest hours of the day. During the night the nurses have two meals, either in the wards or in the kitchen. At some hospitals a point is made of their going twice for proper meals away from the ward.

477. The full hours of service are thus 14 or 15 hours for the day nurses, and 11 or 12 for the night nurses. From these hours certain deductions have to be made, both for meals and for time allowed off duty. The average allowance to the day staff is, for meals, from 1 hour to 11; and in addition each nurse will, under ordinary circumstances, be allowed a certain time, varying from day to day, for exercise and recreation. At St. Bartholomew's, for example, it appears that the sisters are off duty from 6 p.m. to 9 p.m. every other day, from 2 p.m. to 10 p.m. once in two weeks, and from 3 p.m. to 9 p.m. every alternate Sunday; they are also free once a month from 4 p.m. on Saturday till noon on the following Monday. The staff nurses have a rota of four weeks; in the first week they are off duty from 6 p.m. to 8.45 p.m. on two days; in the second week, once from 6 p.m. to 8.45 p.m., and once from 2 p.m. to 9.45 p.m.; the third week is like the first; and in the fourth week they are off a whole day to 9.45 p.m., and have also one evening off. Practically, the actual hours of duty at St. Bartholomew's were said to be about 11, an hour being allowed out of the 14 for meals, and two hours on the average off duty besides.

478. At St. Thomas's a full day's work was said to be 10 hours actually on duty, rarely more; but the average number of hours per week would not be more than 61, allowance being made for half a day off during the week, and four and nine hours on alternate Sundays.* At this hospital the nurses are said to be especially well off.

479. At St. George's the head nurses are on duty from 7 a m. till 10 p.m., with two hours off, besides mealtimes, and one whole day and one half-day once a month. The other day nurses go off duty on alternate days at 6.45 and 9.30; and they have one day off in a month.

480. At the Middlesex the sisters are said to be actually on duty for 11 hours and the nurses for 10 hours, but it would seem to be longer than that on some days. The sisters have a whole day every month, and the nurses every alternate month.

481. At Charing Cross the sisters are said to have 58 hours a week on duty, and the nurses $67\frac{1}{2}$ hours.

482. At St. Mary's the average hours of actual duty are said to be $10\frac{1}{3}$ hours for a sister, $9\frac{3}{4}$ for a staff nurse, and $9\frac{1}{2}$ for a probationer.

483. At King's College the hours appear to average about nine.

484. The ex-matron of St. Bartholomew's thought that every nurse ought to have half a day off duty every week and three hours off every day.

485. The night nurses, with the exception of the time for meals, are on duty during the whole 11 or 12 hours, but it is explained that their duties, as compared with those of the day nurses, are generally less onerous and involve less moving about and standing. This, however, does not appear to be universally true; as there was evidence that in some hospitals, where the wards are small and the night staff weak, the nurses are obliged to keep moving about continuously from ward to ward during the whole night.

486. It

Another witness, however, estimated that at St. Thomas's the sisters and staff nurses worked alternately 73 hours and 79 hours per week; probationers 65 hours in the wards (Entwisle, 11593, 11665).

486. It was explained that at the London Hospital each nurse has a book in which a detailed record is kept of what she does, -work, day or night duty, sickness, holidays, &c.

487. The length of holiday allowed during the year varies from a fortnight Holidays. to a month, except at Guy's, where the sisters have one month in summer, and 2564, 8118, 9500, 2900, 11876, 12942 a week or 10 days at Christmas. It was the opinion of several witnesses that 17425, 1814, 1890, 1890, 22432-3. three weeks was the shortest time to which nurses should be entitled; some three weeks was the shortest time to which nurses should be entitled; some witnesses thought that the sisters, in consequence of the more responsible character of their duties, required a longer holiday than the ordinary nurses.

8117.

9501.

488. The matron of the London Hospital advocated a month's holiday for all nurses, and six weeks for the sisters.

489. Arrangements are generally made for the holidays to be taken during the summer months.

490. Evidence touching the question of the food provided for nurses was Food. noticed in connection with the London Hospital.* On the whole the improve1819-22, 2550, 6190-7, 7456, 9198,
ment in this respect seems to have kept pace with the general progress of 1887-9, 20424-9. reform. Matters of complaint were mentioned; but they appear, for the most part, to have belonged to a past time. At all events the importance of a superior diet for the nurses, in view of the character of the work required of them, is everywhere recognised. Some criticisms were passed on the system of allowing some of the meals to be taken in the wards.

491. Several witnesses expressed the opinion that the existing hours of duty Alleged overworking of for the nurses were too long, and the labour unduly arduous. Out of the Likekes, 6506-10; Mackey, 7876-9.

10 or 11 hours on duty, it was estimated that a nurse would generally be Penwick, 9513-44; Enturise, 11636-62, 11638-9, 11708-9; actually on foot for about nine, and nurses are peculiarly liable to be afflicted Anderson, 16484; Cheadle, 20227 with flat feet owing to the excessive amount of standing and moving.

11802-03.

492. If, however, the question of health be taken as a test whether nurses are overworked or not, it cannot be said that the evidence proved conclusively any general inability to stand the strain imposed by the existing conditions of nursing. The proportion of nurses who oreas down trong the great nervous sensibility does not seem to be large; the reports made from the 1500, 18001-2, 15003, 11072, 15210, 15001, 18001-2, 15003-10003, 18001-2, 1800 nursing. The proportion of nurses who break down from bodily weakness or too and the opinion was several times expressed that they were not overworked. up 10 years of their lives by entering this profession, but that view was 3542, 1838-7, 1832-4 9204, altogether rejected by others. A lady at the head of the nursing staff of one hospital held that women gave altogether rejected by others.

18222, 21656,

21983

493. Mr. Rathbone's opinion regarding the necessity of increasing the nursing staff of hospitals was that " the patients are our first objects in hospitals, and if hospital work is such work that a woman of ordinary health and strength can do it and remain in health, I think you then have done all that you are bound to do until the public gives you money to do more." This opinion, that a further relaxation of the labour required from nurses was a matter of money and of comfort, rather than of necessity either Gordon, 11731, 11873-7; Perr to the nurses themselves or to the patients, was the opinion of more than one Tood, 12705; Methado, 12737. witness from within the hospitals. At the same time, even those who con- Improvement in position of sidered the nursing staff at their own particular hospitals to be numerous enough for their duties, regard being had to the wants of the patients and to all existing standards of adequacy, were hopeful that the position of nurses generally would in the future be improved by means of shorter hours of labour, longer holidays, and better pay.

494. The want of accommodation for more nurses forms in many hospitals an obstacle to increasing the staff.

495. It was suggested that the money difficulty might be overcome by suggestion that all promaking all probationers pay during their period of training, and it was thought bationers should pay. that this could be done withoutchecking to much the supply of suitable candidates.

496. One

Suggestion to nurse in three shifts.

9204-7, 25989-95.

Private nursing institutions.

Gray's, 391-3, 492-9; 2928, 5911; London, 6841-5, 8109-17, 8165-6; Middlenez, 19286-8, 19295-708, 12763-4; Charing Gras, 1396-9; Westminster, 15183-6, 16288; Rogal Pre, 16260-6; Brougspiton, 17536-9, 18394-7, 18403-11; King's College, 1840-2, 18556-8; Homosopathic, 2976, 2210-8, 22410, 22445-6; Children's, 20105, 20121-5.

Lucas, 20124.

9087-92, 9908-10. 9520.

391.

District nurses. 2928. Farmer, 3364-74, 3477-82.

6250, 6368, 6748, 6750, 6946-52, 8159-64.

18114-20.

8168.

496. One suggestion for shortening the hours of duty was that the nursing might be arranged in three shifts instead of two. No very decided opinion seems to have been held as regards the feasibility of this proposal; but it was considered that, without resorting to any such extreme changes in the organisation, it would easily be possible, if the numbers were increased, to allow every nurse more hours of duty and longer holidays.

497. Many hospitals have of late years established private nursing institutions, to which some of their own nurses, when trained, are drafted, and from which they are sent out to nurse private patients. The nurses continue to be paid by the hospital, and when not actually employed are lodged and provided for at the expense of the hospital. On the other hand the hospital takes the weekly payment of 11 or two guineas, which is usually charged; and these payments, after all expenses are defrayed, appear usually to bring in a net profit to the hospital funds, while in times of pressure, any institution nurses who happen to be unemployed can be brought in for service in the wards. At some hospitals, but not all, the nurses receive, in addition to their ordinary wages, either a percentage of 5 per cent. or more (in one case it goes as high as 25 per cent.) on the amount of their year's earnings, or else a fixed bonus in lieu of a percentage.

498. It seems that occasionally nurses are sent out from the hospital itself as well as from the institution, and objection was taken to this practice. It was, however, said to be done only in exceptional cases, and only when a nurse could tairly be spared from the wards without unduly weakening the staff required for duty there.

499. Guy's has about 50 nurses on the private nursing establishment, and this seems the largest number employed by any one hospital.*

500. The institution is usually a separate building near the hospital; it is placed under the immediate charge of a sister, who is specially detailed for the purpose, and who is responsible to the matron.

501. It is said that at Guy's one of the objects of the private nursing institution is to attend the sick poor in the neighbourhood, especially lying-in cases. The subject of district nursing generally was touched upon by several witnesses. One medical witness spoke of excellent charitable work being done in the Bloomsbury district by nurses who he believed were principally trained at St. George's; and it was urged that, with a development of the district nursing system, a great proportion of the sick poor would be better treated in their own homes than in the hospitals.

502. Upon the question of the hospitals being used for the training of women for district nursing among the poor, it seems that something is done in this way at the London Hospital through the admission of a limited number of probationers (there called "institution nurses") who are in training for public institutions, and who enter for not less than six months, and pay half the usual fees of paying probationers. But it was pointed out that the general hospitals in London have not (at present at all events) the accommodation necessary for training any considerable number of nurses more than those whom they require for their own purposes.† At the Seamen's Hospital there is a class of "mission nurses" who are specially trained for charitable work.

503. The time necessary for training this class of nurses would, in the opinion of the matron of the London Hospital, be a year for populous places. where there were accidents, but for ordinary country districts she thought six months would suffice.

504. It

^{*} The Association which nurses the Westminster Hospital has a private nursing institute with nearly 70 nurses (15285).

[†] Another witness, however, stated that the great hospitals were turning out more nurses than could

get work (Fenwick, 9642).

† Miss Nightingale's "Suggestions" contain some observations on the training of workhouse girls as nurses (Vol. I., Appendix K., p. 604), also on district nursing (609-11).

504. It was incidentally mentioned that at the present time there is a great Twining, 22639. demand for district nurses; and a witness, speaking with the authority of a Bridges, 23436-7. Local Government Board official, believed that it was in contemplation to allow boards of guardians throughout the country to establish them. The Acland, 22842-5. Hospital Saturday Fund is beginning to make grants to district nursing associations.

505. Existing organisations of this kind, respecting which evidence was Societies for district nursing. taken, are the Metropolitan and National Nursing Association, and the East London Nursing Society, the first mentioned of which has its central home in Bloomsbury with 12 nurses, and other smaller homes in different parts of Mansel, 9225-340. London, and a few in the country; each home working within a certain area. The nurses are ladies; there are about 50 such nurses in London and 25 in the country; their salary ranges from 35 l. to 50 l. They are required to have had 12 months' hospital training, and then they are further taught district nursing for six months; after which they are considered to be fully trained. A single nurse can, on the average, attend about eight cases in the course of a day; the nurses do not generally go out at night.

506. The East London Nursing Society had, in July 1891, 27 nurses working Lacey, 9341-431. in the East End. The nurses are not ladies; they receive 15 s. a week from the society, but not board or lodging. They are lodged generally by private charity in the parish in which they work. It seems that some of the cases nursed by this society are undertaken at the request of the guardians, and there was some doubt whether a portion of its funds were not simply applied in relief of the rates.

507. Both these organisations depend for their existence on voluntary contributions, but the Metropolitan and National Association receives small payments from those of its patients who are able to contribute.

508. An important question affecting the general position of nurses was Proposed registration of brought forward in connection with the scheme proposed by the British Nurses' Association. Association, for establishing a general register of nurses. A very broad Penwick, 9605. division of opinion exists regarding the merits of that association. Its objects, as stated by its advocates, are, "first, to unite trained nurses together in a purely professional union; secondly, to provide for the local registration of nurses under the control of medical men; thirdly, to help nurses in times of need or adversity; and, fourthly, to improve the knowledge and usefulness of nurses throughout the empire;" and its scheme is declared to be put forth "in conformity with a great public want and a widespread professional Vol. II., Appendix K. demand." This statement is traversed in a memorial which was signed by many members of the medical and nursing staffs, and of the governing bodies of hospitals and institutions for the sick in London and the provinces, and which was claimed to represent the majority of those who know most about nursing in this country. The memorial declares that the proposal if carried out "would lower the position of the best trained nurses, be detrimental to the advancement of the teaching of nursing, be disadvantageous to the public, and be injurious to the medical practitioner." A petition against the scheme, also largely signed, was presented to the Board of Trade.

7774.

509. The view taken by the promoters of the association appears to be that Objects of British Nurses' the time has come when nursing should be constituted and legally recognised as a distinct profession, with a central controlling body of its own; in short, Femwick, 20014-89. that the nursing profession should be governed on much the same lines as the medical profession. The nurses' register would resemble the medical register, and the general nursing council would take cognisance of the conduct of all nurses, and would have the same power to strike their names off the register for misconduct, as in the case of the medical profession is exercisable by the General Medical Council. The ultimate object appears to be (whether or not this could be carried into effect at once) to obtain statutory power to prevent any public or private institution sending out women to nurse the sick, who were not registered by a registration board, composed of medical men and hospital matrons, or at all events to prevent unregistered women calling themselves trained nurses. But whether or not there were any such express (93.)prohibition,

9627.

9638-9, 9649-50.

0028-0.

20018.

20017.

Fenwick, 9610.

Objections to British Nurses' Association.

Lückes, 6944-5, 6953-6 Treves, 7754-75. Monk, 18813-5.

7755

7771

Liickes, 8128.

Burdett, 25887-90.

Bu rdett, 25891; Rathbone, 25934.

Fenwick, 20024-71.

Fenwick, 26058.

Fenwick, 26072-89.

prohibition, it was thought that a registration board constituted under Royal Charter or Act of Parliament, would have such prestige that the public would decline to employ unregistered nurses. It was claimed that some of the hospitals and many medical officers of hospitals were in favour of registration. The immediate advantage which the public would gain from it was said to be that a reference to the register would at once show whether a woman was a trained nurse or not, and whether she was known to have ever done anything rendering her unworthy of employment, because the name of a nurse would, on sufficient cause shown, be removed from the register; the witness further said "it was a very common fraud to steal or forge a hospital certificate." hospital is responsible for a nurse once she has left the hospital service; but a General Nursing Councilor Registration Board would be responsible to the general body of nurses, and to the public; to prevent any woman who proved herself unworthy of trust going on with the work, they would take her name off the register.

510. The main point alleged against the British Nurses' Association by its opponents is that it places good and bad nurses on a level. It is urged that neither the completion of a certain period of training nor the passing of a theoretical examination is sufficient guide to the practical fitness of a woman for a nurse's work. Only the institution which has actually trained the nurse, and in which her qualities are recorded after long personal observation, can be in a position to give such a guarantee of her capacity as will be of any practical value.* If, for example, a member of the public goes to such a general register for a nurse, he gets someone who has passed through a certain curriculum; if he applies to any nurse-training hospital, he gets a nurse selected for the particular case, and backed by the authority and reputation of the hospital which sends her out.† It was further said (in the interests of the medical profession) that the grant of a sort of diploma to nurses might lead many people to seek a nurse in case of illness and not a doctor; such a result, it was thought, would be injurious also to the interests of the nurses themselves.

511. Under the existing system it is argued that the public have adequate protection in their power to call for a nurse's certificate before employing her, and to obtain particulars from the hospital which gave it her; that this security would under the registration scheme be lost, and that women, whom no hospital would recommend, would get themselves registered and appear to the public on the same level as the best nurses. It was suggested that an official list (if it were needed) could be compiled giving the names of all nurses on the books of the several training hospitals.

512. A point very strongly urged is that the character of the woman herself is a most essential matter in regard to a nurse; much more so in the case of a nurse than of a doctor. The Association professes to require evidence of character (by the production of recent testimonials) before it will put a nurse on its register, and to register only women who have had three years' hospital training, but it appears that women are registered who have not completed their full period of training at any one hospital, and of whom it is not known whether they have proved themselves competent or otherwise. The Association complains that a hospital certificate, once given, cannot be withdrawn, whereas a name will be removed from the register whenever a nurse is proved to have forfeited her good character, legal proof being admittedly exceedingly difficult. But it is evident that this course cannot be taken except on clear proof of actual crime or misconduct, and therefore it is no protection to the public from mere incompetency. It was admitted that a woman might go through three years training at a hospital, and get her certificate, and yet be a very indifferent nurse, and be known at the hospital to be so; but the public,

recorded (6945.)

^{*} The registers kept by institutions like the London Association of Nurses, which supply nurses to the public, are of quite a different character from what is proposed by the British Nurses Association. The object of such institutions is to find employment for individual nurses whose personal records are kept, and can be investigated before they are engaged (9441-51).

† It was explained that at the London Hospital a supplementary register had, at Miss Nightingale's suggestion, been adopted, in which a nurse who had left the hospital might have her subsequent career

who read her name in the register, would suppose her to be competent unless the register clearly stated that it did not guarantee the efficiency of its nurses. On the other hand, if the Association disclaims responsibility for the efficiency of the nurses whom it registers, it seems difficult to understand wherein lies the security which it offers to the public.

513. Mr. Rathbone, speaking on behalf of the Nightingale Training School in Vol. II. Appendix K. (III.) opposition to the Association, quoted from a letter written by Miss Nightingale on this subject: "You cannot select the good from the inferior nurses by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examinations, which they receive in their training school or hospital, not by any examination from 'a foreign body' like that proposed by the British Nurses' Association. Indeed, those who came off best in such would probably be the ready and forward, not the best nurses."

514. Male Nurses.—Except the Seamen's Hospital at Greenwich (which has 1777-80, 2008-701, 4001-6, 5123-7, two), and the Lock Hospital, none of the principal hospitals seem to have a 8885-97, 5097-9703, 11774-9, 12145-9, regular staff of male nurses. In cases where a male attendant is needed, some 15002-8, 17008-8, 18115, 18210-3. 12074-4, 12094-5. hospitals are accustomed to apply to the Hamilton Association for providing trained male nurses; others have a record of persons who they know are ready \$875, 11778, 12148, 12094, 14087, to come in when required, or employ commissionaires or porters, or anyone they can get. Male attendants appear to be in greater demand abroad than in this country.

4046, 4198-200,

9699, 9701-3, 12147.

25053-5, 25268-9,

515. It was thought that it would be of public advantage if means could be found of creating a limited supply of trained male nurses.

516. At the Putney Hospital for Incurables the male patients are attended to by male attendants under a trained female nurse.

MEDICAL SCHOOLS.

517. The medical schools, with the exception of those at University and King's Connection of schools with Colleges, and at Charing Cross, did not originally belong to the hospitals to which they have become attached, but were, until a comparatively recent Reade, 14051; Boyd, 14212. period, private and independent institutions, only the clinical teaching being conducted in the hospitals. The eleven schools now existing * are, however, Steele, 407. completely identified with their respective hospitals; and it is one of the complaints of those who find fault with the present hospital system that the hospitals have become mere adjuncts to the schools, plunging into all kinds of extravagance for the sake of their students and for the advancement of science, when they ought to be strictly devoting themselves to the relief of the suffering poor, and to no other object. But the question of the economy of hospital administration has elsewhere been touched upon; and the proposals for reform in connection with the schools will be noticed later.

518. The total number of students on the books of the several hospitals appears to be over 3,000 (between 2,000 and, 3,000 according to one witness); the London Hospital having 460; Guy's about 500 (164 new entries in 1890, of whom 101 entered for the full course); St. Bartholomew's about 500; St. Thomas's nearly 400; St. George's 140; Middlesex from 250 to 300 (127 new entries in 1890, 55 being general students); Charing Cross 228 (31 new general students in 1890 out of 82 entries); St. Mary's about 300; Westminster 100; University College 309: King's College 205. The numbers on the whole

Number of students.

9017, 10170-5, 10586, 11164-5, 12350, 13094, 14203-6, 14744-6, 15309-11 16042, 19029-32.

Students are admitted at some other hospitals; but it is a rule of the General Medical Council that no clinical teaching is recognised in any hospital with less than 160 beds in use (Goodsall, 16973).

Woods, 1653-6.

12158.

Expense of schools and payment of teachers.

Mackennie, 9028-31.

Moore, 10657-67, 10736-48.

Ord, 11173-83.

Perry, 10184-208. Steele, 411-6.

Whipham, 12356-62. Owen, 12421-31.

Gould, 13097-103, 14844-5.

Boyd 14210-2

Page, 14747-57, 14776-87.

appear to be on the increase, subject to fluctuations from year to year; at St. Mary's the number has more than doubled in five or six years. The total numbers entering for the full curriculum during several recent years were given as follows:—587 in 1884, 647 in 1885, 623 in 1886, 683 in 1887, 688 in 1888, 620 in 1889.* The fees for full students vary from 125 guineas down to 90 guineas. A student cannot enter before he is 16 years old; the majority are from 18 to 22 when they enter; some are older.

519. Evidence was given respecting the expenses of the schools and the mode in which the professors and teachers are paid. Speaking generally, the remuneration of the teaching staff is certainly not high.

520. At the London Hospital the gross income of the school is between 6,000 l. and 7,000 l., and about 4,600 l. were divisible in one year among the teaching staff.

521. At St. Bartholomew's the fees amounted in 1890 to 14,000 l., of which the school expenses (including certain small payments to assistant teachers, and all the working expenses) absorbed 4,000 l. Both the lecturers and the clinical teachers are paid, the payment being allotted partly on the basis of the amount of work done, and partly by seniority. The general fee usually paid by the student represents separate fees for all the several lecturers, and each lecturer receives a proportionate sum out of the general fees paid by the students actually attending his class, a proper deduction being made in aid of the amount required for meeting the general expenses of the school; 700 l. was mentioned as about the maximum amount paid to any one teacher.

522. At St. Thomas's two-thirds of the net income of the school (after payment of the expenses) goes to the lecturers, and one-third to those who teach in the wards. The amount allotted to each class is divided into a number of shares, and the payments received by the individual teachers vary from one share to six or eight. The total amount actually falling to any one man varies from 40 l. to about 240 l., including remuneration both for lectures and "practice." The expenses in 1890 were about 3,000 l. out of 8,500 l., but included certain minor salaries to teachers who had no shares.

523. At Guy's the income of the school is about 11,000 l., and the expenses are 3,000 l.; the balance is divided into shares, and distributed among the teaching staff.

524. The receipts at St. George's are about 4,500 l., and the expenses about 2,000 l. Some of the teachers are paid by fixed salary, and the rest is divided, according to a fixed per-centage, among the holders of the senior lectureships and the clinical teachers. It was thought that no one took more than 100 l.

525. At the Middlesex Hospital the fees have of late been 5,000 *l*. and the expenses 2,000 *l*. The surplus is divided into 600 shares, of which 360 are distributed among the lecturers, and 240 go to the three senior surgeons and four senior physicians as clinical fees. A single individual might, it was thought, get 380 *l*. altogether for lecturer's fees and clinical fees. Each lecturer has to provide the materials for his lectures, which in some cases (e.g. chemistry) is a considerable expense.

526. At the Charing Cross Hospital the gross revenue was 4,070 l., of which one-fifth goes to the hospital by way of rent, one-fifth goes for school management, and three-fifths are divisible among the staff and lecturers. The clinical fees are distributed according to shares; the school fees are allotted in the same manner as at St. Bartholomew's.

527. At St. Mary's the income of the school is about 5,500 l.; it was thought that a lecturer, if he was also on the medical staff of the hospital, and gave clinical instruction, might get as much as 250 l. as a maximum. The division is by shares. The expenses come to 3,500 l., irrespective of anything paid for teaching

^{*} A witness said that the number of London pupils had rather lessened of late years owing to the advance of the Edinburgh and Cambridge schools (Owen, 12431).

teaching purposes, but including about 700 l. given in money, or deducted from the fees, for prizes and scholarships.

528. The average receipts of the school attached to the Westminster Hospital Allehán, 18312-26. are 1,860 l., and expenses 913 l. The amount available for division is at first apportioned to school fees and clinical fees respectively, and then divided by shares. The maximum sum taken by any one teacher in a year rarely exceeds 100 l.

529. At University College and King's College the division appears to be Hill, 10046-61. made in much the same way as at St. Bartholomew's, and the college and the hospital receive, in aid of their own expenses, a certain proportion of the school fees and clinical fees respectively. The maximum payment to any teacher in the college was said to be 400 l. or 500 l. The system is different from that of the other medical schools, inasmuch as the school belongs to the college and not to the hospital, and the college secures its professors and lecturers in the open market, and no preference is necessarily given to members of the hospital staff. The clinical fees at University College Hospital amounted in 1890 to 2,000 l.

530. Some, but not all, of the hospitals with schools have a residential college Residential colleges. for their students, presided over by a dean or warden, who is one of the medical 8. Bartholomes's, 2101-5, 2891staff of the hospital, and is charged with the immediate superintendence of the Ring's College, 10139-08.

Students and all matters of discipline connected with the school. The college, Middleses, 13175-8, 14869.

St. Mary's, 14763-7. however, has not usually accommodation for anything like the full number of students, and most of them lodge outside. At St. Bartholomew's, for example, the college accommodates about 30 students; it is said to have existed for 36 years, and to be the oldest in London. At Guy's there is accommodation for 52 students, besides the resident medical staff of the hospital; a student there pays from 9 s. to 20 s. a week for his rooms, and he can board for a guinea a week, or 13 l. a quarter. The dean of the medical school thought that the students in the college worked considerably better than those in lodgings. At the Middlesex Perry, 10149. there is accommodation for 30 students.

531. There is no residential college at St. George's, nor at St. Thomas's, 12464, 11208, 15344, 14250, 3142. Westminster, Charing Cross, or the London Hospital.

532. There appears to be a considerable demand for the limited accommo- Waterlow, 2892; Carrie, 314-3. dation in the residential colleges, and some witnesses had a high opinion of their advantages on account of the better control which they gave over the students. The dean of the Middlesex Hospital School, however, did not think the experience of them in London had been very favourable; and at St. Mary's the college was said not to be very popular, on the ground, apparently, of expense.

533. In connection with the medical school, there is commonly a club Students' clubs. or recreation room where the students can obtain meals and refreshment, and can meet socially, which is said to be a great benefit to them, and (according to one witness) more popular than the boarding system at a

college.

8742-4, 9939-41, 10162, 10212-4, 11204-11, 12460-3, 13179-82, 14618,

534. Many of the deans of medical schools, and other witnesses from the Discipline of students. hospitals, were questioned respecting the discipline and general conduct of the students, and expressed themselves, as well satisfied in this respect. Serious Alchin, 15:46-7, Steele, 553; Clarke, 2019-190.

offences inside the hospital itself appear to be almost unknown. The affairs 14:00, 11:87-90, 12:007-7; Leveline 15:00-7; Leveli of the school come generally before the medical committee, subject, of Lushington, 992 course, to the control of the executive authority of the hospital. At Guy's any serious offence committed by a student would be brought under the notice of the medical superintendent, and be finally dealt with by the treasurer; but the superintendent is not concerned with the conduct of students living outside; and he said that it had never, in all his experience, been necessary to expel or rusticate a student. The dean of the medical school at Guy's thought that the superintendent had not made sufficiently clear the distinction between the maintenance of discipline in the medical school and in the wards; in the medical school the dean considered himself responsible, under the medical council, for the maintenance of discipline, but a student could only be actually dismissed by Clarke, 2093-8 Moore, 10928-80, 10728-80, 10708-26, 10735. the treasurer. At St. Bartholomew's there is a discipline committee, which is a sub-committee of the medical committee, and to which the students are amenable for their conduct, whether within the hospital or outside; in a case calling for

Buxton, 8684-9, 8702-6.

Page, 14758-60, Gould, 14846.

Cornow, 19058.

Clerks and dressers, 258-60, 1973, 10033, 11231, 18981.

Brodburst, 2394-4000, 4155-76 4201-4. Curnow, 18981.

Tait, 22342, 22389-91 Lunn, 23878-82.

Midwifery practice of tudents.

261-6, 328-74, 2424-8, 9215-21, 10035-41, 10082-6, 10988-9, 12093-6, 12150-2, 12057-70, 12083-91, 14862-8, 15117-9 15641-2, 15957, 18975-7.

Farmer, 3527-40, 3550-63, 3566-9. Bhabha, 3900; Nixon, 9217; Todd, 12096; Fardon, 13069; Barlow, 13978-9.

Connection of hospital with former students. 298, 460, 11253-4, 14186-7, 14315, 15398, 10026-8, 19014-5.

Students at special hospitals 2238-41, 2346-51, 13764, 16094, 19600, 19942-3, 19962-3, 20800-2, 21097, 21603, 26549, 25375-6.

Training of female students Anderson, 16453-72, 16488-95. extreme measures the discipline committee would report to the committee of the school (consisting of the medical officers of the hospital and the lecturers), which has power of dismissal. At the London Hospital there is a college board composed half of medical men and half of laymen, and two members of the board are appointed every week as visitors, to whom all questions are referred between the meetings of the board. The board has full control over the students. St. Mary's has a similar body called the school committee; and at the Middlesex there is a small committee consisting of three lecturers, the secretary, and the dean, which meets once a month.

535. At King's College reports of the students are sent three times a year to their parents.

536. A student during part of his training, after he has passed his examination in anatomy and physiology, is attached to one of the physicians or surgeons of the hospital as a clerk or dresser. During this portion of the curriculum he gains practical experience by attending his teacher in the examination and treatment of his cases. It was said, however (though some of the evidence appears to contradict this), that some students went through their whole course and became qualified practitioners without ever having been dressers or clerks, and without, in fact, any practical knowledge of their profession. Some regret was expressed at the discontinuance of the old apprenticeship system, which it was thought sent a young man out into the world as a doctor better qualified to treat the sick than he generally is now when he begins to practise on his own account. It was said that you cannot get students to learn about small ailments, as such knowledge does not pay at the examination.

537. Midwifery cases are not taken in the general hospitals, and students learn this branch of their business by attending poor women within a certain radius of the hospital. At some hospitals the students, during this portion of their training, are called extern clerks. From Guy's, nearly 3,000 confinements* are annually attended by students, who are regularly superintended by two medical men appointed for the purpose. As there are not more than six or eight extern clerks at a time, the work in this department is sometimes very hard. It was explained that the main object in treating these cases is to secure for the students the necessary instruction in midwifery. In any case of difficulty it is the duty of the student to send at once for the doctor in charge.

538. It was objected that this midwifery practice of the students was very defective medically (from the inexperience of the students), and from the point of view of charity was much abused; and it was alleged (but denied) that a small crowd of students would go together to a single case, and that a student would be allowed to attend his first case without any more experienced person being present.

539. Several witnesses mentioned that a very large connection was kept up between a hospital and its old students who had gone out into private practice; cases being often sent up by them for consultation or special treatment, a practice beneficial both to the practitioner and to the hospital, as well as to the patient.

540. Though only 11 of the general hospitals have regular schools, some others and also several of the leading special hospitals admit students to see their practice, and regular clinical instruction is sometimes given, both to actual students and to those who have just qualified. But some witnesses thought that much more use might be made of the special hospitals for purposes of instruction.

541. Besides the 11 schools for male students, there is a medical school for women (the only one in England) in Handel-street, which does not belong to any hospital, but the students receive their clinical instruction in the Royal Free Hospital. The entrance fee is 110 l, of which 70 l. goes to the school and 40 l. to the hospital. Thirty-four students entered in 1890, the largest number on record

record. Women have the disadvantage that they are excluded from the qualifying examinations of the Colleges of Physicians and Surgeons, so that a larger proportion of them than of men go in for the more difficult examinations of the London University and the Royal University of Ireland. The female students have some difficulty at present in getting midwifery practice, as no arrangement has been made for it in connection with the hospital.

542. At the new Hospital for Women in the Euston-road the medical staff is Anderson, 18497-600. entirely female, and use is made of this hospital for giving practical work to young female practitioners.

543. A great number of suggestions were made with a view to a reform of Proposed reforms of medical the medical schools. It has been asserted that medical schools are a source of schools, expense to hospitals. It was also alleged against them that they had not originally belonged, and ought not to belong, to the hospitals, and that they absorbed charitable funds intended for the relief of the poor; these objections have already been referred to. It was further asserted that they were too numerous and too small, that there was, in consequence, a great deal of waste in teaching power; that it was impossible adequately to remunerate the instructors, and impossible to obtain the services of the very best professors. The remedy proposed by one set of witnesses was the establishment of a great college or university for all the medical students in London. Others thought that a single institution would be unmanageable, but that there ought to be a limited number of colleges separate from the hospitals. The extent to which any such system could take the place of the present schools was the subject of some differences of opinion; some witnesses would separate everything, except the clinical teaching, from the hospitals; but the majority of medical men were convinced that only a certain portion of the more general subjects could be taught at a separate educational establishment.

544. Some witnesses were of opinion that the establishment of a medical Proposed medical university. university was much needed, in the interests both of discipline and of good instruction. It was argued that the teaching of anatomy, physiology, chemistry, woods, 1647-78, 1665-77;
and other subjects, ought to be in the hands of men who had made these Brothurst, 4063-81, 4107-14,
subjects their constant study, and not of medical men attached to a hospital, Mackenzie, 2394-401. who merely took them up for the purpose of lecturing to their pupils. Such a class of professors could, it was urged, only be found in a university or an educational establishment of great and general importance; and, if all the students brought their fees to a single institution of this kind, it would be possible to find adequate remuneration for the teachers. The medical teaching at Vienna was, by one witness, held up as a model of all that teaching should

545. On the other hand, it was considered undesirable that medical teaching Clarke, 2086, 2110-1; Perry, 10181 Gould, 13114-7; Boyd, 14235-8. should be conducted by men not engaged in actual practice, as being likely to give the student a scientific and theoretical rather than a practical knowledge of his profession. This was the view of several medical witnesses.

546. Other witnesses, who were opposed to any interference with the larger suggested partial of the existing medical schools, thought it would be a good thing if some of the amalgamation of smaller smaller ones could be amalgamated, or if there were some central schools where their students could be instructed in the scientific or non-professional subjects. Ord, 11129; Allehia, 15228; Ord, 11129; Allehia, 15228; Ournow, 19056; Tait, 22378.

Amalgamation was also advocated on the ground that it would widen the field of clinical teaching. It was pointed out, however, that a hospital was not HIII, 18098. obliged to provide a complete course of instruction in all subjects; but that the students at one hospital could go to another for any particular branch of study. Sir M. Mackenzie was of opinion that the study of special diseases should be a part Mackenzie, 2218-2200 of the curriculum, and that students should be required to attend at several of the special hospitals or the special departments of the general hospitals.

547. It was thought that the reform of the schools could not be carried out Need of comisory powers. without some greater powers than now exist in consequence of the vested Browne, 4684-6; Browne (93.)Parliament

Proposed medical faculty.

Parliament would, therefore, be required; and the bodies to be brought Fenwick, 7672; Gould, 18167-74; Willcocks, 14126-30; Allchin, 18333. together for the formation of the proposed university or central school would be the University of London and the Colleges of Physicians and Surgeons. Another suggestion was that the University of London ought itself to become a teaching university.

Efficiency of present system. uxton, 8730-2, 8740-1; Mackenzie, 9034-40; Moore, 10599-699; Ord, 11195-6, 11212; Clutton, 12338-8; Willcocks, 14331-6; Gould, 13106-8.

548. The treasurer of the London Hospital urged the great advantage of competition, and thought that nothing could work better than the present system; and other witnesses spoke highly of its merits, and deprecated a change.

549. Sir Andrew Clark's opinion was that the medical education in London was about the most practical education given anywhere in the world; but he thought it would be improved if the schools would unite together and have two or three great centres for the teaching of the general subjects, physiology, chemistry, natural history, pathology, and the like, which it was impossible for the smaller schools to teach adequately.

Proposal to withdraw from hospitals the teaching of some general subjects.

550. This view, that one or more central colleges would be useful for teach ing some of the general subjects -- the " pre-professional" subjects as they were termed by one witness-to the students either of all the existing schools, or, at Mackenic, 3053; Perry, 10180-2,
10211; Moore, 10510-2;
1024, 11157-03, 11213-4;
1024, 1159-61, 11187-03, 11213-4;
1024, 1159-61, 11187-03, 11213-4;
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1024, 1159-61, 11187-03, 11213-4;
1024, 1159-61, 11187-03, 11213-4;
1024, 11234-8;
1024, 1123-123, 1234-8;
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1123-123, 1123-12, his medical course of study. One witness thought that anatomy and physiology could best be taught at the hospitals; but that chemistry and botany might be taught at a school. And several witnesses thought that there was no need to set up a central university or school for the teaching of those subjects which could be taught away from the hospitals, but that the necessary instruction could be obtained at existing schools and colleges all over the country.

Gould, 13109-14. Boyd, 14242-9, 14252; Page, 14768-70; Allchin, 15329-32.

551. The deans of the medical schools at the Middlesex and Charing Cross Hospitals were of opinion that, at the preliminary examination for admission as medical students, the candidates should be required to pass in such subjects as chemistry, physics, and biology (but not anatomy or physiology, because those subjects cannot be taught by lectures only).

Hill, 16062-84.

552. One witness doubted whether any of these preliminary or general subjects would be as well taught outside the hospital. He feared that there would not be the same interest in the teaching, and that the student would acquire a routine and useless knowledge.

Standard of examinations. Bord, 14254-82.

553. Not much evidence was taken upon the subject of the examinations of students; the opinion was expressed that the qualifying standard needed to be raised, and made uniform; but it was not seen how this could be effected unless a central examining board were set up.

Difficulty of obtaining subjects for dissection. Gould, 14848-51. Allehin, 15349-50; Anderson, 16502.

554. Complaint was made of the difficulty of obtaining subjects for dissection. It was suggested that it should be made compulsory on the workhouse authorities to send the unclaimed bodies of paupers to the hospitals for this purpose.

Want of access to infectious

555. The great need of access for students to infectious cases, for the purpose of study, was a matter which was thought to require urgent attention. Until quite recently the medical training available seems to have been almost entirely deficient in this respect. The recent opening of the fever hospitals for this purpose will, it is hoped, remove this defect.

720, 758-62, 893, 924-7, 1505-7, 1753-5, 2385, 2862-5, 3487-8, 4354-7, 7688-9, 9157-9, 9717, 14852, 16088-9, 16475 21698, 22387-93, 25075.

556. The question of opening the poor-law infirmaries and dispensaries to students is elsewhere referred to. (See pp. xl., lxxv-vi.)

HOSPITAL SUNDAY FUND.

557. The Hospital Sunday Fund was originated in 1873; the amount then Waterlow, 2748. collected was 27,000 l. The fund has increased yearly. In 1889 it reached 41,700 l. A collection is made in nearly every chapel and church of every denomination on a certain Sunday in June. In 1889, 1,655 collections were made. The money collected is sent to the Mansion House, and is distributed by the Council * of the Sunday Fund, being apportioned on the "needs and merits" of each institution. The fund prepares a form into which all accounts have to be analysed; and if information is deficient, more clear information is required, or a special form of accounts has to be filled up.

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558. The Council tries to arrive at the sum required by the hospital from the public, and this is called "needs." The expenditure is divided under two heads, maintenance and management; maintenance includes all that is necessary for the care and treatment of the patient, including nurses' salaries and annual cleaning. Under management come expenditure in administration, salaries of secretaries, collectors, printing, advertising. Then as the management is economical, compared with the maintenance, so is the "merit" estimated. It Melhado, 12867-8. would seem that a hospital, if it shows a deficit, gets a larger grant than if it had made both ends meet.

559. In some cases secretaries are called for explanations. After explananations, it sometimes occurs that the contribution is refused; four were refused in 1889. Five others did not send their officials to attend and confer with the authorities of the fund. The witness thought that the influence of the Sunday Fund had been usefully exercised to discourage the increase of special hospitals, though no direct steps had been taken with this end in view. To maintain the 1,800 unoccupied beds, he estimated 50,000 l. to 55,000 l. was required. Very opposite views were expressed as to the advantages of the Mackenzie, 2347. Hospital Sunday Fund.

560. A hospital established for three years may get on the list of Hardy, 1093. recipients from the Hospital Sunday Fund.

HOSPITAL SATURDAY FUND.

561. The Saturday Fund was started in 1874 to interest the working class in Actand, 22804 hospitals, and to get contributions from that class to aid them. It is a working man's fund. It is incorporated under the Companies' Acts as an association not for profit; whilst the Saturday Fund attempts to collect small sums from working men weekly, for which purpose collecting sheets are distributed quarterly, ruled for a weekly collection. Where this weekly collection is impracticable, an attempt is made to introduce an annual collection.

562. In 1874 the street collection was 258 l., and the shop collection about 5,000 l.; in 1890, 5,096 l. was collected in the streets; and 15,237 l. in the workshops and similar places. The Chairman of the Hospital Saturday Fund thought that the street collection had about reached its limit, but that the workshop collection had infinite capacity for extending. The largest subscriptions were from the printers, and a small amount is received from clubs.

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563. The fund is managed by a board of delegates elected in the workshops, which is supreme. There are four committees, including a surgical appliance committee elected by the board, each committee consisting of 12 members; and there is, besides, an executive committee composed of the representatives of the other committees and the honorary officers of the fund. The Committee were informed that there were seven or eight actual working men on the executive committee. There are also local committees composed of persons interested in the work of the fund, but not necessarily members of the board of delegates, which are principally engaged in organising the street collection. The committee work is done in the evenings to enable the working men to attend. In 1890 there were 4,301 subscribing firms. No grant is made to any institution which is not governed by a committee. The funds are distributed thus: the whole amount to be distributed is divided into three parts, the first, composed of three-fifths

Acland, 20841.

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three-fifths of the whole, is set aside and distributed in proportion to the relief afforded by the different institutions; and the other two parts, each consisting of one-fifth of the whole, are distributed in proportion to the economy and efficiency shown by the different institutions. In the case of one hospital, while the grant of the Sunday Fund was reduced the Saturday Fund was greatly increased. Letters of recommendation are received from the hospitals sometimes on the same scale as letters are allotted to ordinary subscribers, sometimes on a special scale. Letters of recommendation in proportion to grants made to them, sometimes on same scale as letters allotted to ordinary subscribers sometimes on a special scale. The letters are distributed through the collectors in the workshops.

564. No commission is allowed, but considerable salaries are paid. The main aim of the fund is to collect small weekly subscriptions from the classes who cannot give considerable sums at one time.

CONCLUSIONS.

565. The evidence having been summarised in the preceding pages of the Report, it only remains for the Committee to draw their conclusions and to make certain recommendations.

Endowed Hospitals.

566. The Committee observe that only when the endowed hospitals wish to deal with their estates, or to alter the fundamental conditions on which they administer charity, can the Charity Commissioners effectually intervene. The practice is that the endowed hospitals send their accounts annually to the Charity Commissioners; but the action of the Commissioners is limited to receiving these accounts, and the Committee recommend that the Commissioners should have power to audit the accounts, and to see that the endowments are applied according to the trust.

567. For the building of St. Thomas's Hospital the authorities had to borrow 100,000 l. at the rate of 4 per cent., which was afterwards reduced to 3 per cent. St. Thomas's Hospital has 27,000 l. invested with the Charity Commissioners, and the Committee consider that it is to be regretted that by the action of the Charity Commissioners the hospital was prevented from using its own money.

568. In the case of the three endowed hospitals, the Committee are of opinion that the system of administration does not on some points compare favourably with that which exists at the other general hospitals. It throws too much power and responsibility into the hands of one individual, the treasurer; though at St. Thomas's Hospital a larger share in the administration is assigned to Committees, than at the other two. The Committee would especially direct attention to a report by Dr. Thorne (see paragraph 18 of this Report), showing that the Nursing Home of St. Bartholomew's Hospital was in a very unhealthy state, to such an extent that 23 nurses and three ward maids were attacked with diphtheria; and also that the drainage arrangements of the three principal ward blocks of the Hospital Square were defective, and "could not be too strongly condemned." The Committee consider that had there been a large committee of governors alive to the responsibilities of their office such a discreditable state of things would not have been allowed to occur. appears in the evidence that the surveyor, a salaried officer, during the three years that he had been in office had never been called upon to make a thorough examination of the drainage of the hospital; and though a report was at length made, it was not a thorough report, the excuse being given that it had to be ready by a certain date, and that there was not time to make it as thorough as it ought to have been. This neglect is, in the opinion of the Committee, the more inexcusable, owing to the affluent circumstances of this

569. The Committee would suggest that in all these endowed hospitals the government should be carried on by a system of weekly boards and subcommittees.

570. As regards St. Thomas's and Guy's, the Committee greatly regret to remark that owing to want of funds, occasioned by fall of values, for the most

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part in agricultural rents, a certain number of beds are obliged to be kept vacant in each hospital, while others are let to paying patients.

Remaining Eight General Hospitals with Schools.

- 571. The remaining eight general hospitals with schools depend entirely for their support upon voluntary contributions, excepting in a few cases where they possess some small endowment.
- 572. Their systems of management greatly resemble one another, and the evidence shows that they are generally well administered. The Committee note the enormous amount of work done by unpaid boards of managers; and the care exercised, so far as the Committee are able to judge, in the appointment of their medical as well as other officers.
- 573. The Committee desire to refer to the personal nursing dispute appearing in the evidence of the London Hospital. The authors of these charges were for some time nurses and probationers in this hospital, some of whom did not remain during the whole period of training, and of whom two, at least, stated grievances of their own which were not confirmed by the evidence; and the late chaplain who, for some time before the termination of his connection in that capacity with the hospital, had differences with the committee both in these matters and also in regard to the performance of his own duties.

The charges are on the whole, in the opinion of the Committee, not substantiated by the evidence. The evidence in regard to the injury to the health of the "sisters" appears inconclusive. The Committee consider that the difficulties would have been avoided had the Governing Board, in charge of the hospital at that time, not allowed their authority to fall into the hands of salaried officers. In justice, however, to the London Hospital, the Committee wish to add, that it is an admirable hospital, doing work in a part of London where it confers inestimable benefits upon a very large and very poor population. They, therefore, think it is deserving of the greatest measure of charitable support.

- 574. The Committee recognise that it is advisable, under present circumstances, to maintain the individuality of these general hospitals, and they consider that the generous rivalry thus promoted, tends to medical and administrative efficiency.
- 575. The Committee suggest that the fact of not holding the diplomas of the Royal College of Physicians and Royal College of Surgeons of London should not exclude practitioners who have graduated elsewhere from becoming members of the staffs of the general hospitals in London. At present at only one general hospital, St. Mary's, are there no restrictions. The Committee would gladly see the restrictions removed at the other hospitals in London.

Convalescent Homes.

576. The Committee remark that the accommodation for convalescents in connection with the large hospitals is insufficient, only two or three having convalescent homes attached to them; and that this want is met by the authorities of the hospitals subscribing, through the samaritan fund, to convalescent homes.

Owing to the scarcity of accommodation the patients, although not thoroughly cured, are discharged, if well enough to leave the hospital. In some cases these patients find their way to the poor-law infirmaries; in other cases, patients suffering from medical complaints, have to be kept for long periods in a hospital, although they would recover more rapidly at a convalescent home in the country. Moreover, these patients have to be provided for in the hospital, to the exclusion of those who would be admitted were beds vacant.

The Committee avail themselves of this opportunity to direct attention to this need, in the hope that more extensive convalescent accommodation may be provided by philanthropic effort.

Out-patients and Dispensaries.

577. The Committee received much evidence on the subject of the outpatient system. On the one hand were set forth the advantages of large out-patient departments for teaching purposes, and for the relief of the poor, as they are open at all times day and night, and the great advantage they

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afford as centres for consultative purposes. On the other hand it was urged that unlimited medical relief was the first step towards pauperising large masses of individuals. The witnesses who held this view pointed out the advantages of provident associations. Those who had not the means to belong to a provident association could obtain medical relief from the institutions provided by the Poor Law.

- 578. It was suggested that it might be advisable to map out London into districts; and that a person leaving one district, and therefore the provident medical association, could easily attach himself to the provident medical association of his new district. But the Committee, agreeing that such an arrangement would be highly desirable if it were practicable, doubt whether in London, with its heterogenous and migratory population, such an organisation would be possible.
- 579. It is considered by the Committee that by the abolition of the outpatient departments medical education would be seriously interfered with, and further, that on the whole it must be left to the authorities of the hospitals themselves to arrange the organisation of the out-patient department, with the view of rapidly attending to the requirements of the public, and of insuring as far as they can that the charities shall not be abused.
- 580. The Committee are of opinion that the charities are not abused to any serious or appreciable extent, nor do they think that it was by any means proved that patients are carelessly treated, or treated by students instead of thoroughly qualified medical practitioners.
- 581. The evidence respecting fees appears to show that above the sphere of the poor law there must exist a large section of the population who cannot afford to pay a doctor in the case of long and serious illness, or in the case of a large family.
- 582. On reviewing the evidence as to the different systems pursued by the different great general hospitals, the Committee think that, on the whole, the system of limiting the number of out-patients per diem is the most convenient.
- 583. The Committee consider that inquiries should be made, wherever experienced officials think there is cause for suspicion, and that the patient should establish a primá facie case for charitable relief.
- 584. It was difficult to obtain from witnesses the exact amount of the work of an out-patient department, because the return of new cases only shows about a third of the work done; it was, however, generally agreed that each patient attended on the average about three times. The Committee do not attach too much importance to the statements as to the reduction of fees of practitioners among the poor by the free work of the hospitals, but it is obvious that the existence of the charities must tend to reduce them.
- 585. Medical practitioners and the medical officers of free and other dispensaries should be encouraged as much as possible to take advantage of out-patient departments as centres for consultative purposes, and, from the evidence of many hospital witnesses and others, this is already done to a certain extent. In the case of dispensaries and practitioners, the patient might be left in the hands of his medical adviser, and not necessarily taken into the hospital.

Distribution of Hospitals.

586. The Committee observe with regret that on the south side of the Thames there is very little hospital accommodation compared with that on the north side. St. Thomas's Hospital and Guy's Hospital, already shown to be obliged, for want of funds, to close their doors to many of the sick poor, are the only large general hospitals south of the Thames, but they are situated in the extreme margin of the southern district. One witness from the south side described the medical relief as lamentably deficient; at the same time it was stated that Lambeth Infirmary was full.

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587. On the north side of the Thames, especially in the region of Soho, there is great congestion of hospital accommodation; it was stated by a witness that within one mile of the Middlesex Hospital (Berners street, Oxford-street) there are over 2,050 hospital beds, as well as 13 dispensaries of various kinds; in fact, that by far the greater proportion of the institutions for medical relief are within an area of two miles square. In addition to this local accommodation for the sick, there is the Marylebone Infirmary at Notting Hill, where there is accommodation for 650 patients; Paddington Infirmary, 180 beds; and Central London Sick Asylum, 264.

588. It was suggested that certain hospitals might be removed from places where they are not so much required to localities where the accommodation is deficient. The Committee cannot regard this suggestion as practical, but they would strongly advise that more hospital accommodation should be provided south of the Thames, and were it possible to find the site, and were philanthropic endeavours to be made for further accommodation for the sick in London, a large General Hospital, say in the densely-populated district of Camberwell, would no doubt be of extreme value.

589. The Committee do not lose sight of the tendency of individuals to prefer some particular hospital, and many instances were given of patients passing four or five hospitals on their way from their homes to a particular hospital in which they had confidence. Though the Committee cannot doubt that this is a fact, and that possibly this migratory disposition would not be checked by the building of a large general hospital, they are, nevertheless, convinced that more hospital accommodation is required south of the Thames.

Education.

590. The Committee had before them all the Deans of the medical schools, and heard opinions from some prominent members of the profession. Many witnesses put forward views in favour of and against central colleges for the teaching of certain subjects. The Committee consider it well worthy of consideration whether it would not be advantageous that the medical schools in London should affiliate themselves to a teaching university or organisation, after the nature of colleges in a university, with the view to the securing first-rate lecturers for the subjects which can be taught in classes as distinguished from clinical instruction.

591. The Committee observe that a very useful field for medical instruction is at present closed to students, namely, the poor-law infirmaries. It was the opinion of nearly every witness that these infirmaries could be usefully opened for clinical instruction. In this the Committee heartily concur. In addition to the large field for instruction which would thus be opened, they agree with the opinions expressed that the presence of students is to the practitioners stimulating, by reason of the observation and criticism which is brought to bear on diagnosis and treatment; and the evidence they have received shows that where a system of clinical classes of students is carried out under proper regulations the patients have no objection to students at their bedsides.

592. It appears that there are only three hospitals where female clinical clerks are employed: the Hospital for Children in Great Ormond-street, Royal Free, and New Hospital for Women. Witnesses from these hospitals testify to the ability and address with which the duties of such clerks are performed.

Special Hospitals.

593. The case of special hospitals and the arguments urged for and against this class of hospital are summarised in the preceding pages. Hospitals for certain diseases of patients; for example, for children, do not appear to the Committee to be open to the criticisms made on special hospitals.

594. Lock hospitals form a separate subject for consideration. The Committee think that the nature of the disease and the character of the patients make it desirable that they should be treated in separate buildings, or at all events, in separate wards from other patients. The Committee have had their attention particularly directed to the fact that patients in these hospitals are in the habit of quitting the hospital in a diseased state on such occasions as the (93.)

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Derby

Derby week, fairs, &c., for the purpose of pursuing their avocation. The Committee recommend that provisions analogous to those which prevent a patient leaving a hospital when suffering under infectious diseases should be extended to certain venereal diseases.

595. Objection is made to special hospitals on the ground that exclusive attention to a particular disease tends to narrow the mind and to induce a specialist to imagine that all complaints are in some measure connected with the disease to which he has devoted so much attention. It is obvious that there is a certain tendency in any special study to narrow the mind, but any such consequence is practically avoided if the practitioner goes through a sufficient course of general hospital and other general practice before he elects to devote himself as a specialist to a particular disease. It is impossible to prevent the natural consequences of the great competition in London to force men into eminence in respect of their special knowledge and familiarity with particular complaints. After all the evidence presented to them it seems to the Committee that the hostility, so widely shown by the medical profession to special hospitals, arises from the fact that numerous small hospitals for special diseases have been instituted by medical men for the purposes of their own advancement, and that such a course of action leads to the establishment of hospitals where they are not wanted, to waste of money incident to the creation of badly managed and small institutions, and to the deception of the public by inducing them to subscribe to undertakings alleged to be of public benefit, but which are in reality mere schemes for private emolument, and also are useless for teaching purposes.

596. The Committee consider that the charge of abuse is substantiated in regard to some small special hospitals. This class of small special hospitals to which the Committee refer, of which examples appear in the evidence, the Committee do not consider of any real benefit either to the sick or to science. They appear to be carried on sometimes in incommodious buildings, or under unsanitary conditions, and the Committee would deprecate the multiplication of such institutions.

597. The Committee think it their duty to invite particular attention to the case of the Royal Hospital for Incorables at Putney. While in receipt of very large support, having a surplus in 1889 of 16,000 l., the authorities of this hospital appear to be incapable of effecting reforms, and are extremely resentful of external observation. In regard to this hospital the Committee would strongly recommend reforms in this direction: That a resident medical officer should be appointed with general control in absence of the committee, as is the case in the poor law infirmaries; that a ladies' committee should be appointed, as a large majority of the patients are females; that all nurses should be hospital-trained; that the contracts for food, and stores of all kinds, should be by open tender, and that the general supervision by the committee of governors should be greatly increased. The objects of this charity are excellent, but until the management is thoroughly reformed, the Committee regret that they feel bound to add that the institution is not one which can be commended.

Accounts.

598. The Committee observe with satisfaction that, since the opening of this inquiry, a committee, comprised of the secretaries of some of the principal London hospitals, has been considering the subject of a uniform basis of accounts, a copy of which appears in Appendix A. to the Report. The Committee are glad to notice that those best acquainted with hospital accounts have recognised the advisability of a uniform system. The Committee consider that, for accuracy, further subdivision on the expenditure side might be advisable; as, for instance, "firing and lighting;" also "wines and spirits," might be tabulated separately. Under Heading VI. it might be well to state, for the information of the public, for whom the "salaries, wages, and pensions," as well as "other salaries, wages, and pensions," are charged. It might be worth while for the committee of hospital secretaries, if it renews its sittings, to consider whether the totals might be stated on one page, with letters referring to schedules, where the items of expenditure might be set forth in greater detail.

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599. In the evidence before the Committee mention was made of the difficulty of ascertaining the cost of an out-patient, without which calculation any estimate of the cost "per bed" is unreliable. The Committee do not think the difficulties insurmountable. The main difficulty appears to be to separate the accounts of the dispensaries into two parts—in-patient and out-patient; this once arranged, the reliable cost per bed might be ascertained. The Committee consider that this difficulty might be met thus: an account might be kept of any drugs supplied for the in-patients; the difference between the total dispensed and the amount supplied to the in-patients would be the amount supplied to the out-patients. The wages of the nurses in the out-patient department, and the wages of the scrubbers, porters, &c., employed could be charged to the out-patient department. The proportion of rates and taxes might be estimated by the proportion which the space allotted to the out-patient department bears to the whole hospital.

Contracts.

600. The Committee consider that all contracts should, as far as possible, be by public tender, according to the practice enforced by the local board in regard to poor-law infirmaries.

Co-operation.

601. The Committee regret to remark that there does not seem to be any genuine wish for co-operation between the various kinds of medical institutions. They are of opinion that much more might be done than at present by the hearty co-operation between the special hospitals and general hospitals, between dispensaries of all kinds and general hospitals, and between general practitioners and general hospitals. It would be an early duty of a central board to devise some scheme to further such co-operation.

Nursing.

- 602. The subject of nursing is treated at length on pages lxxix to xci. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. The Committee consider that eight hours work, exclusive of the time for meals, is, as a rule, as much as should be required from nurses in these hospitals. In constructing future hospitals care should be taken that sufficient accommodation for nurses be provided to allow of the hours of nursing being reduced.
- 603. They would suggest that every nurse in the large and busy hospitals in London should have at least two days off in the month, and that the period of holiday should not be less than three weeks; that not less than one full hour should be allowed for dinner; and while, on the whole, the food of the nurses appears to be good, yet, from the nature of the occupation of nurses, special care ought to be exercised that as well as being sufficient in quantity and in quality it should be served in an appetising manner. To bring about this end the Committee are strongly of opinion that at the nurses' dinner one of the head officials of the hospital should preside, and that the dinners should be frequently visited by members of the governing body.
- 604. The Committee note with satisfaction the great preponderance of opinion that the health of nurses in London is good.
- 605. The Committee think it very desirable that, where the funds of the hospital permit, pensions should be provided for nurses, whether by the hospital following the example of the London and Guy's, by joining the National Pension Fund for Nurses, or by the hospital providing a special pension out of its own funds.
- 606. Nurses in the wards should not have their duties increased by doing menial work, such as scrubbing and cleaning grates and lavatories, or other services of a like nature. For that purpose, as is the case in most hospitals, the class of servant termed "ward-maids," or scrubbers, should be employed.
- 607. While the Committee recognis that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive (93.)

authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training, at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. The Committee consider that this is a good practice, but that, to prevent the wards from being denuded of nurses in order to bring funds to the hospital, a separate staff should be employed for this purpose. They are of opinion that the minimum period, after which a nurse can be advertised as thoroughly trained, is three years; and considering the large amount of money these nurses can earn for the hospital, the Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, would be a fair addition to their regular hospital wages.

- 608. It appears that at the London Hospital, in the form of certificate for nurses, certain blanks may be filled up in different ways according to the discretion of the matron. The nursing capabilities and conduct of the nurse may be described respectively as "excellent" and "exemplary," which constitutes a first-class certificate; or, as "good" in both cases, when the certificate ranks as second class. It would seem that the latter form is used when the matron is by no means satisfied with a nurse; and the Committee think that words indicative of inferiority should be inserted in all certificates below the best, if, indeed, it is desirable that any such certificate should be issued at all.
- 609. In regard to male nurses who appear to be only employed in cases of violent patients, with the exception of two hospitals, every care should be exercised to secure the services, if not of duly-qualified men, of well known and thoroughly trustworthy persons having if possible some experience.
- 610. Nursing in the poor law infirmaries differs in various institutions. In some a large proportion of nurses are hospital trained; but the Committee regret to find that one-balf of the matrons are not regularly trained nurses. The Committee are strongly of opinion that not only all matrons, but that all nurses in a poor law infirmary should be trained nurses; the Committee would recommend that no nursing whatever should be done in infirmaries by paupers. The Committee remark that there is no separate infirmary at Bethnal Green, and they observe with surprise and regret that there appears to be in the sick wards in this workhouse a regular staff of less than twenty nurses, some of whom are sixty-five years of age, and that as many as eighty paupers are employed as nurses.
- 611. The Committee consider that the number of nurses should be increased throughout the infirmaries, and that infirmaries should train their own nurses. This system already exists at one of the largest infirmaries in the Metropolis.

Poor Law Infirmaries.

- 612. On the whole the Committee are inclined to think that the system of organisation which places the resident superintendent in charge of the whole institution is a good one.
- 613. The Committee agree in the suggestion of Miss Twining, that lady inspectors for infirmaries, especially as regards the nursing department, would be a valuable addition to the staff of the Local Government Board.
- 614. The new poor law infirmaries established since 1867 appear to the Committee, so far as they are able to judge from the evidence, to be well-managed institutions. They think that further accommodation is required, as it was pointed out that a large number of sick poor have to be treated in the sick wards of certain workhouses. The medical supervision is less efficient in the workhouse, while the nursing is altogether inferior. The Committee concur in Dr. Bridge's suggestion that the accommodation in infirmaries should be increased so as to take the patients who are now housed in the workhouses. A notable instance exists in the case of the three unions, the Strand, St. Giles's, and St. James's, which have but a single infirmary between them, the London Central Sick Asylum, containing only 264 beds, as has been observed above, while Bethnal Green has no infirmary whatever. The Committee observe that, although strong representations have already been addressed by the Local Government

Government Board to the guardians of Bethnal Green with a view of increasing their sick accommodation, no steps have yet been taken to remedy the defect; and they are of opinion that if the powers of the Local Government Board are insufficient to enforce a proper provision for the sick they should be extended.

615. The want of accommodation for the sick is also notable as regards the Whitechapel district, where it appeared that at times the infirmary has 10 per cent. more patients than its proper complement.

Hospital Saturday and Sunday Funds.

- 616. The Committee think the public might subscribe more freely to the Hospital Saturday and Sunday Funds, could they believe that by these organisations they were really enabled to discriminate between those hospitals which are worthy and those which are unworthy of support.
- 617. The system of distributing the Sunday Fund on the principle of "work done," and the Saturday Fund on that of "relief afforded," appears to be open to the objection that it is a premium on competition for patients; and that it tends to stimulate the discharge of patients before the cure is complete, with a view to show as large a return as possible of patients in the year.

Proposed Central Board.

- 618. Various proposals for a Central Board are set out on pages 1 to liii of this Report. The Committee do not incline absolutely to any one of these proposals. They are of opinion that, as there is no Government grant, the interference of a Government officer for inspection would be unwise, and they think such interference would tend to check the flow of voluntary contributions, and to some extent to interfere with the responsibility of the unpaid Boards of Managers.
- 619. The Committee do not think that such a Central Board should be given any statutory powers as regards the formal licensing of any hospital built, or about to be built. They would recommend that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities, and to meet its own necessary expenses. The Board might be organised in the following way:—

The various hospitals and dispensaries of all kinds should be grouped.

The smaller hospitals should be grouped according to the classes of disease which they treat.

Each general hospital, with or without a school, might be considered to be equivalent to a group.

equivalent to a group.

Each group would send one or more delegates to be members of the Central Board.

The heads of the great Medical Corporations, e. g., the Royal Colleges of Surgeons and Physicians, the Medical Council, and the Society of Apothecaries, might become members of this Central Board.

The free and part-pay dispensaries might send one member, and the

provident dispensaries also one member.

The Hospital Saturday and Sunday Fund might each send one member.

A table (marked "A.") is attached, suggesting details for the formation of such a board.

The duties of this board might be of the following nature :-

- (1.) It should receive annual reports, statements of accounts, and balance sheets, from all hospitals and dispensaries, together with a return of the total number of in-patients, out-patients, and casualty patients.
- (2.) It should require that all accounts be audited by competent chartered accountants.
- (3.) It should arrange that all medical charities should be visited and reported on periodically.
- (4.) It should report from time to time, as occasion required, all proposals for new hospitals.

- (5.) It should publish an annual report, the principal heads of which might be as follows:—
 - (A.) A complete statement as to the pecuniary position of each medical charity.
 - (B.) A statement by a competent authority as to the existing sanitary condition and ventilation of each hospital, and as to arrangements concerted with the Metropolitan Fire Brigade.
 - (C.) An account of the number of beds in use, the number of beds unoccupied, and the reasons why they are unoccupied. The average daily number of occupied beds, details as to beds for which payment is made, and the number of resident medical staff, resident officers, nurses, and servants.
 - (D.) A statement as to the method according to which each hospital deals with its out-patients and casualty patients, and the number of each.
 - (E.) Proposals for the removal of hospitals and dispensaries to places where further hospital or dispensary accommodation is required, and the proposals for the establishment of new hospitals, and all other matters of interest relating to the treatment of the sick poor.
 - (F.) The nursing at hospitals, and the proceedings of nursing associations in the metropolis.
- (6.) The proposed board should early turn its attention to the possibility of so organising medical charity, as to secure their co-operation with one another, and the co-operation of medical charity with general charity.

Table A., referred to in previous page.

Suggested Grouping of Hospitals for Purposes of Representation on the proposed Central Board.

Group of Hospitals, &c.	Number of Beds.	Number of Representatives.	Total Representatives of Groups.
3 Endowed hospitals	1,912	6	savan danish
8 General, with schools	2,613	10	
9 General, without schools	837	han of the said	The zarrious
6 Women and women and children	926	4	20
6 Women and women and children 4 Consumption	511	1	
2 Dental		i	
8 Incurables	DOSTILL ASSESSED	i	
2 Cancer	141	1	
4 Paralysis and Epilepsy	240	- huse I how	
3 Orthopædic	113	1	
2 Seamen and Accidents	308	turn I am 1	
5 Ophthalmic	197	di mala	
5 Throat and Ear	52	To the second	
7; 4 Skin and 3 Fistule, &c 1 Lock	112 208		
1 Lock	180		
4 Lying-in	132	o odle postania	
7 Foreign and pay	249	Victoria in the	
Free and part pay dispensaries	akmdowdowst.	Contract Profession	
Provident dispensaries		1	
			20
General Medical Council	Harman Walle	1	
Royal College of Physicians	locar incream	visous dunds	
Royal College of Surgeons	Bill hear w	pingod Ha m	
Society of Apothecaries General Practitioners	witness from bent	i i	
University for London		i	
Carried and and an analysis		Marie Santa	6
London County Council		1	1
Sunday Fund	or He lovie on	perma 1 mode	1
Saturday Fund		1	1
		TOTAL	49

- 620. While this board would not have any direct or legal power to stop the building of a new hospital, or to amend systems of organisation in existing institutions, the Committee think that the fear of adverse comment in the reports of the board, or omission from recommendation in those reports, would have a powerful influence in preventing the building of useless hospitals and in securing proper administration in existing institutions.
- 621. The Committee think that the board should assist and work with the managers of the Hospital Saturday and Sunday Funds, and that in addition to the caution which is exercised by the administrators of those funds no grant should be made to any institution whose application was not endorsed by the central body.
- 622. There can be little doubt that in times of pecuniary difficulties of any individual hospital or group of hospitals, appeals to the public would have greater weight were they supported by a body of responsible men who were conversant with the merits and the means of all the medical charities in London.
- 623. The expenses of this board might be defrayed by levying a small percentage on the income of each group of hospitals sending a delegate to the board.
- 624. In sketching the foregoing outline of a central body, the Committee are desirous of expressing their opinion that some more satisfactory organisation of medical charity is most desirable. It should always be borne in mind that the establishment of poor-law infirmaries, and rate-supported asylums, under the Metropolitan Poor Law Act, 1867, has in great measure altered the relations between the poor and the hospitals, and everything associated with medical charity; and the Committee cannot shut their eyes to the possibility that if some such organisation as they have recommended is not adopted, a time may come when it will be necessary for hospitals to have recourse either to Government aid or municipal subvention.
- 625. It is shown by the evidence that, apart from the three endowed hospitals, the general hospitals in London are maintained principally by the legacies they receive, and large donations from anexpected quarters. In most cases the subscriptions from annual subscribers do not suffice to pay the wages of the servants and nurses employed in the service of each hospital, to say nothing of the cost of maintenance and administration. It has been authoritatively stated that from 50,000 l. to 55,000 l. per annum are required to render available the 1,800 or 2,000 vacant beds which are said to exist.
- 626. One endowed hospital is maintained entirely by its endowments, but the two others are so short of funds that many beds are closed to the sick poor.
- 627. It but remains for the Committee to acknowledge the readiness with which the authorities of the medical charities and of the poor law institutions have laid before them all the information desired.

13th June 1892.

ORDERS OF REFERENCE.

Die Martis, 15° Martii, 1892.

METROPOLITAN HOSPITALS, &c.

Moved, That a Select Committee be appointed to consider the evidence taken during the Sessions of 1890 and 1891 with regard to all hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area, &c.; and to report thereon to the House (The Lord Sandhurst); agreed to.

Then the Lords following were named of the Committee:

Lord Archbishop of Canterbury. Earl Cadogan (Lord Privy Seal). Earl of Winchilsea and Nottingham.

Earl of Lauderdale.

Earl Spencer.

Earl Cathcart.

Earl of Kimberley.

Lord Zouche of Haryngworth.

Lord Saye and Sele.

Lord Clifford of Chudleigh.

Lord Sandhurst.

Lord Fermanagh (Earl of Erne).

Lord Lamington.

Lord Sudley (Earl of Arran).

Lord Monkswell.

Lord Thring.

The Committee to appoint their own Chairman.

Die Luna, 9° Maii, 1892.

Select Committee to meet on Thursday next, at Twelve o'clock, and to appoint their own Chairman; leave given to the Committee to take further evidence on oath; the evidence taken before the Select Committee from time to time to be printed for the use of the Members of this House; but no copies thereof to be delivered, except to Members of the Committee and to such other persons as the Committee shall think fit, until further order.

Ordered, That the evidence taken by the Select Committee on Metropolitan Hospitals, &c., during the Sessions of 1890 and 1891, be referred to the Select Committee on Metropolitan Hospitals, &c., of the present Session.

LORDS PRESENT AND MINUTES OF THE PROCEEDINGS AT EACH SITTING OF THE COMMITTEE.

Die Jovis, 12° Maii, 1892.

LORDS PRESENT:

Lord Zouche of Haryngworth. Lord Clifford of Chudleigh.

Lord Sudley (Earl of Arran).

Lord Sandhurst.

Earl Cadogan (Lord Privy Seal).

Earl Spencer.

Earl Cathcart.

Earl of Kimberley.

The Orders of Reference are read.

It is moved that the Lord Sandhurst do take the Chair.

The same is agreed to

It is moved that the Committee be an open one.

The same is agreed to.

A DRAFT REPORT, prepared by the Chairman, is laid before the Committee, and is as follows, viz. :--

"The Committee have taken the evidence of the following classes of witnesses: General practitioners, attending all classes; special practitioners; medical men on the consulting staff of various general and special hospitals; resident medical officers in hospitals; deans of medical schools, secretaries, and those engaged in the administration of general and special hospitals and dispensaries of various kinds; medical men attending dispensaries; gentlemen who are the principal advocates of the provident system of medical relief; secretaries of provident medical institutions, and their medical officers; the superintendents of Poor Law infirmaries; the medical officers, Poor Law dispensaries; medical officers in charge of sick wards attached to workhouses; the principal clerk of the Metropolitan Asylums Board, the superintendent of infectious hospitals under that Board; the medical inspector for the Metropolitan district for Poor Law purposes; Mrs. Garrett Anderson (Dean of the School of Medicine for Women); the principal officers of the Hospital Saturday and Sunday Funds; the secretaries of the Charity Organisation Society; the Chief Charity Commissioner; and others who are regarded as authorities on the subject.

"The Committee consider that they have in the evidence already presented examples of every institution in London, whether supported by charity or Poor Law, for the relief of the sick poor. It has obviously been impossible to inquire into every institution; therefore, by desire of the Committee, series of questions were sent to every institution in London. Copies of the questions on sheets marked A., B., C., D., will be found in

the Appendix, and also the replies in tabulated form.

- "1. The institutions existing in London for the care and treatment of the sick poor are, (a) those supported by charity, and (b) those provided under the Poor Law, and may be classed as follows:
 - "1. General Hospitals.
 - "2. Special Hospitals.
 - "3. Dispensaries (Provident, Part-pay, Charitable, and Poor Law).
 - "4. Poor Law Infirmaries.
 - "5. Hospitals under the management of the Metropolitan Asylums Board (for Infectious Cases).
- "2. The organisations for the nursing of the patients in these institutions, and for the training of Medical Students, form important branches of the Inquiry.

GENERAL HOSPITALS.

- "3. The General Hospitals of London are :-
 - "1. St. Bartholomew's.
 - "2. St. Thomas's.
 - "3. Guy's.
- "These three are known as the Endowed Hospitals.
 - "4. The London.
 - "5. The Middlesex.
 - "6. The Charing Cross.
 - "7. The Westminster.
 - "8. St. George's.
 - "9. University College.
 - "10. King's College.
 - "11. St. Mary's.
- "These 11 Hospitals are those which have Medical Schools attached to them.
 - "12. The Royal Free.
 - "13. The Miller Memorial (Greenwich).
 - "14. The Great Northern Central.
 - "15. The Metropolitan.
 - "16. The West London (Hammersmith).
 - "17. The Tottenham.
 - "18. The North West London.
 - "19. The London Temperance.

"4. Endowed Hospitals,-Although the so-called endowed hospitals derive a portion of their revenue from voluntary contributions, while some of the others are more or less substantially endowed, the proportions in which their incomes are derived from these respective sources differ to so considerable an extent as to make a very broadly marked distinction between the two classes. St. Bartholomew's, for example, has 7 per cent. from voluntary subscriptions; Guy's and St. Thomas's, 25 per cent.; St. George's (the most largely endowed of the voluntary hospitals), 71 per cent. Hospital endowments, so far as they are of a permanent character, come under the Charitable Trusts Acts, and are within the jurisdiction of the Charity Commissioners, without whose consent they cannot be alienated, and to whom their accounts have to be annually rendered. The bulk of the revenue-bearing property of the hospitals (other than the three "endowed" hospitals) is derived from accumulations of legacies and gifts which have not been required to meet the current expenditure; it is not in the nature of permanent endowment, but can at any time be withdrawn and applied as income; while the remainder, which is strictly tied up, and is therefore technically subject to the control of the Charity Commissioners, contributes so small a share to the hospital revenues, that the affairs of these hospitals are not practically brought under the view of the Commissioners. They are free to make up their accounts, and to have them audited and published in their own way, without any external control. The endowed hospitals, on the other hand, though not called upon to publish their accounts, have to send them in annually to the Charity Commissioners, who thus have a certain general supervision over the affairs of these institutions. It appears, however, that they have little power of direct intervention; they can compel the production of documents and the giving of information; but they cannot control the audit, nor can they take direct steps for enforcing their views, except by certifying a case to the Attorney General, a course only appropriate in very bad cases. Only when the hospital wishes to deal with its estates, or to alter the conditions on which it administers its charity, can the Commissioners effectively intervene. Under these circumstances they do not find it practicable to keep a general and thorough check on the accounts which are annually forwarded to them, or to make themselves responsible for the mode in which the revenue is spent; nor do they attempt a complete examination of the accounts. The accounts of the other hospitals do not come under the notice of the Commissioners at all. It was the opinion of the Chief Charity Commissioner that the existing powers of the Commissioners with regard to the accounts ought to be increased, so as to give them a direct right of intervention and control over expenditure.

Longley, 3162-71, 3191-6, 3223-9.

Longley, 3247-8.

Longley, 3241-3.

" 5. Organisation

"5. Organisation of Individual Hospitals .- The following statement shows the general organisation and financial position of most of the leading general hospitals, as appearing from the evidence :-

" St. Bartholomew's.

- "6. This, the wealthiest and most ancient of the metropolitan hospitals (having been waterlow, 2473-2003, 2716-24 founded in 1122), is situated in West Smithfield, and has a governing body of 273 governors, self-elected; the Lord Mayor, Aldermen, and 12 members of the Common Council of the City of London, being also ex officio governors. At the quarterly court 13 governors make a quorum, and the number actually attending varies from about 30 to 150. They appoint the treasurer, the four almoners, and 21 other governors who, with the president, treasurer, almoners, and all past almoners, constitute the house committee. The hospital property cannot be dealt with except by the court on a recommendation of the house committee, and the court makes appointments to all the senior offices.
- "7. The house committee meets once a month, or oftener if necessary, and the average attendance is about 15; this committee deals with lettings of property, and all the more important matters of expenditure, and makes contracts for provisions; everything of any importance that is done by the almoners is referred to it, and it in turn makes recommendations on important questions to the court which hears the minutes, and reviews the proceedings of the committee every quarter.
- "8. The almoners are chosen from among governors who have been on the house committee; one of them goes out of office in every year, and three of the four must never have served the office previously. The treasurer and almoners form the committee of almoners, which meets once a week (all the members being usually present), receives reports from the steward and matron, examines and initials the steward's books, and supervises all matters of detail. This committee, and in its absence the treasurer acting alone, is the executive authority of the hospital, having all necessary powers of management (inclusive of a power to suspend any officer from duty), but being subject in all things to the superior authority of the house committee and the court. In case of need, the treasurer can at any time summon a court or a meeting of the committee; and if the Waterlow, 2680. treasurer is absent any two almoners can take his place.

- "9. The treasurer and almoners are unpaid; there is a residence for the treasurer, but it has not been occupied by him for some years, and some of the night nurses are now lodged in it. The highest salaried official is the clerk, who resides in the hospital, and is primarily responsible to the treasurer, whose immediate assistant he is; his salary is 1,000 % a year. He attends all meetings of the governors, and all committees, and makes the minutes, countersigns the cheques, and issues the orders for all supplies, except daily provisions, which are ordered by the steward, in accordance with the requisitions drawn up by the sisters of the several wards. It is his duty to communicate to the treasurer every matter requiring attention, and he appears to have a general responsibility, in the treasurer's absence, for the good order of the establishment; but no power is specially delegated to him of taking summary action in any case of serious and sudden emergency.
- "10. The steward is responsible for the proper reception of patients into the wards, and keeps a record of the cases; he has continually to visit the wards, and is the channel of communication between the patients and their friends; he is responsible for taking in the stores and provisions, and for the proper supply of food to the patients; and he has charge of the petty cash.
- "11. The medical council consists of all the medical staff except the house physicians and surgeons; it meets quarterly, and at any other times when summoned by the treasurer to consider medical questions. There is no resident medical superintendent, and in-patients are admitted by the physicians and surgeons on duty. There are two chaplains, of whom one is resident in the hospital.
- "12. The nursing staff comprises 28 sisters, three night superintendents, and 166 nurses and probationers, in all 197, besides 27 ward assistants; and they are under the charge of a matron, an assistant matron, and a superintendent and assistant superintendent of the Nurses' Home. There is also a Trained Nurses' Institution for private nursing. The sisters and nurses are appointed by the treasurer on the recommendation of the matron, and subject to the approval of the almoners.
- "13. The net revenue of the hospital for 1889 was 70,529 l, derived mainly from 2586, 2722-6, 10325-41, 10348-50, houses in London, and from about 13,000 acres of land in Essex and the Midland and Southern Counties. There has been a falling off in the revenue from the country and suburban estates, but that has been more than counterbalanced by the increase in the value of the house property in London. The hospital does not appeal for funds to the public, and does not derive much revenue from private contributions or legacies.

"14. The

- "14. The estates are managed (subject to the control of the house committee and the governors) by the treasurer and almoners, assisted (as regards the country estates) by a land surveyor, who receives 3 per cent. on the rent received, and his travelling expenses; his charges for the past year were 243 /.
- "15. There was a surplus of income over expenditure in 1889 amounting to over 7,000 L, and this sum, in pursuance of a resolution passed a few years ago by the house committee, was carried to a special reserve fund, now amounting to 23,000 L, which is being accumulated with a view to extending the site of the hospital, and re-building the nurses' home and the college.
- "16. All the accounts, both for the estates and for the hospital expenditure, are checked in the clerk's office, and the books are laid before the almoners, and initialled by them, before payments are made. The year's accounts are printed and sent to every governor and to the Charity Commissioners.
- "17. The hospital occupies between four and five acres of land, comprising the parish of St. Bartholomew-the-Less; and it is hoped to acquire about an acre-and-a-half in addition from Christ's Hospital, to improve the accommodation for nurses, students, and the resident medical staff. There is accommodation for 667 patients (exclusive of those in the Convalescent Home at Swanley), 189 beds being for medical, 366 for surgical, and the remainder for special cases. The average number of occupied beds is 570. Letters of recommendation may be given by the Lord Mayor or by the governors, but the great majority of patients are admitted without letter. The out-patients treated in 1889 numbered 19,000, and casualty patients over 137,000. The existing structure, which was erected for the most part about the middle of the last century, is under the supervision of a surveyor, and under him of a resident clerk of the works. The surveyor receives a fixed salary and a commission of $2\frac{1}{2}$ per cent. on new buildings; and, in addition to his duties at the hospital itself, he has to survey a large number of houses belonging to it. He comes weekly, or oftener, to the hospital, and attends to any matters brought to his notice by the clerk of the works; and he makes a yearly report on the general state of the buildings and property to the house committee, whose meeting in February he attends for the purpose of giving any explanations required of him.
- "18. It has not been the practice to make any special periodical examination of the drains and their connections, and, until quite recently, there does not appear to have been any plan showing the existing system of drainage. A recent outbreak of diphtheria among the nurses has, however, led to investigations which show the sanitary arrangements to have been far from satisfactory. In consequence of 23 nurses and three ward maids having been attacked by this disease,* the surveyor was ordered in December 1890, to report specially upon the sanitation of the hospital, and Dr. Thorne, of the Local Government Board, also undertook, at the request of the treasurer, to make an unofficial inquiry. The surveyor's reports, dated respectively the 11th December 1890 and the 2nd February 1891, contained a number of recommendations dealing with imperfections in water-closets, sinks, and drains, and their traps, connections, and ventilation. As regards the main drains of the hospital, the surveyor, having examined them, recommended either that they should be trapped and properly ventilated, or (in case the authorities wished to have a system of drainage quite in accordance with modern sanitary views) that they should be removed and replaced by an entirely new system. When questioned upon this matter he expressed the opinion that the existing brick drains could be made substantially effective, but that, apart from expense, it would be better to remove them.
- "19. From the report and evidence of Dr. Thorne it appeared that the principal nurses' home was in a wholesome condition, but that some of the nurses were lodged in a building which was not in a sanitary state, and in which moreover the diphtheria ward was situated, on the same floor as the cubicles provided for the nurses. As regards the general arrangements of the three principal ward-blocks, Dr. Thorne reported that unwholesome conditions existed tending to produce that form of sorethroat which renders renders those suffering from it exceptionally liable to contract diphtheria when that disease is prevalent. Among the defective arrangements mentioned in the report are: ward sinks connected with soil-pipes in which excreta and liquid filth accumulate, and having no effective "aerial" separation from the wards; water-closets ventilating into kitchens which open into wards, and in which the nurses take one of their meals; and vegetable refuse, ward sweepings, and other ward refuse lying in tubs or thrown about on the ground outside the ward windows, and causing offensive odours in the wards. At the same time Dr. Thorne did not consider that the outbreak of diphtheria could be directly attributed to these sanitary defects. With respect to the question of reconstructing the main drainage, his opinion agreed with that of the surveyor.

" St. Thomas's.

"20. St. Thomas's Hospital was founded in 1207. Forced in 1862 by the extension of the South Eastern Railway to abandon its old home at London Bridge, the hospital

10310, 10342-8, 10560-1.

Thorne, 13202-314. Appendix A. Cress, 13316-438. I'Anson, 13459-711. Burdett, 23893-4.

l'Anson, 13502, 13525.

Brass, 10817-936, 11493-584. Walker, 10937-11152. Wainwright, 11352-492.

^{*} There were also two cases of typhoid fever and one of diphtheria among the patients in the surgical wards, and four cases of typhoid among the nurses during 1890.

was for nine years quartered in a temporary building at the Surrey Gardens, and was removed to its present site on the Albert Embankment in September 1871. The cost of the new buildings (including the freehold site) was about 555,000 L, to which the proceeds of the sale of the old site and buildings contributed nearly 300,000 l., the remainder being made up partly out of the funded property of the hospital, and money saved during the nine years' interval, and partly by means of a loan of 100,000 l.

- "21. The general organisation is as follows:
 - "(1.) The president, treasurer, and about 340 governors, meeting ordinarily four times a year in general court, 13 members making a quorum. The grand committee's minutes are read before the general court, and that court has control, in the last resort, over everything connected with the hospital.
 - "(2.) The grand committee, presided over by the treasurer, and consisting of 34 governors, of whom 10 go out yearly, and are not re-eligible till they have been out of office for a year. The grand committee meets monthly or oftener, and is the body responsible for the management of the hospital estates; it also appoints some of the subordinate officers and servants. quorum is five.
 - "(3.) The committee of almoners, consisting of the treasurer and four governors appointed from the grand committee. This committee meets weekly, has a quorum of two, and forms practically the executive of the hospital examining the accounts, receiving reports from the various departments and approving of all trade contracts. Matters relating to the administration of the property come in the first instance before this body, before being considered by the grand committee.
 - "(4.) The house committee, a body which has only been in existence for a few years, and consists of the treasurer and almoners, and six other governors (two of whom are retired medical officers on the consulting staff), the dean, and the senior physician and senior surgeon. Their duty is to visit the wards.
 - "(5.) The medical committee, comprising the medical staff of the hospital, and meeting, as a rule, weekly. All matters connected with the school come before them, and they recommend students to the treasurer and almoners for appointment to offices in the hospital.
- "22. The principal officers (apart from the medical and nursing staff) are the treasurer, the receiver, and the steward.
- "23. The treasurer, who is unpaid and has a residence in the hospital, has control over all the other officers and servants, with a power of suspension for any serious delinquency, and is responsible, in the absence of the committee of almoners, for the general adminisstration of the hospital. He appoints the sisters and nurses and those of the servants whose appointment does not rest with the grand committee. All cheques have to be signed by the treasurer and two almoners, or other governors authorised by the grand committee.
- "24. The receiver's duties are to receive the rents from the tenants; to examine all accounts presented for payment; to submit them weekly to the treasurer and almoners for approval, and to draw cheques for them when passed; to submit the cash account monthly to the treasurer and almoners, by whom it is examined and signed, and to make up the complete accounts for the yearly audit. He also attends and writes the minutes of all meetings of the almoners. He is paid a fixed salary of 600 l., and receives no commission on the rents. He does not reside in the hospital.
- "25. The steward resides in the hospital, and has (under the treasurer) the general management of the institution, and control of the junior officers and servants; he sees that all goods are supplied in proper order, according to contract, checks the accounts, and keeps a record of the patients admitted to the hospital.
 - "26. There are two paid chaplains, of whom one is resident in the hospital.
- "27. The hospital trains its own nurses, of whom there are 116, including probationers. Gordon, 11728. The nursing establishment is maintained by the Nightingale Fund, which was subscribed for Miss Nightingale after the Crimean War, and was applied by her as a fund for training nurses, and attached to St. Thomas's Hospital. The nurses so trained are drafted into other public institutions, but it is not the object of the fund to train them for private nursing. The probationers are lodged in a separate block, called the Nightingale Home, 11790. which was provided by the hospital authorities among the new buildings.
 - "28. The number of out-patients treated during the year is about 25,000.

"29. The hospital owns property in London, and also (to an extent of about 8,750 10835-63, 10831-63, 11131-6, acres) in Middlesex, Berks, Cambridgeshire, Essex, Hants, Hertfordshire, Kent, Derbyli415-32, 11431-4, 11491-328, 11539-40, 11549-6, 11549-79. (93.)

the London estates of 31,655 l., an increase, on the whole, of about 1,600 l. on the gross rental of the town and country estates in 1890.

- "30. The Derbyshire and Yorkshire properties are placed under a local agent, who receives a commission on the rents; but all the other estates are managed by the treasurer and almoners, with the assistance of the receiver and of a land surveyor, who is paid in proportion to the services actually performed by him. The whole expenses for the land surveyor and the agent in 1889 amount to 596 l. The rents (except those from Derbyshire and Yorkshire) are paid directly to the receiver, and their collection therefore involves no expense, except that proportion of the receiver's salary which may be regarded as payable in respect of this duty.
- "31. At the beginning of 1891 there was one farm of 500 acres untenanted. The total number of tenants is 460 in London and 160 in the country.
- "32. The revenue drawn from the estates in 1891 was stated to be 44,098 l., † in which year the hospital also received 2,372 l. dividends on invested funds; 1,173 l. cash repaid in respect of expenses incurred upon unlet farms; 5,720 l. from patients in the hospital, and upwards of 4,000 l. from donations and other minor sources. The whole amount which passed through the receiver's hands during the year amounted to 67,000 L, but this included a temporary loan of 4,000 l., which was repaid within the year, and certain other sums (such as premiums of insurance repaid by tennants, and sums paid by insurance offices for losses by fire) appearing on both sides of the account, and also a balance of 4,337 l. brought forward from the previous year.
- "33. A sum of 3,300 l. is annually applied in reduction of the outstanding capital of the loan of 100,000 l. already mentioned. The amount paid in 1889 for this purpose was 6,600 l., and there then remained 33,000 l. to be paid off; the interest paid was 1,175 l. The loan was originally raised at 4 per cent., but the rate is now 3 per cent. The hospital has about 67,000 l. invested with the Charity Commissioners and the Court of Chancery at a still lower rate; but this money cannot be applied to meet liabilities.
- "34. The hospital buildings are assessed at 9,600 l. gross, and 8,000 l. rateable; and the rates amounted to 2,308 l. The annual cost of maintenance of the buildings (including any additions and improvements which may be made from time to time) is estimated at 2,900 l. Repairs are executed under the superintendence of the architect, who also renders services in relation to the management of the London estates. The architect receives 250 l. a year and 2½ per cent. commission on repairs; his charges for 1889 amounted to 315 l., of which the receiver considered that about 115 l. was due in respect of the hospital itself. There is also a clerk of the works whose business it is to see that the buildings are kept in good order.
- "35. The net balance of income available for hospital purposes in 1889 was stated by the receiver to be 40,040 l.
- "36. The plan of the new hospital buildings was adopted in accordance with the report of a committee of governors and medical men who made an elaborate investigation, and inspected a large number of hospitals on the Continent. Exigencies of space dictated a straight rather than a quadrangular arrangement of the pavilions, and it is stated that this has led to additional expense and to some considerable inconvenience, the distance from one end to the other being a quarter of a mile. The opinion was, however, expressed that these objections had no weight from the purely medical point of view; that the hospital, as it stands, is one of the model hospitals of the world, and that probably the best hospital now existing (in America) covers a larger space in proportion to its height and accommodation than St. Thomas's.

"37. The hospital is constructed to accommodate 569 in-patients, and for a short time after its completion all the wards were open; but it was soon found necessary to close no less than five of them. The causes which rendered this unfortunate course necessary are stated to have been—(1.) the agricultural depression; (2.) the burden of the building debt; and (3.) the adverse decision of the House of Lords upon a disputed question of rating, which involved a payment of 10,000 l. by the hospital for arrears of rates and for costs. Two of these wards have since been thrown open for paying patients under the name of St. Thomas's Home; the other three, containing accommodation for 90 patients, remain disused; and the capacity of the hospital for free patients is thus reduced to 435 beds. The existing accommodation is altogether inadequate for the cases which apply for relief, and large numbers have to be sent away. It was estimated that an additional

10868-70, 10978-80, 11131-4, 11422.

10970-7, 11097-101, 11308-21, 11416-30, 11827-34, 11782-9.

11036, 11043, 11145-7, 11385.

* The increase in London between 1880 and 1889 was 4,400 L, and the decrease in the country, 2,780 L. Allowances were, however, made to some of the country tenants in the latter year, so that the actual rental for that year must be taken at something less than the above-mentioned 14,565 L. The receiver calculated the loss on the country estates during the last 10 years at between 20 and 21 per cent.

† This was the amount actually received, and was made up of 31,099 L for London, and 12,999 L for the country. A portion of the London property is, however, subject to a rent-charge of 906 L, and there are other rent-charges amounting to 233 L. In order to arrive at the net revenue, allowance must be made for these charges, and deductions must also be made for expenses of management and rent collection, amounting (according to the receiver's estimate) in London to 1,665 L, and in the country to 2,409 L. The total net revenue would thus be 38,885 L.

income of 6,000 l. or 7,000 l. a year would be required to open the five wards. It was suggested that this sum might by obtained by appeals to the public; a sum of 20,000 l. was in fact obtained in this way soon after the hospital was opened, but it was stated to have been raised with much difficulty, and to have been subscribed mainly by the governors; and the authorities do not appear to have viewed with much confidence the proposal to seek from public charity a permanent addition to their income.

"38. With regard to St. Thomas's Home, the opening of two of the disused wards 10866, 11372-82, 11413. under this name for paying patients was a scheme adopted, with the sanction of the Charity Commissioners, for the purpose of accelerating the process of paying off the debt. The home contains 42 beds, and produced in 1889 a sum of 5,600 l., representing a net profit of 500 l. or 600 l. a year. Each patient pays a minimum of three guineas a week. In addition to this, the Charity Commissioners sanctioned the admission to the general wards of patients paying one guinea a week, but there are not many of this class, the year's receipts amounting only to 120 %.

" Guy's.

- "39. The constitution of Guy's Hospital (St. Thomas Street, Borough), is regulated Steele, 238-83, 382, 417-21, 471-88, by an Act of Parliament, passed shortly after the death of the founder in 1725. The 512-559, 2919-77. Lumington, 9759-10131. supreme authority is a body or 60 self-elected governors,* but the whole business of the hospital is practically discharged by a 'court of committees,' meeting seven times a year, and consisting of the president and treasurer and 19 governors, who are elected at a general court, and of whom seven retire every year. Their quorum is seven; their proceedings are brought up before the quarterly general courts for confirmation; but in practice this is merely a matter of form. The medical officers, the treasurer, the superintendent, the matron, and the chaplain, are, however, appointed by the governors in the general court. In the absence of the court of committees, the whole responsibility of the hospital rests upon the treasurer as the executive authority and representative of the governors; he has power, if he thinks it necessary, to summon the court at any time; but this seldom happens. He has a residence in the hospital, but is unpaid. There is a standing sub-committee for considering matters connected with the management of the estates; another meeting every month, called the 'taking-in committee,' which consists of 10 lay governors and two members of the medical staff, and which is concerned only with the nursing arrangements; and special sub-committees are from time to time appointed for the consideration of any particular questions of importance; but all these bodies are merely of a consultative character, without executive powers.
- " 40. The treasurer orders everything which is required in the hospital and pays all the bills, the cheques being countersigned by the accountant; contracts are made by the treasurer, and supplies are received by the steward or his clerk, the steward being responsible for them. Once a week the treasurer holds a meeting and receives all the principal members of the administrative staff, the superintendent, the matron, the chaplain, and the foreman of works, who make their several reports to him. Formerly another governor, in addition to the treasurer, used to be present at these meetings, but this practice has fallen into disuse. The appointment of the house physicians and surgeons, the nurses, and the subordinate officials and servants rests with the treasurer, but he acts in this matter mainly through the medical committee, the matron, or the superintendent, as the case may be. Probationers are appointed and may be dismissed by the matron
- "41. The highest paid officer is the medical superintendent, who in this hospital holds quite an exceptional position, having under the treasurer, to whom he is directly responsible, the entire supervision of the hospital in all departments, medical, nursing, and administrative, with all necessary powers of control, including the power of suspension from duty for misconduct. He has the control of the admission of in-patients, but in practice this function is for the most part deputed to the house physicians and surgeons. He is not a member of the medical committee.
- " 42. The superintendent expressed in his evidence his opinion that the absence of a steel, 625-8. weekly board or committee having cognisance of all that went on was a defect in the constitution, and a source of weakness in the executive of the hospital; but the treasurer did not consider that any advantage would be gained by the institution of a weekly Lushington, 9962-3. committee.

- "43. The nursing establishment is controlled by the matron, but her arrangements, including the selection of nurses, are subject to the sanction of the medical superintendent and the treasurer. The whole staff numbers about 130, in addition to 50 nurses at the institute for private cases.
 - " 44. The superintendent and the matron go round the wards daily.

" 45. The

[.] One witness favoured the proposal of getting in some new blood from outside among the governors of Guy's, and he thought that the recent appeal for contributions from the public offered an opportunity for effecting this reform (Burdett, 25895-9). (93.)

515, 9805-9, 9818, 9925, 9956-61, 10111-21, 10125-31.

- "45. The hospital owns an estate in Herefordshire of about 10,000 acres, another in Lincolnshire of about 13,000 acres; one in Essex of about 9,000 acres (of which 1,400 are in hand); and house property in Southwark. The revenue from these four estates used to be 41,000 l. a year; but their net annual value at the present time is little more that 26,000 l. The country estates are managed by separate agents, one receiving 350 l. a year, another 500 l. and a house, and a third (in Essex) 150 l. and half the net profits. The Southwark property is managed by the hospital authorities themselves; it is worth 6,000 l. a year. Land can only be sold with the sanction of the Charity Commissioners, and the proceeds have to be invested in the purchase of other land. The expediency of obtaining power by Act of Parliament to dispense with this obligation has been considered; but, the present time being unfavourable for the sale of land, this course has not yet been taken. In prosperous times the governors used to spend about 6,000 l. a year on the country estates, but that amount has been reduced by one-half.
- "46. To meet this great deficiency of income resulting from the agricultural depression, the hospital authorities some years ago raised 100,000 i. by special appeal to the public, and a portion of this sum is taken over from year to year to the revenue account. Minor receipts are derived from payments by lady pupils and by the patients themselves; contributions are invited by public advertisement; and legacies form an addition to the revenue. At the same time at least 100 beds are unoccupied for want of funds, the average number occupied being less than 450 (130 only for medical cases), out of a total of 600, and many applicants have in consequence to be refused admission.
- "47. The system of payment from in-patients is similar to that adopted at St. Thomas's; one ward has, with the sanction of the Charity Commissioners, been set apart for three-guinea patients; and others paying one guinea a week are admitted to the general wards, though the beds (about 20) allotted to this class are said to be often in fact occupied by free patients. During the last few years a charge has also been made to out-patients for their medicine, 3 d. for the first supply, or 6 d. for a fortnight; but the charge is not strictly enforced in cases of great poverty.
- "48. The books of the hospital are kept by an accountant, and the petty cash accounts are examined by him and brought before the treasurer about once a quarter. The whole of the accounts are audited by a chartered accountant appointed by the treasurer with the approval of the court, and are sent to the Charity Commissioners.

" London Hospital.

- "49. The governors, of whom the London Hospital has about 4,000, hold quarterly courts, and have the ultimate control of the whole institution. They depute the management to a house committee, consisting of the treasurer and 30 governors, with a quorum of three, and an average attendance, at the weekly meetings, of about 11. The members of the medical staff form a medical council, which is summoned, when necessary, in order to deal with matters affecting their interest. There is also a college board formed of 12 members, who are taken equally from the house committee and the medical staff, and whose business it is to manage the medical school and to recommend candidates to the house committee for appointment as resident medical officers.
- " 50. The house governor is the resident officer responsible to the committee for the good government of the hospital in the absence of the committee, to whom he reports weekly. For that purpose he has, under the standing orders, entire control of all the officers and servants except the chaplain and secretary; he can suspend any officer or servant appointed by the house committee, and it is his duty, if ever he thinks it necessary, to summon a special meeting of the committee to consider the conduct of any officer appointed by the general court. In practice, though not in theory, the matron has come to be independent of his authority. The house committee, at its weekly meetings, examines the cash-book and the treasurer's book, receives reports from the house governor, chaplain, and matron, appoints the two house visitors (who serve for a fortnight, and make, as a rule, two or three visits during that period, reporting, if they think proper, to the committee), and it deals with any matters which have arisen during the week. It appoints, from time to time, sub-committees to inquire and report upon any questions needing special consideration. Its minutes are kept by the secretary. The chief duties of the last-named officer are to conduct the correspondence, to collect the subscriptions, to keep all the accounts, except those connected with the tradesmen's accounts and the supplies of food, which are kept in the house governor's office, to manage, in conjunction with the estate sub-committee, certain house property belonging to the hospital, and to take charge generally of the finances, and make up the annual report and balance sheet. He is not concerned with matters of discipline, nor are verbal complaints made to him, these matters being within the province of the house governor.
- "51. There is no resident medical superintendent, and the late chairman of the house committee expressed a distinct preference for the existing plan of giving full authority, within

Longley, 3179.

Steele, 396-7.

0049-52.

Currie, 1692-1823. Roberts, 5972-86, 6949-61. 6983-90, 6187, 6218-52, 6296-305, 8412-632. Gomm, 6927-82, 7215-25. Nixon, 8177-411, 8822-990. Buxton, 8833-744.

Gomm, 7219. Fenwick, 7572-6. Treves, 7735-9.

O This was done after the Charity Commissioners had declined to sanction a mortgage of the hospital estates (Longley, 3179-80).

within their province, to the house physicians and surgeons, subject to the control of the house committee. A member of the medical staff expressed the contrary opinion.

- " 52. The contracts are made by the house committee on the advice generally of the house governor; and the supplies are taken in partly by the storekeeper and partly by the housekeeper, the latter being responsible for the meat and eggs.
- " 53. The London Hospital, situated in the Whitechapel-road, has accommodation for 776 in-patients, and is the largest in the metropolis. Owing to the decrease in the number of large factories at the East-end, the hospital has, to some extent, changed its character of late years; has fewer accidents, and a greater number of medical cases. It ministers to a dense and poor population; three-quarters of a million of people are estimated to live within a mile of it, and it has to supply accommodation for the great outlying district of West Ham, in which, at the present time, there is no general hospital at all. It is therefore inevitable that there should be very considerable pressure on the available accommodation, and some complaints were put forward against the hospital for admitting more cases than it could properly accommodate. While, however, it was described admitted that from time to time there was some amount of overcrowding in the wards, Marchenie, 2187, Marchenie, 2187. it was urged that under existing circumstances this could not be altogether avoided, in Clark, sero. view of the vast number of urgent cases which present themselves for admission, and the lack of other hospital accommodation in the surrounding district. It was also stated that the total number of occupied beds had never exceeded 733; so that the hospital as a whole had never been overcrowded, though it was occasionally found necessary to place extra beds in certain wards; and experience showed that, whenever the beds occupied were within a hundred of the maximum number, pressure would begin to be felt Patients are admitted by the assistant-physicians and surgeon from the out-patient department and by the resident staff, and it is their duty to admit only the urgent cases; but as applicants are constantly coming in, and there must be infinite gradations of urgency in their condition, a certain amount of overcrowding under the conditions of pressure which prevail at the London Hospital seems almost inevitable.
- " 53A. The number of out-patients treated annually is upwards of 100,000, besides trivial cases which are not registered.
- " 54. The hospital employs a surveyor at a fixed salary, who is responsible, under the Nixon, 8350. house governor, for the maintenance and repair of the hospital buildings, the yearly cost of which is said to average about 2,400 l. In the case of new buildings, the surveyor is sometimes employed as clerk of the works, and his payment for that is settled by the Gomm, 7168.

 Committee. The drainage arrangements have recently given trouble, and it is Fenevice, 7632-4.

 Nixon, 8823, 8881-4. understood that extensive works for their improvement have been put in hand.
- " 55. The total expenditure for 1889 was about 59,000 l., and the receipts showed a Roberts, 8457-8524. balance of 15,842 l. Legacies were 25,733 l., the average being about 15,000 l. The Buxton, 8654-68, 8811-3, 8820. hospital is stated to own real and personal property to the value of 283,000 l. A very large proportion of the subscriptions come from the neighbourhood of the hospital. In addition to the ordinary income from subscriptions and donations, there is a "People's Subscription Fund," which is worked through a special collector on much the same principle as the Hospital Saturday Fund. A special appeal is made to the public every five years.
- "56. The petty cash accounts (amounting in the year to over 9,000 /.) are kept by Nixon, 8301-2, 8812. the house governor, and submitted weekly, with the vouchers, to the house committee, and are sometimes examined and initialed by one of the members. The other accounts are kept by the secretary; the bills are paid by order of the house committee after they have been checked by the committee of accounts; this last-mentioned body being a separate committee of 12 members appointed at the quarterly courts, and meeting once in three months, and going through all the books. The cheques are signed by the treasurer and countersigned by the secretary.
 - " 57. The whole of the accounts are audited half-yearly by a chartered accountant.
- "58. The matron is head of the nursing establishment with a staff of four assistant matrons, 23 sisters, 191 nurses and probationers, and 25 private nurses. She has the Luckes, 6120-400, 6426-32, 6802-7. Care of the nurses, and of everything connected with the nursing and cleanliness of the wards, and she is required to make frequent visits to the wards. The present matron, while superintending some years ago the re-organisation of the nursing department, used to go round the wards every night. At the present time it is considered that this is unnecessary, and would be impossible, owing to the very great pressure of other work; but her visits are frequent by day, and more so by night; and very special care is taken in the selection of the sisters, who, it appears, have a greater number of beds under their charge, and altogether a more responsible position than in other hospitals.*

"59. The matron is appointed by the house committee, and in their absence is, according to the standing orders, subject to the control of the house governor; it was,

however,

Currie, 1713.

Carrie, 1717.

Osome witnesses were, however, of opinion that the visits of a matron to the wards ought to be more frequent (Mackey, 7885-92; Fenwick, 9562).

^(93.)

however, stated that she was by established custom regarded as practically independent of that officer in the management of her own department; and she is directly responsible to the house committee, to whom she makes a weekly report. She has power to engage on trial, all sisters, nurses, and probationers; but as regards the sisters, their appointment is actually made by the committee on her recommendation; while as regards the others, it is merely reported to the committee. The number of applications from persons desiring to be taken as probationers amounted in 1889 to 1,600.

"60. The standing orders give to the matron a power of suspension from duty with the concurrence of the house governor, but she has no power to discharge a sister or A recent order has, however, conferred on her a power to terminate the engagement of a probationer at any time during her two years' training, subject to an appeal to the committee. There had previously been no means of dispensing with a probationer's services, except through a formal dismissal by the committee itself, a course which could not fairly be taken except in the case of actual misbehaviour; and the object of the new rule was to relieve the hospital from the obligation to train on for two years a probationer who showed incompetency or unfitness for nursing, and to do this without placing on her an imputation of misconduct. While the matron was regarded as the person obviously by her position best qualified to form a judgment on questions of competency of fitness in nursing, the committee reserved to itself, through the right of appeal, a power to review any special circumstances arising in any particular case in which this new rule might be applied.

"61. In the course of the proceedings before the Committee certain charges were made against the nursing department of the London Hospital, and in particular against the conduct of the matron, and much evidence was heard on both sides in relation to those charges. It is not proposed to enter into details, which were in a great degree of a personal character, but the principal heads of complaint may be stated in general terms as follows :- (1.) That probationers were employed as staff nurses before being fully trained, a course which resulted in harm, and in discomfort to the patients, and was prejudicial to the good training of the other probationers; (2.) That the best probationers were withdrawn from the wards to attend private patients, while those patients were at the same time defrauded by getting partly trained instead of fully trained nurses; (3.) That the number of nurses was insufficient, and the staff in consequence was overworked; (4.) That the food supplied to the nurses was insufficient and bad; (5.) That sick children were roused and washed at 4 a.m. in mid-winter; (6.) That the arrangement by which the sisters slept in the wards was injurious to their health; (7.) That the matron's power to dispense with the services of a probationer was unjustly exercised, and that the nurses and probationers were treated with harshness and want of consideration.

" 62. The authors of these charges were former nurses and probationers in the hospital, some of whom did not remain during the whole period of training (and of whom two at least stated grievances of their own, which were not confirmed by the evidence), and the late chaplain, who for some time before the termination of his connection in that capacity with the hospital had differences with the committee, both upon these matters and also in regard to his performance of his own duties. The charges falling under the several heads stated above were met by the evidence of the matron herself and of members of her own staff, and of the administrative and medical staff of the hospital; and the evidence does not as a whole substantiate them; while, as regards the complaints more especially affecting the matron, a large number of letters were put in, received from nurses and probationers trained in the hospital, who testified in high terms to the excellence of the nursing arrangements, and to the kind treatment which they themselves had received. A high tribute was also paid to her character and qualities by leading members of the hospital staff.

" 63. As regards the employment of probationers in responsible positions in the wards and for private cases, it was pointed out that the London Hospital did not give the nurse her certificate until after two years' training, but that many probationers were capable nurses long before the end of that period." It is said that, as a matter of fact, a probationer is in some cases, after a comparatively short training, more competent than many nurses of long experience; it is a question of individual character and capacity; and at the London Hospital, where the matron considers the careful selection of her higher staff to be the most important of her duties, probationers have in a few cases been promoted to be sisters in charge of wards. With respect to the nurses on the private nursing staff,

it appeared that none of the complaints which had occasionally been made were founded on any want of skill. Testimony was borne by several medical witnesses to the excellence of the nurses sent out from this hospital, and to the excellent nursing in the wards. One member of the senior medical staff expressed his opinion that the nurses of the London Hospital were unequalled by any other body of nurses in the country; he stated that in his private practice he had employed 93 of them during the last few years, 76 being certificated.

Yatman, 4882, 5822-9, 5139-54, &c. Page, 5366-70, 5192. Valentine, 5483-9, 5855, 5678. 5706, &c. Mackey, 8019-38, &c.

Waters, 7803-8; Appendix H.; Rathbone, 25974, 23998. Currie, 1818; Treves, 7790-9.

Luckes, 6402, 6410-8, 6455-8, 6439, 6608-20, 4804-5, 6810. Perry, 7471-4, 7486-7. Fenwick, 7377-30. Treves, 7730-4, 7748. Mackensic, 9188-93. Clark, 9673-4.

Ounder Miss Nightingale's system the period of training for a nurse is one year (Luckes, 8098, Appendix K.; p. 603). The late matron of St. Bartholomew's, on the other hand, held the opinion that every nurse required three years' training, and that no one ought to be made sister of a ward till after the full period (Fenwick, 9523-8).

certificated, and 17 probationers; and out of the whole number he had made a complaint in one case; while each one of these probationers was selected on account of her special fitness for the particular case to which she was sent, and each one gave perfect satisfaction. Objection was made that young probationers were employed as "special nurses;" but Homersham, 5710; Luckov, 6532-4. the answer was that a special nurse was always under the supervision of a senior nurse and the ward sister; that the duties of a special nurse did not necessarily require special skill or experience, but only constant attention and watchfulness; and that the individual nurse was selected with regard to the case which she was to attend.

"64. Upon the question of the sufficiency or otherwise of the nursing staff, the opinion generally expressed by the responsible authorities was that the number was adequate, and, judged by any existing standard, the proportion of nurses to patients (about 1 to 31) was high; and this is borne out by the figures given from other hospitals. The work is admittedly hard; and the matron herself hoped that the position of nurses in general would in future be improved by shorter hours of duty, longer holidays, and better pay; but it was strongly denied that the labour required of the nurses at the London Hospital was exceptionally heavy, or that their health suffered in consequence.

Luckés, 6401-7, 6757-73, 6788-92, 6854-61, 6855-8, 6901-14, 8892, Manley, 7274; Perry, 7432, 7442, 7451, 7475-9, 7604-7, 7538, Treves, 7720-2, Penwick, 7637-9, Mackenzie, 9201-7,

"65. The evidence respecting the quality and sufficiency of the food supplied to the Lacker, 6391-7, 6719, 6744. nurses shows that in this respect there was, some years ago, serious cause for complaint; but it is manifest that great efforts have been made to cure this defect, and the weight of evidence, both given by witnesses before the Committee, and appearing from letters addressed to the hospital authorities by many nurses and probationers, points to the conclusion that the food has for a considerable time past been in general both good and sufficient, and that much care is taken to keep it so.

Gomm, 6978, Perry, 7423-31, 7454-6, 7488-503, Fenwick, 7603-5. Mackensie, 9198.

"66. The statement that children were roused in the night to be washed was Luckes, 6000-5. contradicted; but it was said that in the children's ward many children under seven years of age, who go to sleep about six o'clock in the evening, awake very early, when they are given food, and the opportunity would then be taken to wash them, after which they go to sleep again. A complaint had been made by a patient in one of the other wards of being disturbed at five o'clock, but it appears to have been contrary to the rule and practice that this should be allowed.

"67. The allegation that the rooms in which the sisters sleep are unhealthy, owing to Lackes, 6815.

Manley, 7263Treves, 7892. lodged elsewhere for the sake of freedom from disturbance, but it would seem that the sisters themselves prefer to remain near their patients; this arrangement is customary in hospitals; and the evidence as regards actual injury to health was inconclusive.

Lickes, 6815. Manley, 7269-70. Traves, 7802. Femwick, 5036-7, 9578. Melhado, 12812.

"68. The complaints alleging harsh treatment of the nursing staff rested upon particular cases, and largely upon the statements of persons immediately affected. Several of these cases were gone into at very considerable length, and were answered in detail; and, without entering fully into the individual merits of these regrettable disputes, which it is hoped mark a condition of things now gone by, it may be stated in general terms that the evidence upon the whole does not substantiate these charges, or involve any general conclusion adverse to the existing disciplinary and other arrangements of the hospital as affecting the nurses. The members of the house committee have ample means to keep themselves informed how the work of the hospital is being carried on in all its departments, and ample power to intervene if anything should go seriously wrong; and your Committee are of opinion that these difficulties at the London Hospital might have been avoided if the hospital committee of that day had not allowed their authority to lapse into the hands of the permanent officials.

Page, \$392, &c.; Luckes, 6450-3, 6464-7, 6474-04, 6500-5, 6545, 8121. Yatman, 5732-41, 8047-55; Luckes 6413-42, 6925-40, 8003; Fenwick, 7620-1; Treves, 7708. Homersham, 5783, &c.; Luckes, 6361-9, 6460-3, 8048-3, 798-416; Homersham, 8504-5, 8800-17, 8871-921; Luckes, 6312-25, 6557-63, 6680-5; Manley, 7293-61, 7283-62, 7288-9. Baymond, 5927, &c.; Gomm, 706-55, 7148; Luckes, 8104-8. Luckes, 6602-7. Luckes, 6662-7. Brooke, 7313-34; Luckes 7326-7.

" Middlesex.

"69. The buildings of the hospital, in Mortimer-street, date from 1745, in which Melhado, 12510-951.

year the hospital was founded. The structure, though old, has been adapted as far as Fardon, 12892-87. possible to modern requirements, and is stated to be fairly well suited to its purpose. It is held at a ground-rent of 15 4 a year.

- "70. The number of beds is 307, but only 290 are devoted to medical and surgical cases, and that number includes 34 beds specially appropriated for cancer. The daily average of occupied beds is about 250 to 260, and the accommodation is insufficient to satisfy all applications for admission. The number of out-patients treated in a year is 38,000.
- "71. A meeting of the governors is held once a quarter, at which the attendance usually numbers 15 to 30. They appoint annually a body, styled the weekly board, composed of 24 governors, of whom 10 or 12 usually attend the meetings; the quorum is three. The weekly board delegates portions of its duty to sub-committees. The "board sub-committee" examines all the books of the hospital, the weekly account books, the disbursements of all the officials, and the attendances of the medical staff. The finance of the hospital is managed by the weekly board and the treasurers, and there is a finance committee.

- "72. The medical staff is not represented on the weekly board, but there is a medical committee meeting once a week, whose recommendations are sent up to the board; and in special cases a sub-committee is appointed to report, comprising members both of the board and of the medical committee.
- "73. The general control of the hospital from day to day, in the absence of the board to which he is directly responsible, is entrusted to a resident officer called the secretary superintendent, who has power to suspend any officer or servant for misconduct, pending the next meeting of the board. This power, however, does not extend to the nursing establishment.
- "74. There are also a resident chaplain, and a resident medical officer, who is responsible for all admissions to the hospital, has the medical care of the nurses and servants, has authority over the house physicians in the absence of the visiting staff, and keeps a general supervision over the wards of medical matters.
- "75. Contracts are made by the weekly board, and the steward is responsible for the proper delivery of supplies. Economics to the extent of 460 l. a year have recently been made in the cost of provisions, chiefly due to a new mode of preparing the beef-tea.
- "76. The lady superintendent has the sole charge (under the weekly board) of the nursing department and the female servants. About 86 nurses and probationers are regularly employed; they live in a house adjoining the hospital called the nurses' home. When necessary, special nurses are taken from outside, or brought in from the nurses' institute, which is attached to the hospital, and from which trained nurses, about 20 in number, are sent out to private patients.
- "77. The average income of the hospital in recent years was said to be about 15,000 *l*. or 16,000 *l*. Last year was an exceptionally favourable one, the total income rising to 20,634 *l*., made up as follows: dividends, 6,367 *l*.; annual subscriptions, 2851 *l*.; donations, 6,538 *l*.; alms-boxes in the hospital and in business establishments in the neighbourhood, 234 *l*.; Hospital Sunday Fund, 2803 *l*.; Hospital Saturday Fund, 411 *l*.; rents (from freehold and leasehold property left to the hospital at various times), 1,951 *l*.; incidental receipts (chiefly arising from the school account and from the sale of refuse), 196 *l*. The income is reckoned at this hospital exclusive of legacies, which are always carried to the capital account. It was, however, necessary until the last few years to utilise the whole of the legacies towards meeting current expenditure; but latterly they have more than sufficed not merely to make up the annual deficit of income, but also to replace the capital drawn out during the last 10 years. The average of legacies for that period is 17,224 *l*.; but the last three years alone yielded 131,000 *l*. Excluding a single large legacy received in 1890, the average is estimated at less than 10,000 *l*. This system of treating all legacies as capital causes the hospital accounts to show a permanent annual deficit of income. Last year the gross expenditure was 27,117 *l*., of which 2,584 *l*. was "extraordinary," i.e., for permanent improvements; but the legacies more than made up the difference. The average expenditure is stated to be about 23,000 *l*. a year.
- "78. At the beginning of 1891 the capital fund, which 10 years ago stood at 172,000 L, and decreased annually for several years after, had risen to 252,786 L. This sum includes the Special Cancer Fund of 47,132 L and also a sum of 25,896 L, which it was resolved to set aside as a permanent Endowment Fund; the remainder of the capital can be drawn upon, but only with the sanction of the quarterly court of governors.
- " 79. Constant appeals are made to the public for funds, and a collector is employed, who receives a commission of 5 per cent. on subscriptions collected through him.
- "80. The accounts are examined twice a year by a firm of chartered accountants, who who give a certificate to the weekly board. They are also examined annually by three auditors appointed by the court of governors.
- "81. The Cancer Fund, of which mention has been made, consists of money left for the endowment of the cancer wards, but is does not suffice for that purpose, and has to be supplemented from the general funds of the hospital; it is from time to time increased by legacies. These wards accommodate 26 women and eight men; they are an institution quite apart from the general uses of the hospital, being, in fact, an asylum to which incurable patients come to end their days. A rota is kept of candidates for admission, and they are received as vacancies occur. Cases of this disease fit for operative treatment are admitted in the ordinary way to the general wards.
 - " 82. The hospital has its own laundry.

" Charing Cross.

"83. Founded originally as a dispensary in 1820, and moved in 1831 to its present situation, this institution was opened as a hospital in 1834. It contains 175 beds, of which about 10 are usually kept vacant for emergencies, and the total number of in-patients admitted in 1890 was 2,165; out patients, 21,000. The hospital is generally full, and cases have sometimes to be sent on to other hospitals, but the secretary is of opinion that the medical relief in that part of London is, on the whole, sufficient.

12547-64, 12589-95, 1276-28, 12816-20, 1283-9, 12847-56, 12863-8.

Melhado, 12814-20. Gonld, 13139-50.

2797-801.

Reade, 13856-14198.

" 84. The

- "84. The organisation of the hospital is peculiar; there is an annual meeting of the governors in general court, and there is a weekly board at which also every governor is entitled to be present, but between the two is the council, which consists of the vice-presidents (about 80 in number), 24 governors elected by the annual general court, the three senior physicians, the three senior surgeons, and the physician accoucheur. The council is the paramount administrative authority, appoints the higher officials, and acts independently of the annual court. The elective members hold office for three years and are re-eligible; casual vacancies are filled by the council itself; the usual number attending the monthly meetings is from 8 to 14; at the weekly board the usual attendance of governors is about six or seven, of whom one or two may be also members of the medical staff. Practically the governors attending the weekly board are, in general, members of the council as well, and are present at the meetings of that body, so that the active management of the hospital is in comparatively few hands.
- "85. The weekly board has to superintend the whole administration of the hospital, and make all necessary arrangements, subject to the sanction of the council. Weekly reports from the various departments are made to the board.
- "86. Accounts are checked weekly by the finance committee, which consists of the 10005-4. two treasurers (who are ex-officio members of all committees), and three members of the council; it has the whole financial control, subject to the authority of the council, to which it reports every month. The yearly accounts are made up as nearly as possible in the form prescribed by the Hospital Sunday Fund.
- " 87. The practical daily management of the hospital is in the hands of the secretary, who engages all the male servants, and has power to discharge them, though in practice it is not usual to discharge anyone finally until the matter has been reported to the weekly board. The secretary lives outside the hospital, and the highest resident officer is the chaplain; either of them would in any serious case of emergency refer to one of the treasurers.
- " 88. As regards supplies, the practice is to advertise for tenders; the contracts are made by the finance committee, and confirmed by the weekly board; and the stores are taken in by the housekeeper.
- "89. The resident medical staff consists of two house physicians, two house surgeons, and an obstetrical officer.
- "90. In-patients are admitted by the house physicians and surgeons, except on Tuesdays, when the weekly board meets; on that day they are, in theory, admitted by the board itself, though practically urgent cases are taken in at once without reference to the board.
- "91. The medical committee recommend candidates to the weekly board for the regular medical appointments; and they settle the tenders for drugs, and generally, all medical questions, subject to the council. The senior medical officers are also governers of the hospital.
- "92. The nursing establishment is under the charge of the lady superintendent; and questions arising in this department are considered by the nursing committee. The hospital has only undertaken the training of its own nurses since 1889, having been previously supplied from St. John's House; but this plan of divided authority was not found satisfactory. The nursing staff numbers 51, including probationers.
- "93. The ordinary income of the hospital is about 6,000 l. a year, which is altogether 13387-97, 13902-8, 16088, 14128-42, insufficient to meet the expenses. The deficit has to be made up by special appeals 14149-51. from time to time for donations, by the proceeds of the triennial festival dinner, and by drawing on the capital which is occasionally accumulated out of legacies. This source of income is, however, a very precarious one; in one year the legacies amounted to 28,000 L, but in 1890 they were little more than 1,000 L. In the present year the sum total of investments (exclusive of some special funds tied up by way of endowment) was about 2,000 l.; and the secretary estimated that the hospital could not be carried on at the present scale for more than two years without either a windfall from legacies or a special appeal to the public.
- "94. The income from annual subscriptions in 1890 was 1,838 L; there was a small sum from rents of leasehold houses, and a small balance came to the general fund from the medical school. A considerable sum has recently been expended in enlarging the medical school; but, as the school returns a revenue to the hospital, that outlay is regarded as an investment.

Quennell, 14873-15163.

" Westminster.

"95. This hospital was founded in 1719; the present buildings date from 1834, and extensive alterations have since been made, chiefly in 1877 and 1885-86. The number of beds is 205, with a daily average of about 184 occupied. The number of out-patients is about 27,000, including casualties. The provision of medical relief is considered sufficient for this district, many patients being received from the country. Quarterly and, as occasion may require, special courts are held of the governors, who number in all about 350; these courts are the supreme authority of the hospital, and the attendance (93.)averages averages about 21 to 27 governors, more than half of whom, generally, are members of the house committee. That body consists of the president, vice-presidents, and treasurers, and 36 governors, elected by the first quarterly court in each year; and any governor may attend and speak at the meetings of the committee, but may not vote. Of the elective members one-fourth, comprising those who have least frequently attended the meetings during the year, are ineligible for re-election.

- "96. The house committee hold weekly meetings, at which the quorum is four, appoints house visitors, and receives their weekly reports, makes the necessary contracts, after public advertisement for tenders, and is generally responsible for the management of the hospital. Every fortnight the secretary's petty cash account is checked with the vouchers by the house committee, and his balance in hand made up to 50 t. All cheques are signed by the chairman and two members of the house committee, and countersigned by the secretary. The bank pass-book is inspected at each meeting.
- "97. Other committees are the audit and finance committee, the medical committee, the estates committee, and the school of medicine committee; they report directly to the quarterly board.
- "98. The audit and finance committee consists of five governors, with a quorum of two. They appoint a professional auditor; go through the bills every quarter, after they have been checked by the secretary and certified by the auditor; compare the secretary's and collector's report of receipts with the banker's book; made a report to each quarterly board; consider any questions of finance referred to them by the house committee; and prepare the yearly abstract of receipts and expenditure.
- "99. The secretary has a general control over the establishment, but the precise limits of his authority are not strictly defined. Both he and the chaplain are non-resident. There is no resident medical superintendent. Supplies are taken in by the steward in person.

"100. The nursing arrangement differs from that in other hospitals, the work of this department being undertaken by the Westminster Training School and Home for Nurses, an institution founded in memory of Lady Augusta Stanley, and having funds distinct from the hospital. The nurses are lodged in a separate building at Queen Anne's-gate, and are under a lady superintendent, who is also matron of the hospital. There is a body called the nursing joint committee, appointed partly from the home and partly from the hospital, whose duty it is to determine questions referred to it relating to nursing; but it is said that this committee has practically nothing to do. The hospital pays 1,700 \(\ell\) a year to the home, and a fixed sum for each nurse supplied beyond the regular staff. This arrangement is found to work well. There are about 63 nurses and probationers, exclusive of 67 nurses belonging to the private nursing institute.

"101. The expenditure of the hospital in 1890 amount to 13,331 \(l.\); the income to 14,109 \(l.\), made up of dividends and ground-rents, 2,706 \(l.\); annual subscriptions, 1,461 \(l.\); donations, 1,860 \(l.\); legacies, 6,610 \(l.\); Sunday Fund, 1,145 \(l.\); Saturday Fund, 300 \(l.\); and miscellaneous, 245 \(l.\) There was also a legacy of 24,000 \(l.\) Consols, and a sum of 1,000 \(l.\) given for the endowment of a bed. The invested capital amounted in 1891 to 50,806 \(l.\) to the credit of the general fund, which can be used to meet any deficit of income, and about 34,000 \(l.\) to the credit of several special endowments, including one of 17,350 \(l.\) for an incurable establishment, which accommodates seven women in a separate ward, and a certain number of male patients distributed in other wards. Legacies have averaged about 5,000 \(l.\) a year for the last 20 years, exclusive of the 24,000 \(l.\) above mentioned.

" St. George's.

"102. This hospital was founded in 1733; it was originally an offshoot of the Westminster, and was established in what was know as Lanesborough House. The present building at Hyde Park Corner is about 60 years old. The greater part of it is leasehold, held at a peppercorn rent, but a portion is freehold.

- "103. Quarterly meetings are held of the governors, who number 1,000, but every governor is also entitled to attend the weekly board which, through its committees, manages the hospital. An average of 20 to 26 governors attends the meeting of the board, and the committees elected by it are a general purposes committee, a finance committee, and a nursing committee, all of which are under the immediate control of the board.
- "104. The general purposes committee consists of 16 governors; it considers all matters concerning repairs, alterations, or additions to the hospital, advertises for tenders, accepts contracts, and reports to the board on questions of management.
- "105. The finance committee is composed of five governors, and the treasurers and trustees, nine in all; it discusses all matters connected with the finances of the hospital, the tradesmen's accounts, the selling of stock, and the increase of salaries.
- " 106. The nurses' committee comprises 12 governors elected by the board, and all the medical officers of the hospital who are governors, about 30 members in all: engages and dismisses

Queunell, 14998-15024, 15055-8, 15092; Pyne 15165-305; Allchin 15403.

14924-36, 15112-3,

15129-34, 15148-52,

Told, 11933-12288.

dismisses all nurses and probationers, superintendents generally everything connected with the nursing department, and makes a yearly report to the board. The superintendent of nurses reports to this committee, the chairman of which is frequently at the hospital, and is in constant communication with the superintendent of nurses.

- " 107. Four or more governors are appointed every month whose business it is to go round the wards, to make inquiries and inspection, especially as regards the food, and to report weekly to the board.
- "108. The chief resident officials are the secretary and the resident medical officer. The secretary appoints, and can dismiss, most of the male servants; he is responsible for the general management and good order of the hospital, and in case of necessity can readily communicate with the treasurer or one of the senior medical staff. The hospital is also constantly being visited by the treasurer and other governors.
- "109. The head of the nursing department is the superintendent of nurses, who has an establishment of between 90 and 100 nurses (including probationers), and who also engages the female servants.
 - "110. The steward has to receive the supplies, and is responsible for their quality.
- "111. The expenditure for 1890 was 27,364 l. ordinary, and 950 l. extraordinary. In 11988-12010, 12116, 12126-30 that year the receipts were, house rents, 1,056 L; annual subscriptions, 6,644 L; donations, 1,754 L, and 1,000 L stock; legacies, 27,781 L (including one of 20,000 L, or, deducting the duty, 18,000 L; the average income from legacies was put at 5,000 L); Hospital Sunday Fund, 156 L; Hospital Saturday Fund, 400 L; dividends from 441,640 L of capital invested, 12,642 L; altogether upwards of 50,000 L, exclusive of the 1,000 L stock.

"112. Of the whole amount of 441,640 l. invested, about 110,000 l. is tied up, so that only the income can be used. The hospital has been fortunate in receiving within the last few years several very large legacies (two of 100,000 l.); previously it was found necessary to sell out yearly 2,000 l. or 3,000 l. stock to meet current expenses. A collector is employed to bring in subscriptions; he is paid by commission, but is not encouraged to

- "113. As regards accounts, the usual practice is for the treasurer to look over the secretary's accounts weekly. They are also laid on the table at board meetings, but are not then systematically examined. Comparisons as to expenditure are made, quarter by quarter, by the finance committee.
- "114. The charge for general repairs last year was 1,200 L; this seems to have been below the average.
- "115. There is a superintending architect attached to the hospital, who receives 5 per cent. on work done under his superintendence, and 24 per cent. on minor repairs.
 - " 116. The sum paid for rates was 365 l.

canvass.

"117. The hospital contains 356 beds, 205 surgical and 151 medical. Altogether 11976,11978-80.

4,466 patients were admitted last year, and the daily average was about 335. Applicants have constantly to be sent away for want of room, and, especially during the winter, there is often great pressure for admission to the wards.

" University College.

- "118. The hospital, now standing in Gower-street, was opened in 1833, having grown Nixon, 15452-811. out of the University Dispensary, which was started in Gower-place in 1828. It contains 207 beds, of which 181 on the average are occupied, and though it is situated near other hospitals, the secretary was of opinion that 100 more beds could easily be filled. It is admitted to be structurally inconvenient, and its rebuilding is contemplated; but its sanitary condition is said to be good. Nearly 40,000 out-patients have been treated in a year.
- "119. The hospital was founded for the medical school of University College, and is under the ultimate control of the council of the College. But the executive authority is the hospital committee, consisting of 14 members elected at the annual meeting of governors and subscribers, seven nominees of the council of the College, and three delegates from the medical committee. The hospital committee appoints a house and finance committee, and a Samaritan fund committee; its meetings are held fortnightly; it deals with recommendations from the other committees, receives the visiting governor's report, and a general report from the secretary of proceedings in the hospital during the past fortnight, and considers any decisions of the council of the College.
- " 120. The house and finance committee has to audit all the accounts fortnightly, recommends the necessary payments to be made, inspects the store and other accounts, and has control of the nursing arrangements and the servants.
- " 121. The minutes of the hospital committee are laid before the council of the College, which has power to intervene, and its seems that there is also a power of intervention in (93.)

the general meeting of subscribers, but practically it has has not been exercised; nor has any difficulty arisen in the relations between the hospital and the college.

"122. The secretary is charged with the general superintendence of the structure and management of the hospital, and the control of the officers and servants, except the nursing staff. In case of emergency he would appeal to the treasurer, or (in a medical matter) to the Dean of Faculty of Medicine. He is not, however, allowed to interfere with matters placed under the control of the resident medical officer. The last mentioned is the highest official who actually resides in the hospital; he controls the admission of in-patients, except those who are taken in through the out-patient department.

Nixon, 15610, 15848, 16143; Cecilia, 15824-44 15847-919; Barlow 15949-59; Allison, 16685-724; Vol II., p. 325.

"123. The hospital is nursed by the Sisterhood of All Saints, Margaret-street, in consideration of a fixed payment, an arrangement which is said to work efficiently, notwithstanding the division of authority. The sister superior, who fills the post of matron, is summoned before the house and finance committee once a month to make her report, and give any information required about her department. She engages the nurses, and has the staff of about 75 for the hospital, lodged in a neighbouring building, and separate from the religious Sisterhood. Formerly Nonconformists were not admitted to the paid nursing staff, but from 1889 this restriction has been abandoned.

15525-47, 15758.

"124. Constant appeals are made to the public for contributions. The total income in 1890 was 19,334 l., slightly less than the expenditure. Annual subscriptions yielded 2,000 l.; dividends, 2,944 l.; legacies, 1,973 l.; students' fees (i.e. one-third of the clinical fees, the other two-thirds going to the medical officers), 596 l.; people's contribution fund, 500 l.; donations, 7,853 l. (including 1,250 l. from Sunday Fund, and 232 l. from the Saturday Fund, and the proceeds of the yearly dinner). The 10 years' average of legacies was 4,300 l. a year, including an exceptionally large one of 11,000 l. The hospital has 62,515 l. permanent endowment, 13,488 l. invested for general purposes, and 36,048 l. to the credit of the Samaritan fund. This fund differs from the corresponding fund in other hospitals, in having this considerable endowment, and in being managed by a special committee. It assists in maintaining the "invalid's dinner table," an institution peculiar to this hospital, and regarded with some disapproval by the secretary of the Charity Organisation Society; it is a sort of soup kitchen, to which a limited number of persons are sent from the out-patient department.

Loch, 26118.

" King's College.

Wace, 18633-831. Bousfield, 1261.

- "125. This hospital, situated in Portugal-street, Lincoln's Inn Fields, was founded in 1839 for the instruction of the students at the College; and its present constitution is laid down by an Act of Parliament passed in 1851. It is managed by a committee of 24 governors elected at the annual court; the principal of King's College and the treasurer are official members, and some members of the medical staff are always placed on the committee. The medical committee, which includes the whole staff, some 25 in number, does not in general take any active part in the administration. The detailed work is performed by a variety of committees, which report to the committee of management. These are the finance committee, the nursing committee, the works committee; a committee for raising funds; the dispensary committee, and the Samaritan fund committee. The finance committee meets once a month, when the several accounts are examined and initialed; this work was formerly done every fortnight, but that course was found inconvenient owing to many of the payments being made monthly. The trade contracts are made by the finance committee after advertisements for tenders; and supplies are taken in by the steward.
- "126. House visitors are appointed from time to time by the committee of management.
- "127. The secretary, who at the present time fills also the offices of chaplain and warden, but does not reside in the hospital, is the head officer; appoints the servants, and has supreme authority over all the resident staff in the absence of the committee, to which he is responsible. There is no resident medical superintendent, and the chairman of the managing committee was of opinion that much opposition would be offered to such an appointment; but it was explained that the house physicians and surgeons are directly responsible to the committee.
- "128. The nursing was undertaken, until six years ago, by the St. John's House; but the arrangement was not altogether satisfactory, and the hospital now trains its own nurses, of whom there are about 80 in all, exclusive of the private nursing staff. The matron engages the nurses, but with respect to the sisters and the special probationers, their names are submitted to the nursing committee for recommendation to the committee of management.
- "129. The accounts of last year showed a deficit approaching 6,000 *l.*, the expenditure being 17,126 *l.*, and the ordinary receipts 11,288 *l.*, to which annual subscriptions contributed 2,292 *l.*, donations 5,150 *l.*, and Sunday Fund 1,406 *l.* The legacies are carried to a special account, and they and the invested capital can only be spent by permission of the council of King's College. Last year's legacies came to 2,464 *l.*; they

18640-65.

have

have averaged since the foundation of the hospital 3,060 l. a year, and for the last 10 years 4,020 l. The annual deficit, averaging for the ten years about 4,000 l., is made up from this source, and, when necessary, by the sale of investments. These amounted in the present year to less than 20,000 l., of which the Reardon Samaritan trusts funds absorbed 7,800 l.; and 10,500 l. was invested in land of increased prospective value, but at present uproductive. Constant appeals are made to the public, and the annual festival dinner produces a considerable sum. A few years ago it was found necessary to close two wards for lack of funds, but it has fortunately been found possible to re-open them. The full capacity of the hospital is 220 beds (90 surgical, 90 medical, and the rest special); the working average is over 200 occupied, and it is impossible to satisfy all applications for admission. The out-patients number about 20,000.

" St. Mary's.

"130. The control of this hospital (in Cambridge Place, Paddington), which dates Ryan, 14371-500, 14316-676 from 1845, is vested in quarterly and weekly boards of governors, both of which are open boards, which every governor is entitled to attend. There are also two standing committees, called the house and finance committee and the medical committee.

- "131. The work of the quarterly board is to read the minutes of the weekly board for the three months, and to confirm them or otherwise. The weekly board receives and considers a fortnightly report from the house and finance committee, a monthly report from the medical committee, a monthly report from the house visitors (two governors appointed monthly by the board to visit the wards), and reports from the chaplain, the matron, and the resident medical officers. The board further examines the medical officers' attendance book, the medical and surgical admission books, the 'two months' book' (in which every patient who has been more than two months in the hospital is reported upon), and the weekly return of out-patients; and the chairman signs a warrant authorising the payment of accounts passed by the house and finance committee.
- "132. The house and finance committee practically manages the hospital as the executive authority. It receives reports from the secretary, matron, steward, and house visitors, examines the steward's detailed account of the receipt and expenditure of stores, and audits the whole of the accounts month by month, checking all the various books and balancing each of the several heads of account. The members of this committee usually attend also both the weekly and the quarterly board, so that here, as in many other cases, the whole management practically devolves in general on a small number of individuals. On the other hand, the chairman of the committee expressed an opinion Bird, 14717-37. unfavourable to government by an open board, on the ground that it brought about a want of continuity in the work, and that there was always the danger of a packed meeting, or at least of those who had given their attention to the management of the hospital being out-voted by persons who rarely attended, and had no practical knowledge Morris, 14888-43 of the work of administration. Both he and a member of the medical staff bore witness that actual inconvenience had from time to time arisen from this cause, but there does not seem to be evidence of any such friction having been felt in other hospitals in which the whole body of governors have an ultimate power of control.

"133. The medical committee meets monthly, receives reports from the medical superintendent, and from the dispensary visitors (two governors appointed every month by this committee to visit and supervise the dispensary), and examines the 'six months' book' (a record of out-patients who have been six months or more under treatment), the septic book, the post-mortem book, the temperature books, and books registering particulars of the cases in the wards.

- "134. An annual meeting is held at which subscribers as well as governors may be present; and the press are admitted to this, and also (if they choose to come) to the quarterly meetings.
- "135. In the absence of the weekly board and house committee, the head of the establishment is the secretary, who has power of dismissal over the subordinate servants, reporting in every case to the weekly board. The secretary does not reside in the hospital, and at night the medical superintendent is acting head of the establishment. The particular duty of this officer is to superintend the resident medical officers, the clerks and dressers, and he exercises a general supervision in medical and sanitary matters. He regulates the admission of those in-patients who hold letters of recommendation (urgent cases being admitted, without letter, by the house physician or house surgeon on duty).
 - "136. The hospital chaplain is non-resident.

"137. The head of the nursing staff, numbering about 60, is the matron, who is responsible to the house and finance committee and to the weekly board; if additional assistance is required in this department it is obtained from the institute of nurses belonging to the Brompton Consumption Hospital.

14386-7, 14455.

14473-88, 14593-91.

"138. The hospital contains 281 beds, of which about 255 are usually occupied; and there is said to be very considerable pressure on the accommodation," the hospital serving the whole district west of the Edgware-road and north of Hyde Park. Its enlargement is in contemplation, and land is already being acquired with that object.

"139. The total expenditure for 1890 was 23,608 l. The income was 22,544 l.; comprising annual subscriptions, 5,227 l.; donations, 3,177 l.; dividends and rents, 2,521 l., legacies, 8,276 l. (slightly above the average of 10 years from this source); Sunday Fund, 2,083 l.; Saturday Fund, 368 l.; payments by probationers, 412 l., and minor items. The balance had to be made up from capital. The hospital now holds investments to the extent of about 72,000 l., the whole of which could, if necessary, be sold out.

"140. The Samaritan Fund (which at this hospital is called the Convalescent Fund) is administered by the secretary, under the control of a committee.

" Royal Free.

Their, 16149-450.

- "141. The government is entrusted to a court of governors, meeting annually, a committee of management, consisting of 30 governors elected at the yearly court, and a weekly board of 12 members of the committee. The weekly board manages all the general business of the hospital, but any matter of importance is referred to the committee, which meets quarterly, and can be specially summoned at other times by the board. A printed report of the board's proceedings, a statement of accounts, and other returns, are sent to every member of the committee before each quarterly meeting.
- "142. The weekly board is assisted by a finance committee selected from among its own members, and meeting every week before the board meeting. The finance committee, or some members of it, examine the weekly expenses and the payments made during the preceding week, examine and initial weekly the various books containing accounts of money and stores, and make a similar examination into the quarterly accounts before they are paid.
- "143. The secretary is the representative of the committee and of the board in the general administration, and has supreme power in their absence and subject to his responsibility to them.
- "144. The nursing staff consists of a lady superintendent and 40 nurses and probationers, who are trained in the hospital. The lady superintendent has a power of suspension, but not of dismissal.
 - "145. There is a non-resident chaplain, and a senior resident medical officer.

16226-8, 16246.

16181.

16173-6

16177-8, 16214-25 16336, 16408.

- "146. A portion of the existing hospital buildings was occupied prior to 1842 as a cavalry barrack. In that year the hospital, which had been founded in 1828, was removed from Hatton Garden to the present site in Gray's Inn-road; but the receipt of large legacies has enabled the committee to pull down and replace the greater part of the barrack buildings, and it was intended to issue a special appeal during the past year for funds to complete the work of re-construction, and also revise the whole system of drainage, which is on an unsatisfactory footing, though the drains are regularly tested by the architect, and no actual mischief has arisen. The number of beds is 160, with an average of 135 occupied; and there is considerable pressure on the available accommodation. The out-paties in 1890 numbered 17,263, besides nearly 11,000 casualty cases. In the years 1832, 1849, and 1854, this hospital was given up to cholera patients, and received 700, 3,000, and 6,000 cases in those years respectively.
- "147. The income for 1890 was: annual subscriptions, 1,013 L; donations (including alms-boxes in the hospital), 2,255 L; dividends, 934 L; nurses' training school, 625 L; sundry receipts, 22 L; legacies, 6,855; total, 12,904 L. The average income for 10 years was 12,398 L, including 7,370 L from legacies. The expenditure last year was 10,671 L Convertible investments were held to the value of about 19,000 L, and special endowments, 6,213 L. It has not been the custom to make constant appeals for subscriptions in aid of income.
- "148. The special feature of this hospital is the admission for clinical training of the female medical students attached to the London School of Medicine for Women.

" Metropolitan.

Byers, 16725-16919; Goodsall, 16920-17007. "149. This institution was first founded as a dispensary in 1836; and some beds were afterwards added. Forced by the extension of the Metropolitan Railway to quit its quarters in Devonshire-square, Bishopsgate, it migrated in 1886 to its present situation in Kingsland-road, N.E., about two miles from the London Hospital, and the same distance

O There may be great pressure on some of the special wards, at the same time that there are vacant beds in other parts of the hospital. The existence, therefore, of unoccupied beds does not prove that the hospital is able to cope fully with the demands on its accommodation.

† See page clxxvi.

distance from St. Bartholomew's. The buildings are new, and are claimed to be constructed on the best sanitary plans. In 1887, on the adoption of the provident system in the out-patient department, the title of 'Metropolitan Free Hospital' was dropped, and that of 'Metropolitan Hospital' was substituted.

- "150. The hospital is governed by a general committee of management, meeting monthly, and comprising from 12 to 24 governors, elected at the annual meeting, besides the president, treasurer, trustees, and four members of the medical staff. From this body is elected a house committee of nine members (including one physician and one surgeon) who met once a week; and the house committee in turn appoints three of its members to form the finance committee, which meets and examines the books once a quarter (after they have been audited and certified correct by a chartered accountant), and reports to the next meeting of the general or house committee. All the accounts are paid quarterly, and the cheques are signed by two members of the finance committee. The books are always produced to the house and general committees, but are only systematically examined by the finance committee and the auditor.
- "151. In the absence of the weekly committee, the secretary (non-resident) is head of the whole establishment, except the medical and nursing staff. Supplies are taken in by the housekeeper who is responsible to the sister in charge of the nursing staff. Contracts are made by the house committee.
- "152. The nursing is undertaken by a Sisterhood on the same plan as that at 16841-43. University College Hospital; 16 nurses are paid for under the contract, but the actual number was stated to be 32, additional ones being brought in by the Sisterhood for training.
- "153. The hospital can accommodate 160 patients; but only half that number of beds 14078-9. have as yet been brought into use; many applicants have to be sent away; and the accommodation is said to be very insufficient for the district.
- "154. The total expenditure in 1890 was 7,500 l. The income from provident patients 10700, 10704, 10892-9014. amounted to 670 L; donations, 2,400 L; subscriptions, 565 L; dividends, 240 L; legacies, 2,100 l.; Sunday Fund, 312 l.; Saturday Fund, 87 l.; and there was a deficit of more than 1,000 l.

"155. The provident system, as worked in the out-patient department of this hospital Brenz, 16734-61, 16763-98, 16927-41 Goodsall, 16927-61, 16763-98, 16927-41 Goodsall, 16927-61, 16982, 16993-61, 16983, 16983-61, 16983, 16983-61, 16983, 16983-61, 16983-6 1 d. a week or 4 d. a month; entrance-fee (except for members of benefit societies), 6 d. The wage limit is 21 s. a week (35 s. for a family). The system includes home attendance at a fee of 6 d. by day, 1 s. in the evening, and 2 s. by night; midwifery cases, 15 s.

- "156. Admission to the out-patient department is not exclusively confined to the provident subscribers. Anyone may be treated for the first time free, and the doctor may authorise a free patient to come again. The statement for 1890 shows 14,000 new free cases with 23,000 attendances; the attendances of subscribers were 43,000. Four medical men are specially allotted to the provident members, of whom there were estimated to be about 7,000,-a disappointing number. The plan has recently been adopted of collecting the members' subscription from them at their homes.
- "157. The objections raised by the general practitioners to this department of the Metropolitan Hospital are mentioned under the heading of out-patients.

" West London.

- "158. This institution in the Hammersmith-road was founded in 1856 as a dispensary Gilbert, 20135-566. for Fulham and Hammersmith. In-patients began to be taken in 1860, and at the present time there are 101 beds, with an average of 94 occupied. Applications for admission have frequently to be refused for want of space. The out-patients average 21,000 in the year.
- "159. The hospital is governed by a committee of management of 50 to 60 members meeting monthly, and receiving reports from its subordinate committees, the house and finance committees, and from the medical council. The house committee is the executive body, and consists of eight members with a quorum of three.
- "160. The secretary is responsible for the management in the absence of the committee, and his control extends to the nursing establishment. Contracts are made by the committee, tenders being submitted by invitation; and the food is taken in by the housekeeper.
- "161. The books and accounts are checked by the finance committee; bills are paid, as a general rule, quarterly, and a professional auditor is employed.
- "162. The financial position is shown in two accounts; the estate account, which for 20390; 1890 was said to give an income of 3,176 l. against an expenditure of 2,175 l., and the maintenance and management account, with an income of 4,971 l., made up of annual subscriptions, 2,411 l.; donations, 994 l.; almsboxes, 314 l.; Sunday Fund, 572 l.; Satur-

day Fund, 175 l.; friendly societies' demonstrations, 242 l.; and church and chapel collections, entertainments, and miscellaneous sources. The expenditure on this account was 6,084 l ; and the deficit was made up by borrowing.

"163. The annual average from legacies since the foundation of the hospital has been only 730 /. The amount of money invested appears to be about 3,000 L, and the hospital has house and garden property in the neighbourhood.

"164. The nursing staff consists of a lady superintendent and 26 nurses, trained in the hospital. There is no nursing committee.

"ADMISSION OF PATIENTS.

Letters of Admission.

Letters of Admission.

Gwy's.—Steck, 427.

Loudon.—Carrie, 1707-9, 1788-93, 3017, 3020, 3076-7.

St. Bartholomew's.—Clarke, 2004-5; Waterlow, 2529.

St. Thomas s.—Bruss, 19864-5.

St. George's.—Todd, 11941, 11949.
Charing Crass.—Rende, 13849-61.

St. Mary's.—Bran, 14377-9; Morris, 14813.

Westminuter.—Quannest, 14879-30; Allehin, 15386.
University College.—Nixon, 15434-6, 13669.
King's College.—Wick, 18716-9; Curnow, 18935-6.

West London.—Alderson, 16637-9; Taylor, 17810, 17833-4, 17843-8; Gilbert, 20345-8.

Royal Pree.—Theis, 16188.

Metropolitian.—Byers, 16749.

Abuse of Letters.

Todd, 11955-8; Bousfield, 1347, 1401-6.

Browne, 3779-82; Bennett, 4280-394-6, 4312-29; Brown, 25617.

Montefiore, 1517. Taylor, 17849.

Migratory Habits of Poor. 3040, 2108, 3181, 2619, 24849-51, 2799, 2809-13, 11252-3.

"165. At most hospitals, though not all, the governors and subscribers have the right to give to deserving cases letters for admission as in-patients or for treatment in the out-patient department. According to the evidence received from a good many of the hospitals, however, the usual practice at the general hospitals appears to be to give a very slight preference to cases bringing letters over those (and they are the vast majority) who come without them. An outpatient letter will sometimes open the way direct from the street to the outpatient department when a person not so provided must first pass through the casualty room and take his chance of being passed on or treated summarily there. But any person whose illness is sufficiently serious appears to be considered equally in either case a proper subject for treatment. So, in regard to admis-Mackengie, 2131.

Michelli, 16004.

Mechelli, 16004.

Mechelli, 17337-62, 17453, 17465; Fowler, 1772+5, sion to the wards, the only privilege attaching to a letter seems to be that, where two cases are of equal gravity, the preference will be given to the recommended case; but disease, it is said, and not the recommendation of a

subscriber, is the real passport of admission; and with the officer whose duty it is to admit to the hospital (usually the house physician or surgeon) rests practically the selection of the applicants to be taken in.

"166. It is generally understood that letters are intended to be given only to the poor who are unable to pay the expenses of private treatment; but it is said that they are not always distributed with a strict regard to this principle. Some discussion took place with regard to the use of hospitals by the subscribers for the treatment of their domestic servants, and some witnesses held this to be in strictness a misuse of the hospital accommodation, though it was admitted that the funds of the hospital might derive benefit from the practice. The argument was, that beds used in this way were withdrawn from the very poor, for whom they were intended, and that contributions given by way of charity did not entitle the giver to any services in return. The abolition of letters was advocated; it was shown, however, that subscriptions were made to hospitals by friendly societies, provident institutions, and business establishments, and notably by the Hospital Saturday Fund, with an express view to obtaining in return and making full use of letters of admission; and there seems no doubt that some hospitals derive a substantial part of their funds through the system of supplying these letters to subscribers. The use of out-patient letters in some form was advocated by some of those witnesses who desired to restrict the operation of the out-patient department, but their proposal involved a strict obligation to see that the letters were given to none but suitable cases.

"167. Evidence was given of the tendency of the poor to go about from one hospital to another, as well as the habit (mentioned later in connection with the question of the unequal distribution of hospitals) of going to a distance rather than seeking relief near their homes. Many patients come up from the country.

"IN-PATIENTS.

"168. In-patients are usually taken in by the house physicians and surgeons or (where there is such an officer) by the resident medical superintendent. It was suggested, and your Committee think not altogether without reason, that there was a danger of beds being kept vacant for the reception of 'interesting' cases, but the evidence from the hospitals did not admit that cases of urgency were rejected with that object.

"169. One method is for the house physicians and surgeons to take in by turns, each one having a ward or number of wards to which he admits; so that, during his turn for taking in, patients are as a rule admitted to the other wards, unless the pressure for admission makes it necessary to do so.

"170. It is not the practice of the hospitals to receive either hopeless cases (unless the symptoms are particularly urgent) nor chronic cases.

"171. Patients are discharged as soon as they are fit to be moved, or when it is considered that they have received all the relief which the hospital can give, often long before they are fully cured.

"172. The total number of beds in the general and special hospitals in London combined is stated to be 8,500, of which 6,500 are continuously employed (8,094 beds, of

Taking-in.

Steele, 296-305, 311; Waterlow, 2531, 2542-4; Walker, 11025-8; Melhado, 1257e-92; Rende, 13934-8; Ryan, 1465-7; Quennell, 14937-9, 14945-6; Nixon, 15650-6; Theis, 16193-8; Byers, 16830; Michelli, 18093-8.

Mackenzie, 9091, 9098-9, 9115-29.

Steele, 458-9; Rennett, 4283-4; Bridges, 23331-5,

Discharge. Steele, 326, 141; Waterlow, 2530.

Number of Beds.

Steele, 2927. Burdett, 25363. Bridges, 23171.

which 6,143 are constantly occupied, according to another witness); in the poor-law infirmaries and sick wards of workhouses 14,000 beds with 12,000 in continuous employment (12,445 beds in the infirmaries alone); and the Metropolitan Asylums Board has 3,505 beds for infectious cases, the average number occupied being 707 in the year 1888.

"173. Infectious cases (except measles) are not ordinarily admitted to the general hospitals. Your Committee note that influenza had not then attracted the attention which has lately been given to it. Where a patient is found to have an infectious taken in. Some hospitals admit ordinary cases of diphtheria, while others reject this officer, 2269; Waterlow Cases.

Waterlow 2469; Walker, 11032; Wethada, 12531-41; Reade, 14174-6; Re disease except in cases of urgency; some isolate it in a separate ward, others do not.

"174. King's College Hospital admits a maximum of 10 cases of scarlet fever at a Wace, 18790-2; Monk, 18909-12; Curnow, 18995-19001. time; they are not isolated, but are distributed among the wards.

"175. In regard to Lock cases the practice varies; some hospitals do not profess to admit them; others do not favour them, and take in only a small number. Altogether, there seems to be a prevalent tendency at the general hospitals to reject these cases; there are objections to their admission to the general wards, and there is not always a separate Lock ward.

Infectious Cases.

Lock Cases.

2697, 2856-918, 2969-82, 2054-5, 2688, 10083-38, 11093-6, 11298-307, 12298-8, 12747-8, 14177-8, 16435-8, 15955, 13564, 15979-3, 16104, 16301, 16865, 17135, 18032-40, 18049-51, 18281, 24034-8, 1385, 10087, 10101.

"OUT-PATIENTS.

"176. The immense increase in the importance of the out-patient departments of hospitals, and the vast numbers of persons who are now treated in them, give great prominence to this branch of the subject. Taking a few of the large general hospitals, we find that at the London, more than 100,000 out-patients are treated in the year (243,000 attendances); at St. Thomas's, 25,000; at the Middlesex, 38,000; at Charing Cross, 21,000; at University College, nearly 40,000; at King's College, 20,000; all these being separate cases, each of which comes, on the average, three times for treatment, and being, moreover, exclusive of many trivial cases which are not recorded, and also exclusive of lying-in cases which are treated outside the hospital. The number of out-patients treated during the year at the 11 hospitals, with schools, was estimated by one witness at over Hardy, 971. half a million. Extremely opposite opinions are held as to the usefulness of these departments, and as to the mode in which they are conducted.

"177. On the one hand it is urged,-

- "(1.) That the number of persons who come for treatment is so great that they cannot be properly attended, and that in consequence,
 - "(2.) The patients are often wrongly treated, and
 - "(3.) Are in many cases treated by unqualified students.
- "(4.) That the hospitals encourage large numbers to come, in order to raise funds from the public by showing a large total of cases treated.
 - "(5.) That the hurried treatment has a bad effect on students.
- "(6.) That the evils of crowding and hurry are aggravated by the treatment of trivial cases which ought never to come to a hospital.
- "(7.) That no sufficient discrimination is used in the admission of out-patients, whereby,-
 - "(8.) Persons are treated free, who ought to pay, and
 - "(9.) The poor are pauperised and rendered improvident, and
 - "(10.) Provident dispensaries are stifled, and
 - "(11.) The general practitioner is both deprived of his patients, and
 - "(12.) Is driven to reduce his fees.
- "178. Those, on the other hand, who uphold the efficiency and the usefulness of the out-patient department, maintain that these objections are either exaggerated or totally unfounded; that it is of great value to the private practitioner in two ways, by affording him a ready means of obtaining a consultative opinion in a difficult case, and also by enabling him to dispose of a patient who cannot pay his fees; and that, in the interests of medical education, it is absolutely indispensable.
- "179. Some would abolish the out-patient department altogether, and these cite the Edinburgh hospitals, which have none; some would reform it, and there are several ways in which they propose to effect the reform; and some are content to let it go on as it is.
- "180. The views of opponents and critics, together with the evidence on the other side, may conveniently be considered under the several heads already enumerated.
- (1.) Overcrowding and hurried Treatment.—That the number of persons who come Montestore, 51. for treatment to the out-patients' rooms of some of the hospitals from time to time brings a strain on the powers of the staff to deal with them is an undoubted fact. Not only was it stated and repeated by witnesses who were avowedly hostile to the system, but it

Great Number of Outpatients.

Burdett, 25807. Holmes, 671-2; Kay, 4514-5. Nixon, 8863.

Objection to Out-patient Departments.

Clarke, 2049-50, 2038; Mackeaule, 2176-8, 2191; Cross, 10398; Fardon, 12987; Fowler, 17728-9, 17730-7; Taylor, 17789; Armitage, 1935; Gilbert, 20375; Moore, 19621; Barker, 16106.

Montefore, 57; Hardy, 790, 894, 843, 844-5, 860; Bounfield, 1255, 1374; Corbyn, 3326, 3871; Dowse, 19683; Tais, 22300; Brown, 25432.

Steele, 450-1, 381-91; Bonsfield, 1233-46, 1254, 1290-6, 1329, 1392-5; Clarke, 1948-54, 1943-74; Walker, 1969-9; Waterlow, 2437-49, 2463-72; Ord, 11282; Starkey, 11887; Pardon, 1289-90; Wilbrocks, 14793-4; Morris, 14893-11; Barlow, 15994-30; Theis, 16863-5.

Clarke, 1964-8; Owen, 12435-6.

Reade, 14159-60; Willcocks, 14289-94; Allchin, 15386; Barlow, 15937.

Clarke, 1969-72, 2051-3, 2058-62; Moore, 10621-6; Waterlow, 3642-3.

Nixon, 8850.

Clark, 9664-5.

Holmes, 684; Owen, 12943-9; Fardon, 13917-28; Gould, 13120-4; Wilcocks, 14302-3, 14312; Morris, 14802; Farker, 16016-9; Curnow, 19981; Kay, 4563.

Hardy, 792-613, 847-8, 890-904, 930-2; Bonsfield, 1327; Cerbyn, 3621-6, 3715-20; Ehabha, 2864-73; Farmer, 3304-17, 3122-30, 3363, 3463-4, 3494-506. Brown, 25336-40.

Curric, 1721-4; Clarke, 1975-6; Waterlow, 2435-6; Brodhurst, 4608-40; Lushington, 10119; Cross, 10397; Moore, 10519-20; Owen, 12502-4; Fardon, 12015; Earlow, 125034.

was admitted by several officers on the staff of the hospitals themselves. It seems. however, from the evidence of the latter class of witnesses, that this evil has of late been greatly mitigated by the checks (to be described later) which several of the hospitals have adopted upon the indiscriminate admission of out-patients. It was further asserted by many gentlemen in private practice, some of whom had formerly had hospital experience, that the overcrowding was such that it was impossible to give proper attention to the cases, and it was said that a single doctor would dispose of 60 cases or more in an hour. The charge of hurried treatment seems to have been brought against the hospitals generally, but to have been especially directed against St. Bartholomew's and the London. On the other side it was alleged that this statement did not fairly represent facts; but to arrive at any conclusion on the point, it is necessary, first, to see how the out patient department of a great hospital is worked. The plan adopted is not always the same, but in the larger hospitals the people are generally received, in the first instance, between certain hours in the casualty room where they are seen by the assistant or house physician or surgeon (who is assisted in some hospitals by one or more of the advanced students). Many of these cases are of a trivial character, and are disposed of at once. The more serious ones are not treated in this way as 'casualties,' but are passed on, with a ticket or letter, to the out-patient department proper, where they are seen by the assistant physicians and surgeons. It is thus possible to pass a large number of patients through the casualty room in a comparatively short time, but the work there is to a great extent, merely that of sorting and sending on, while of the slight cases, which are at once treated, may require only (it may be) a diarrhea mixture, or a dressing which is applied under the house surgeon's direction by one of the student 'dressers.' In some hospitals (e.g., St. Bartholomew's) the patients are first received by members of the junior assistant staff, whose duty is solely to divide them into 'casualties' and 'out-patients,' and to forward them to the proper department for treatment, the casualties being sent to the house physicians and surgeons. This sifting process can, of course, be done very rapidly. At the Charing Cross and Westminster, and some other hospitals, patients are, during half-an-hour in the day (or other limited period) admitted direct to the out-patient department.

"As incidental to the evil of overcrowding, complaints were made that patients were sometimes kept for many hours waiting before they could be attended to, but it is not easy to see how this could be avoided, and it may to some extent have the good effect

of keeping away people able to pay their own doctor.

" As regards the numbers actually treated by a single doctor in the out-patient department, the evidence from the hospitals themselves does not agree with these allegations of extreme haste in treatment. At Guy's, for instance, we are told that on an exceptionally busy day some 480 cases will be treated, but this number includes the casualty cases, which are dealt with by the resident staff; for the out-patients proper there are four doctors who are in attendance for about four hours, and of the cases treated by each of them, only about 20 are new cases. It was denied that at St. Bartholomew's, anything like 60 cases were disposed of in an hour by one man. At that hospital. during six days in May 2,356 medical cases were admitted to the casualty department, or 390 per day; they were attended to by seven doctors, and deducting the more serious cases, which were drafted off to the out-patient department, it was estimated that three or four minutes were given on the average to each of the remainder. During 10 days, the total number of out-patients proper at St. Bartholomew's, was 769 medical (of whom 190 were new), and 449 surgical (of whom 159 new). From the London Hospital a detailed analysis was given of the work in the out-patient department during a week in May 1890, from which it appears that new and specially reserved cases were seen on the medical side at the rate of 13 per hour; old cases 33 per hour; on the surgical side, new and reserved cases, seven per hour; old cases (many of them very trifling) 43 per hour. Sir Andrew Clark, speaking of his own experience at the 'London,' said that new cases would have 10 minutes or more; but, considering that the vast majority of cases were trivial, and had only to be told to continue the treatment already prescribed, it was possible, by being methodical, to dispose of a very large number in the course of an afternoon. Evidence denying that the out-patients were treated with undue haste was also received from St. George's, the Middlesex (where 100 new cases come in daily), and other hospitals, and similar testimony was given by a general practitioner.

"(2.) Mistreatment and (3) Treatment by Students.-Instances were given by several general practitioners of the alleged wrong treatment of out-patients in hospitals, both through actual mistakes being made, and through trivial cases (e.g. ulcers) being so carelessly attended to that they grew into serious ones. The mischief was mainly attributed to the want of a proper supervision over the students, who, it was alleged, are allowed in the crowd and hurry of the out-patient room to treat patients independently of the proper medical staff. This was made a general charge against the large hospitals. Charges of this kind are in their nature difficult of disproof; that mistakes are sometimes made in hospitals need not be denied; but the statement that patients were passed through the out-patients' room without being seen by the physicians or surgeons on duty, or that students were permitted to act except under immediate supervision, was declared to be, and appeared to your Committee, unfounded. At King's College Hospital slight accidents (such as cut fingers) are treated by students; but they are strictly forbidden to take more serious cases without sending for the house surgeon. Much evidence was given favourable to the care and good treatment bestowed on out-

Carnow, 18955, 18960-9.

patients, and whatever importance be attached to the particular instances alleged to the contrary, it cannot be held that anything like a case involving general neglect was proved against the hospitals under this head.

"(4.) Tendency to Inflate Out-patient as 'Bait' for Subscriptions.—A hospital issuing Monteflore, 111, 123-4; Hardy, 388; appeal to the public naturally lays stress on the amount of work it is doing; and Taylor, 1790; Corner, 24821; Brown, 23842; Quennell, 14840. an appeal to the public naturally lays stress on the amount of work it is doing; and therefore the motive for desiring to treat a large number of out-patients undoubtedly exists. Several witnesses referred in general terms to this tendency as contributing to the existing congestion; but there was little direct evidence on the subject. It was said that the temptation to attract out-patients for the sake of swelling returns is more likely to be felt in the smaller special hospitals than in the great general ones; the latter having so much difficulty in getting through the cases which come crowding in for treatment, that the necessity of putting a check on their admission is much more felt than any desire of admitting more.

"(5.) Injurious Effect of Excessive Numbers on Training of Students.—It is said that Monteflore, \$2. Taylor, 17808; 'an inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tends to erroneous and inefficient treatment.' Stated as a general proposition, this quotation from the report of a committee of medical men who inquired in 1870 into the administration of hospitals seems unanswerable. Not very much evidence was given on this point, but, in view of the numbers who are treated, it is difficult to believe that the existing system can altogether avoid these tendencies. The resident medical officer Fardon, 1300-1. at the Middlesex Hospital, however, while agreeing that from the point of view of instruction it would be better to limit the number of cases, pointed out that only about a third of the casualties were sent on to the out-patient department, and that on this third alone the students attended for the purpose of receiving instruction from the hospital staff. At St. Bartholomew's also it appears that the students do not attend in Waterlow, 2620; Moore, 10632, the casualty department. At St. Thomas's, where the out patients are limited in Sharkey, 11914-3; numbers, it was considered that an increase in the number would make the instruction

"(6.) Quantity of Trivial Cases.—The majority of persons who present themselves Montefere, 51: Hardy, 814: Boussield, 1239, 1256; Carrie, 1731; the out-patient department of a hospital come with trifling ailments which are quite Clarke, 203; Mackenzie, 2180; Fardon, 12997; Brown, 25531. at the out-patient department of a hospital come with trifling ailments which are quite unsuitable for hospital treatment, uselessly occupying the time and wearying the attention of the medical staff, whose best faculties are needed for cases of serious illness. It was the opinion of more than one witness that a good many people frequented the outpatient room more for the sake of conversation than of medical advice; but it was denied that, so far at least as St. Bartholomew's was concerned, there was much opportunity or inducement for practising this kind of abuse. At Guy's a refreshment waterlow, 2605; Steele, 298. bar is established. Mention was made also of a 'stock bottle,' containing a harmless bar is established. Mention was made also of a stock botto, mixture used for the benefit of that class of patients who are not satisfied to be dismissed Brodhurst, 3991, 4048; Saville, 24399; Corner, 24838; Loch, 26117. without a dose. It was said that a great many applicants needed food and washing, but not medicine.

"(7.) Want of Discrimination in Admission of Out-patients.—It is generally agreed Boustield, 1382-3 that the hospitals are intended for those who are too poor to pay for private medical Wallaco, 71101-3. attendance, but who are not recipients of relief under the poor-law; and one witness was of opinion that the working classes themselves have a very clear idea who are fit subjects for hospital treatment. It is, however, charged against the hospitals that no Bousfield, 1251. sufficient means are adopted for rejecting those applicants who are not proper objects for charity. This charge is more especially directed against the administration of the outpatient departments. The extent to which the charge is true is a matter of dispute. The various methods adopted or proposed for relieving the congestion in these departments, and preventing their abuse, will be dealt with later; but as long as the out-patient system exists at all it can hardly be expected that any remedy will supply an absolute safeguard against abuse. Meanwhile, in those hospitals which have not adopted any special means for controlling the admission of out-patients, the evidence of the hospital authorities shows that the medical officers are expected, by observation and inquiry, to ascertain, as far as they are able, the position of persons applying for treatment, with a view to rejecting those who are unsuitable. Strong opinions were expressed, chi efly by medical men practising in poor districts, who are the persons chiefly interested, that this abuse prevailed to a very wide extent. The hospitals do not in general deny its existence, but say that it is immensely exaggerated, and believe that only a very small proportion of their patients are in a position to pay doctor's fees; many also are cases requiring the best treatment, such as they could not obtain for the low fees which they are able to pay; and some of the better class of patients are sent by their own doctors for the sake of consultation. The evils said to arise from the abuse (whether it be in fact widely spread or not), together with the evidence bearing on them, are noticed under the five remaining heads, which are in reality only different aspects of the same thing.

Steele, 187-81; Wninright, 11402; Todd, 12107; Melhado, 12838-61; Fardon, 1294; Goubi, 13128; Read, 14190; Ryan, 14466-8; Allchin, 1545-8; Barlow, 15938-40; Theis, 16187-8; Dobbin, 17488-9; Gilbert, 20333-4; Cress, 22089; Newstead, 22918-9.

Steele, 324-8, 402; Waterlow, 3618, 2622; Nixou, 8865; Gark, 9665, 9883-90; Moore, 10029; Ord, 11236; Wainright, 11403; Sharkey, 11905; Todd, 11975, 12260; Clutton, 1237; Fundon, 11997; Raule, 14184; Willocks, 14317; Ryun, 14472; Morris, 14817; Quennell, 14602; Allehin, 15382; Dent, 15422; Barlow, 13961-3; Theis, 16381-2; Calvert, 15347, 16388; Bolbin, 37465-7; Fowler, 17738; Cornow, 18945; Lacus, 20205; Newstend, 22385; Barlett, 25841; Nixon, 15670-7; Bury, 16628-30.

Montefiere, 59; Hardy, 541; Bousfield, 1313-4, 1347; Charke, 2991; Parmer, 3292; Bhabha, 3819, 3872, 3883-8; Brotharst, 6951; Beauett, 4254-6; Kay, 4474-8; Allehin, 15314;

"(8.) Persons treated Free who ought to Pay.—Cases were cited of persons in good circumstances applying for and obtaining free treatment. A committee of medical men, some 20 years ago, estimated that a fourth of the out-patients could pay for private advice, and half could join provident dispensaries. Instances were given of the admission of (93.)

Dowse, 19690; James, 21838; Brown, 25523-35, 25541, 25566, 25572-4, 25626; Dawson, 25635-7.

Currie, 1766-9; Mackenzie, 2181; Farmer, 3173; Corbyn, 3704; Bhabha, 3954; Kay, 4513; Farden, 13033-4, 12063; Gould, 19127; Nixon, 15698-702; Dowse, 19722; Ryan, 21418-9; Lech, 26145-9.

Waterlow, 2445, 2623.

Mackenzie, 9178-80.

Burdett, 25807.

Montefiore, 59, 83, 171; Holmes, 770; Hardy, 875-6; Bousfield, 1248, 1330, 1455, 1466 Currie, 3124.

Lushington, 10017-22; Todd, 12104; Curnow, 1910.

Dent, 15426.

Bousfield, 1259; Woods, 1853. 1667-8, 1680; Farmer, 3277; Cerbyn, 3755-8; Bhabba, 3823-50, 2056; Bennett, 4444-6; Ksy, 4474-8, 4504-5, 4530-4; Alderson, 16540-3; Taylor, 17803-4; Dowse, 19689-91; Wallace, 21168; Corner, 24815-9. Waterlow, 2008-11; Mackenzie, 2192; Currie, 3111.

Chendle, 20315, Mackenzie, 2352-4.

Farmer, 3271-2; Corbyn, 3609, 3738, 3734-5; Bhabhn, 3884; Kay, 4545-7, 4632-8; Alderson, 16843-90, 16873; Sandiland, 19741-76; Locke, 19799-501; Wallace, 21202-6; Corner, 24823; Brown, 23550, 23590. domestic servants; of private patients who stated that they had been treated at a hospital; of persons assuming a poorer dress in order to gain admission; of persons in affluent circumstances applying for treatment; of persons so applying in order to save a consultation fee. But, as stated above, a great deal of evidence was forthcoming to the effect that this kind of abuse was rare.

- "(9.) The Poor Pauperised.—Sir E. Hay Currie was of opinion that 'the first thing that makes a man a pauper, so to speak, or makes him realise that he can get something for nothing, is the ease with which he gets medical relief.' In this condemnation of free treatment, he included not only the hospitals, but also the free medical order under the poor law, since the latter does not involve any loss of civil rights. Other witnesses took a similar view, but the opposite opinion was also held, that the free medical treatment kept a very large number of persons in time of sickness off the parish, and thus saved them from pauperism. It was also said that the system of inquiry adopted at some hospitals, by eliminating unsuitable cases, puts a stop to any pauperising tendency; but this argument is not convincing, because the residuum left after the process of elimination is just the class that is said to be pauperised. To take the other end of the scale, the out-patient departments would seem very largely to relieve the poor law, since the whole number of persons treated under the poor law at dispensaries and at their own homes does not equal the number of out-patients passing through the London Hospital alone.
- "(10.) Provident Dispensaries Stifled.—It appears to be a fact that provident dispensaries do not flourish in the neighbourhood of the general hospitals. The decay of the Marylebone Provident Dispensary, the oldest institution of the kind in London, and formerly a flourishing one, was declared to be simultaneous with the growth of the outpatient departments of the Middlesex and University College Hospitals. Conversely the opinion was expressed that where the outpatients of a hospital are reduced, there provident institutions are sure to spring up. As an instance of the good effect of such an institution where it has free play, the provident dispensary founded in 1880, at Lewisham, may be cited. The Charity Organisation Society at that place used formerly to give to applicants letters for treatment at the Royal Kent Dispensary, a free institution. Since 1881, in which year 51 of these letters were given, the number steadily diminished, till in 1888 there was not one. Evidence on the other side, showing that provident dispensaries can and do in some cases flourish in the neighbourhood of hospitals, was of a less positive character; but one witness thought that a hospital where a strict limit was put on the number of out-patients did not interfere with the provident dispensary at all.
- "(11.) General Practitioners Deprived of their Patients .- A number of medical men in practice in the poorer districts were examined on this point, and were almost unanimous in holding a very strong opinion of the injury caused to their class by what they considered the unfair competition of the hospitals, and this view was held in a modified degree by other witnesses not directly interested. As regards the precise extent of the grievance, or the point at which any competition on the part of the hospitals became unfair, there was less unanimity. Those who held that a person able to pay a small fee to a private doctor had no right under any circumstances to receive treatment, or, at all events, out-patient treatment, in a hospital were met by the objection that such a person might be in need of very special skill or experience, and of such advice as only a hospital or an eminent consulting physician could offer. The proposal was made that the outpatient departments, while rejecting the treatment of ordinary cases, should be used solely for consultative purposes, or for the treatment of serious cases sent on by private practitioners; the evidence touching this point is mentioned more fully below; but here it may be observed that there was some apprehension in the hospitals lest a certain feeling of jealousy might, to some extent at least, check the flow from the private practitioners to the hospital of those serious cases which needed special treatment. So far as the medical practitioners are concerned, this limited use of the out-patient department would probably remove their grievance; but the hospitals would still be needed for those who are really to poor to pay private fees, unless, indeed, this class is to be wholly relegated to the provident and poor law dispensaries. And, as already mentioned under (7.), the hospitals deny that they treat any but a small minority of patients who could pay private fees.
- "(12.) 'Sweating' of General Practitioners' Fees.—The competition of free treatment would naturally tend to drive down the fees of the private practitioners; and this was stated to be an urgent evil, and one which has been going on for 10 or 15 years. But the hostility to the indiscriminate free treatment alleged to be given by the hospitals was less strong than the hostility expressed by some to the provident, and more especially the 'part-pay' systems. The line of argument seemed to be this:—'Of two things, one; either let there be charity, pure and simple, so that the receiver knows what it is before he decends to accept it; or else let people pay for what they get; but do not mix up the principles of charity and of self-support, so that a person believes himself to be supplying his own needs out of his own earnings, when all the time he is really more than half a pauper.' This is no argument against the provident system when it is properly carried out and pays its way; but one of the chief objects of attack was the out-patient department of the Metropolitan Hospital, in which the provident system has, but it is said only

partially, been applied. On the part of the hospital it was admitted that the system did not at present pay, but this, it was said, was, as regards the future, merely a question Carrie, 1700, 1852-86, 1900-21, whether enough subscribers joined; the number was growing, but must increase much 310; Ryers, 107-61, 1000; Goodsall, 1004-8; Lucias, 20204.

more before the experiment could be pronounced a success. In the meanwhile no doubt it was kept up out of the charitable resources of the hospital; but it was impossible that a venture of this kind should at once be financially successful; as regards the grievance of the private practitioners it was arged that only the very poor were admitted to the provident department of the hospital, and that the hospital, therefore, was not bringing down to a lower level the class which ought to seek private medical advice, but was operating to raise from pauperism that lower class which would otherwise depend solely on the free treatment offered by charity or the poor law.

"The promoters of the scheme fully admitted an obligation to avoid injuring the medical man, and were confident that, with the wage limit which they insisted on, their object was attained. It does not appear that the scale fixed for subscriptions is too low to pay the expenses, provided that there are sufficient subscribers; and therefore, whatever truth (if any) there may be in the allegation that the system tends to drive down private fees, it is not clear that the objection of principle to 'part-pay' holds altogether good against the Metropolitan Hospital; though it might be, and in fact was, argued that the application of a part of the general funds of the hospital to make good the deficits of the provident department during its period of probation, is a misuse of those funds, and a fraud on those who subscribe them. The local antagonism to this hospital Wallace, 21394-19. seems to have been partly at least due to the employment of medical men from a distance

on the staff, instead of local men.

"The system of 'part pay' is very common in the special hospitals; Guy's also has Montefore, 1510.

Brown, 3782-3, 3793-4, 4653-4.

adopted it for out-patients, who are invited to contribute something towards the cost of 4698;
their medicine; but in the general hospitals, which are the chief object of the private practitioner's attack, it is not commonly in use. The upholders of the system urge that it is better for the poor to pay something, if they can afford it, however small, than to pay nothing at all; such payments are good morally for the poor, and good materially for the hospitals, whose financial difficulties might, to a great extent, be removed by them. It was denied, nor does there seem to be any strong evidence, that in the 'part-pay' hospitals the free patients were worse treated than the paying ones. In its effect upon waterlow, 2781. private practice, however, it seems impossible to doubt that, unless great care is taken to exclude all but the very poor, this system, so far as it goes, must tend to force down Kay, 4545-7. private fees; and the more so if it is true, as alleged, that the poor do not in general appreciate the distinction between paying part and paying the whole, so that, however small the payment is, they imagine themselves to be giving the price of what they receive. According to one view, however, the part pay system acts as a protection to the local doctor, inasmuch as a patient, if he has to pay in either case, will rather go to his own doctor than go through the discomfort and delay of waiting in the out-patient room of a hospital.

"182. The evils alleged to exist under this head were by some witnesses charged in Farmer, 2577-86; Blabba, 2831-4, particular against the special hospitals, where the part-pay system is most prevalent, and 3924-8, 3940; Allehia, 15405. where at the same time the greatest want of discrimination is shown in the admission of Forbes, 22407-9, patients. But a witness from a special hospital thought that the general practitioners favoured his hospital because it did not offer free treatment.

"183. To complete the picture drawn by the more extreme opponents of the hospitals, Blabbia, 3865, 3859; we are told that the general practitioner, impoverished by the loss of his patients and the Kay, 4538, 4541, 4587-617; reduction of his fees, deteriorates in capacity, and in character, sets up private dispensaries Ablerson, 16646-7. reduction of his fees, deteriorates in capacity and in character, sets up private dispensaries which he works with the aid of unqualified assistants, and is driven to every shift for obtaining a scanty livelihood. He suffers, his patients suffer, the poor are pauperised, and the public who subscribe their money to the hospitals are defrauded.

"184. As regards the actual fees charged by general practitioners in the poorer districts, Woods, 1542-51; Corbyn, 3695. some particulars were given in evidence. Payments are commonly made on a higher or lower scale, according to the circumstances of the patient. Some witnesses mentioned a shilling as their lowest fee, and a guinea for confinements; and thought that people who could not pay that ought to be treated for nothing at a hospital; but it appears that there are doctors who will pay three visits and provide medicine for a shilling. A man Corbyn, 3762-4. with a family, who would pay a shilling for a doctor's fee, would it was thought be earning at least 30 s. a week.

"185. A witness practising in South London stated that the fees in that district ranged Blabba, 3892-4. from 2 s. upwards. In the East-end it was said that a good living could be made at the Kay, 4502. rate of a shilling for a bottle of medicine and consultation in the surgery, and 1 s. 6 d. for Kay, 4538-49. a visit to the patient's home and medicine; but it was said that some men would open dispensaries and take sixpenny fees, to the great injury of their brother practitioners, and to the risk of their patient's health.

"186. A witness from the West of London regretted that there was no fixed code of Abberson, 16666-50, 16665.

(93.)

The secretary of the hospital, however, did not appear to regard the institution as being in principle self supporting (Byers, 16770).

Brown, 25543-4, 25550.

Dawsen, 21643.

Clark, 9693.

Corbyn, 3746.

Thomson, 4380-3,

Clutton, 12297-8, 12323-8;

Whipham, 12418-9.

Parlon, 13098-4; Willcocks, 14329-5; Allchin, 15395-8; Barlow, 15948; Barker, 16023-8; Fowler, 17741.

Proposal to abolish out-Parient department, Monteácee, 69: Hardy, 867-9, 942; Parmer, 3357-68, 3483; Corbys, 3648-54, 3705; Brothurst, 3901, 4933; Burdett, 25807, 23826-40.

Kay, 4506; Holmes, 670-1; Hardy, 941-2; Corbyn, 3648.

Bhabbs, 3955; Bonsfield, 1328

Importance of out-patient department to medical

Steele, 494; Mackenzie, 9172; Clark, 9662-3; Moore, 10632; Owen, 12508; Fardon, 13002; Willcocks, 14307; Gould, 14854; Allehia, 15383; Dent, 15433, 15451; Barlow, 15912-4; Barker, 16021-2; Fowler, 17746.

Waterlow, 2620-1, 2667-9;
Browne, 3791;
Brodhurst, 4047, 063, 4082;
Amderson, 18527-9;
Calvert, 16524-9; Loch, 26112;
Holmes, 669-73, 690; Hardy, 929-30;
Bousfield, 1329, 1308-18, 1328, 1367;
Farmer, 3382-3, 3361;
Corbyn, 3657, 3674-7;
Thomson, 4859-38; Burdett, 25820,
Bousfield, 1359; Waterlow, 2734;
Mackensie, 2187, 2324-4;
Brodhurst, 4083; Farmer, 3350;
James, 21846-8; Faulkner, 21881.

Carrie, 1729, 1766.

Bousfield, 1333; Mackenzie, 2188, 2279. Lucas, 20204.

fees; this witness also complained that his practice was injured by the out-patient department, though his lowest charge was 3 s. 6 d. or 5 s. a visit, including medicine.

- "187. Another witness stated that in a working class and middle class district in North London the fees were 2 s. and 2 s. 6 d. for the working classes; but that of late, in consequence of the increase of hospitals and dispensaries, doctors had been driven to take 1 s. and 1 s. 6 d., some even taking 6 d.
- "188. A witness, whose practice lay in the neighbourhood of St. Bartholomew's, stated that his average fee was 2 s. 6 d.; the very lowest fee he would take would be 1 s., with a bottle of medicine.
- "189. All this evidence respecting the fees appears to show that above the sphere of the poor law there must exist a very large section of the population who cannot afford to pay a doctor.
- "190. That many members of the medical profession are scarcely able to earn a living is not disputed; but how far this fact is due to the unfair action of the hospitals, and how far to other causes seems less certain. One general practitioner admitted that the existing low scale of fees was due in part to the overcrowded state of the profession. Another did not believe that the free or part-pay hospitals interfered with general practice. At St. Thomas's the experience was that the general practitioners were not anxious to retain surgical cases, but were glad to send them on to the hospitals; and it was thought that the general practitioner in the neighbourhood would be sorry to see the out-patient department closed. Similar evidence was given from other hospitals, and a witness expressed the opinion that the practitioners who were injured by the hospitals were not those whom it was generally desirable to protect.
- "191. It remains to consider the remedies proposed for the removal of the abuses and shortcomings alleged against the out-patient department.
- "192. Some few witnesses would appear to favour a clean sweep being made of the whole existing system, so as to confine the hospitals solely to the treatment of in-patients. Those, however, who advocated the closing of the out-patient department to general patients, admitted, for the most part, that the hospitals ought to provide for cases of real urgency and for cases recommended by medical men for hospital advice or treatment. These cases would, in their opinion, provide sufficient material for the instruction of the students; and the residue of patients who could not pay for private treatment would be relieved at the provident dispensaries,* or under the poor law. This was the solution proposed, not only by the general practitioners, but also by some advocates of the provident system; while others, again, among both these classes, went a step further in concession, and though the hospitals should still open their doors to the very poor.
- "193. The suggestion that it might be expedient to shut up the out-patient departments was rejected with unanmity by all the medical witnesses coming from hospitals having schools attached to them. The out-patient department, they said, was of the utmost importance, for the sake of the training it afforded their students. eminent hospital physicians were inclined to think that the experience gained in the outpatient room, where the student sees the beginnings of disease, is the most valuable portion of his training, and that the shutting up of this department would be a calamity to the public and disastrous to the art of medicine.
- "194. That medical students must have an opportunity, in some way, of studying the phases of disease which are seen in the out-patient rooms was admitted on all sides.+ The abolitionists (partial or total) thought that this was merely an affair of organisation, and that the needs of the medical schools would be satisfied either by the cases which would filter through to the hospitals from the private practitioner, or by an arrangement which should give the students access to the provident and poor-law dispensaries, and through them (a point declared to be of much importance) to the sick poor in their own homes. It is evident, however, that the hospitals look with much distrust on the efficacy, from their point of view, of the 'filtering' process; and are afraid that the cases which would be the most useful for teaching purposes would not reach them, or would reach them in insufficient number.
- "195. The proposal that dispensaries should be brought into co-operation with hospitals by some arrangement of affiliation, and should in this way take the place of the outpatient department, is mentioned elsewhere ;; it received some favour as a general theory, but it was objected that hitherto the provident dispensary system had not gained much ground, and was quite inadequate to supply the material necessary for the medical schools. It is difficult, however, to see how the provident system is ever to prosper, unless the hospitals will enable it to do so. It seems that at Edinburgh, where the hospitals have no out-patient department, the students acquire a portion of their training in the dispensaries :

The question of provident dispensaries is discussed separately.
 † Sir M. Mackenzie appeared to attach little importance to the teaching in the out-patient department;
 but this opinion was opposed to the great mass of the evidence (Mackenzie, 2186, 2298-9).
 † See under heading "Dispensaries."

but a doubt was expressed whether this would ever be found a convenient arrangement, Loch, 26111-4. except in a partial degree, in London.

"196. Various proposals were made for the reform, as distinct from the abolition Suggestions for reform. (whether with or without a reservation for medically-recommended cases), of the outpatient department, the objects in view being to restrict the admission to those who were proper objects of charity, and to prevent overcrowding. Except in those hospitals which have adopted special measures, the only checks upon an applicant who is not palpably an unsuitable case for free treatment, are the limited time during which the doors of admission are open, and the delay and discomfort which he may have to suffer in the waiting room before his turn comes for treatment. The means which some of the hospitals have adopted for relieving the pressure, are of three kinds, viz., a special system of inquiry into the circumstances of applicants; a daily limitation on the number of new cases; and the making of a small charge for drugs.

"197. Limitation by inquiry as to fitness for Admission.—This system has been adopted at King's College, St. Bartholomew's, the London, and some other hospitals. At King's College it was instituted in 1876. An officer was specially appointed to take down the names and addresses, and to ask certain questions of the applicants as they came in; then, if he saw occasion, reference was made to the Charity Organisation Society. As a matter of fact, not many cases were so referred; but the mere knowledge that inquiry was made is said to have greatly reduced the numbers. We are told that in 1871 there were 33,111 out-patients; in 1875, 28,232; in 1876, 21,346; in 1880, 14,069. Since then they have again been on the increase, and the number in 1889 was 18,916, including casualty patients; the latter class, as distinct from out-patients proper, appears to have largely increased in numbers. This system is still in force. Patients, however, are not refused first treatment, but are informed (where it is thought desirable) that inquiry will

"198. At the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) and St. Bartholomew's (since 1884) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) the London Hospital (since 1884) and St. Bartholomew's (since 1883) the London Hospital (since 1884) the Lon casualties (at King's College and St. Bartholomew's, it applies to both classes). Out of St. Bartholomew's,—Clarke, 1991-5; 22,000 cases at the London, it is said that inquiries were made in about 800. At 2686, 2727-37; St. Bartholomew's mention was made of 30 persons being challenged in a day; 14,000 Cross, 19387-8; 19487-8; were questioned in a year, and 357 were visited at their and their properties of the were questioned in a year; and 357 were visited at their own homes. Returns were put in of the inquiries made at these hospitals (Appendix G). Sir E. Hay Currie (a strong supporter of the provident system) had no great belief in the efficacy of this system of inquiry. Sir S. Waterlow, on the other hand, speaking of St. Bartholomew's, expressed himself as thoroughly satisfied with the system, and believed that the knowledge of its existence kept many unsuitable people away. But it does not seem to have been proved that the total number of applications had been greatly diminished. One effect of the inquiries is to show how many apparently unfit cases are in reality among those most in need of charitable relief. Evidence as to the working of the system in detail was given by Mr. Nixon, the house governor of the London Hospitals, without having a single officer, who has a salary of about 150 l. Some other hospitals, without having a special officer for the purpose, seem to inquire more or less systematically into the circumstances of their patients, and recourse is had, in some cases (especially by St. George's), to the Charity Organisation Society. The opinion was expressed that the ordinary staff of the hospital should be quite competent to make the necessary investigation.

Mackensie, 2129; Todd, 12107; Owen, 12431-7; Byan, 14466-72, 14579; Their, 16187-8.

Dent., 13431; Gilbert, 10529-31.

"199. Several general practitioners and others spoke in favour of the special-inquiry system, of its good effect at the London Hospital, and of the good use which can be made of the Charity Organisation Society for this purpose; and this society was itself in favour of the general adoption of the system. As a further development of it, the proposal was made that every applicant should be required to bring with him some written recommendation, as a guarantee that he was a proper object of charity. At the Great Ormond-street Hospital for Children, and elsewhere, this plan seems to have been tried, but given up; and mention was made of the great difficulty of effectively working any general system of inquiry.

Bousfield, 1494; Farmer, 3431-6;
Corbyn, 3723-30;
Blabba, 3845-6, 3851 6, 3914-5;
Walace, 21,000, 21275;
Vallace, 21,000, 21275; any general system of inquiry.

"200. Payment from Patients.-This plan, which is in force at Guy's, and has been Steele, 286-7; Look, 280-5. noticed in connection with the organisation of that hospital, was effective for a time in keeping down the numbers; but they increased again to such an extent that the following system of limitation has been adopted in addition to the payment system.

"201. Limitation of Numbers.—The most effectual check on overcrowding has been found in the plan of taking in no more than a certain limited number of new cases every day. Several hospitals apply this check; but it is not always worked in quite the same way. At Guy's, for instance, it appears to apply both to out-patients proper and also to Steele, 207-401, 405, 424-5, 450-2; 'casuals,' so that, if 60 persons apply for treatment on the medical side, 20 will be sent to the out-patient department, 20 will receive cards to be seen by the house physician, and the remaining 20 will be sent away unless any of them are in need of immediate treatment, in which case the rule is relaxed in their favour.

" 202. At (93.)

Holmes, 677; Todd, 12105-9; Owen, 12435-36, 12466; Dent, 15434.

Sharkey, 11887-901, 11909-13, 1193-

Quennell, 14951-2; Allchin, 15386.

Theis, 16185-7, 16355-9.

Fardon, 13035; Taylor, 17822-4, 17833-4. Alderson, 16856, 16074-6; Dowse, 19693, 19697, 19713. Loch, 20095-6.

Rende, 14013-5, 14096; Wilcocks, 14295.

Relief of out-patient department through provident dispensaries.

Hardy, 941-1; Bousfield, 1328.

Bousfield, 1494.

Goodsall, 16942-3.

Tait, 2283. Hardy, 1038-40.

Loch, 26095-125.

Use of out-patient department for consultation.

Holmes, 635, 743-50, 764-6; Bausfield, 1494; Curris, 1757-9; Bhabha, 3835; Thomson, 4358; Kay, 4534; Ord, 11236-51; Taylor, 17836; Brown, 25533; Abderson, 16679.

Montefore, 228; Hardy, 1219.

Hardy, 891, 910, 933-40, 961-3, 1037; Farmer, 3350-2, 3437-8.

Bonsfield, 1263, 1328; Moore, 10636-6°; Tait, 22299, 22373. "202. At St. George's the limit is 15 medical and 15 surgical new cases per day, but other cases, if urgent, are treated by the house physicians and surgeons, irrespective of this limit, which refers to the out-patients proper. The selected cases are examined as to their circumstances by a clerk.

"203. At St. Thomas's there is a similar limit. On the medical side, the number is nominally 20, but with the margin allowed for urgent cases it rises to about 23. The daily average of applicants during 1890 was 51; of the 28 not selected, about 14 would be treated as casuals, and given medicine for two days; the remainder would be dismissed. The evidence from the medical staff was, that the system worked well, and that no system of special inquiry was needed.

"204. At the Westminster no out-patient officer is obliged to see more that 20 new cases a day; but this rule is not strictly enforced.

"205. At the Royal Free Hospital there is a limit of 25 surgical, and 30 medical, new cases.

"206. Opinions favourable to the system were expressed by medical officers at some other hospitals where it has not been adopted, and also by outside practitioners, and by the secretary of the Charity Organisation Society.

"207. At the Charing Cross Hospital there is no limit of numbers, and it was said that no difficulty is felt.

"208. As already mentioned, one scheme of reform provides for the relief of the outpatient departments by the development of the system of provident dispensaries; but the advocates of that system do not seem to be agreed whether the out-patient departments should be altogether closed (except to recommended cases), or whether their doors should be still open to a class between the provident dispensary and the poor law. It is evident that the latter alternative does not provide an escape from the difficulty of discriminating between different classes and phases of poverty; and would necessitate a very efficient system of inquiry, unless the proposal were adopted of making every applicant bring evidence of his necessity with him.

"209. At the Metropolitan Hospital, where the provident system is in operation, it is said that the number of out-patients is kept within reasonable limits.

"210. One witness considered that it ought to be the duty of the medical staff rigidly to exclude all cases not really needing special hospital treatment, and another would enforce the purging of the out-patient department by means of government inspection and control.

"211. The secretary of the Charity Organisation Society advocated both limitation of number, and also investigation of cases, the investigation to be conducted by an almoner who should be an officer of experience in charitable work.

"212. A good many witnesses, among those who did not propose altogether to close the out-patient department to general patients, were in favour of its being used in an increasing degree for consultation purposes. The utility of the hospital in the character of a consulting doctor was, in fact, very generally assented to, as was also the desirability of keeping down the number of trivial cases treated at a hospital; but upon the questions whether a letter from a doctor should be the sole passport for admission, and whether the hospital, having once seen and prescribed for the patient, might go on treating him, or must forthwith send him back to his proper doctor or dispensary, there was less unanimity. Out-patients, it was said, should, as in France and in Scotland, receive advice and a prescription, but not, as a rule, drugs; and it seems that some would have the hospitals receive for treatment (as distinct from advice) only those cases sent for that purpose by a private practitioner or from a dispensary.

"213. Others, while advocating the use of the doctor's letter as a passport to the out-patient room, hold that this principle must not be pressed to the point of excluding the very poor who cannot pay for treatment, or of depriving the hospitals of cases necessary to them for their schools.

"214. Mention has already been made of the feeling in the hospitals that they would not get a sufficient supply of cases through the private practitioners.

Waterlow, 2715; Mackenzie, 9173; Clutton, 12298-391; Whipham, 12419; Farlon, 13093-7; Gould, 12134-6; Reade, 14182-3; Whiceks, 14219; The out-patient department is already consultative to a considerable extent, 1422-3; Lichin, 18597-8; Dens, 1841-4; Nixon, 1847-9; Barlow extent, and several doubted whether it could be made much more so than it is now.

Question of evening atten-

Bousfield, 1451-3; Currie, 1727; Clark, 1996-9; Ond, 11258-9; Armitage, 19435-2. Carrie, 1846; Byers, 16742;

Coote, 17061, 18329-30. Acland, 22818, 22841. Brown, 25552. "215. Questions were asked as regards the opening of out-patient departments in the evenings. The advantage to the poor of such an arrangement was recognised; but most witnesses from the hospitals regarded it as hardly practicable to secure the attendance of the medical staff at that time. At the provident out-patient department of the Metropolitan Hospital, there is evening attendance; also at the Lock Hospital, where it seems to have largely increased the number of applicants. The Saturday Fund attach importance to it; and it is one of the objects of the Fund to promote it. A general practitioner expressed himself as very much opposed to it on the ground that it would crush out private practice.

" 216. The

"216. The want of sufficient accommodation for out-patients is an inconvenience which, under existing circumstances, is much felt at some hospitals. At St. George's, which appears to have been among those worst off in this respect, the accommodation is now hospitals. Insufficient accommodations, 12329-23, 12437-9; Dent, appears to have been among those worst off in this respect, the accommodation is now hospitals. being enlarged.

"PAYING-PATIENTS, AND CONTRIBUTIONS FROM THE POOR.

"217. The great majority of the general hospitals are absolutely free; no payment being taken either from out-patients or in-patients. As regards out-patients, Guy's seems to be the only exception, requiring a small payment, in ordinary cases of 3 d. to 6 d. to meet the cost of drugs, a requirement, however, which is not insisted on where the patient appears to be too poor. The only thing generally asked of out-patients is that they should provide their own bottles.

"218. The beds are also as a general rule quite free, the paying beds at St. Thomas's and Guy's being an innovation introduced to meet the financial difficulties of these hospitals.*

"219. In many hospital boxes are put up into which patients and their friends can, if Steele, 237. they please, drop their contributions. In a few cases it seems that the habit is to call the attention of the patients to these boxes before they are discharged, and to suggest the propriety of their contributing something to the support of an institution which has befriended them, but in general no such request is made; sometimes patients wish to make a direct contribution to the expenses of their maintenance; but this is always refused. The objections to 'part-pay' have been mentioned in connection with the grievances and proposed reforms in the out-patient department. But there appears to be Brown, 378-24, 3793-4, 3798, 4638
a strong feeling on the other side that the poor who benefit by the hospitals ought to Thomson, 4378-31; Byers, 16887contribute according to their means to their support. This view is held both as a matter 8; Faulkner, 22008. a strong feeling on the other side that the poor who benefit by the hospitals ought to Thomson, 4372 contribute according to their means to their support. This view is held both as a mates of principle (and is indeed the leading principle of the Hospital Saturday Fund), and as a Actand, 22841. matter of expediency, for it is said that if the hospitals would encourage their patients to help them this source alone would go far to remove their financial difficulties, which at the present time are in some cases great and (it is said) increasing. Help from this Buxton, 8748. source is already forthcoming to a not inconsiderable extent, if the special hospitals and the dispensaries and convalescent homes be included in the account; the total charitable Waterlow, 2769-70. income of these institutions for 1889 being estimated at 300,000 L, proprietary income 120,000 l., and payments by patients 45,000 l. The share of the general hospitals in the last item would doubtless be very small. The Middlesex Hospital, we are told, derives Melhado, 12840; Theda, 16437-9. from 20 l. to 30 l. a year from this source; the Royal Free, 20 l. Sir E. Hay Currie, Currie, 1875. speaking of the provident system in the out-patient department of the Metropolitan Hospital, the income of which was in 1890 about 800 L, expressed the opinion that the hospitals could if they chose collect from their patients the balance of money required for their support.

" 220. Upon the question whether the general adoption of this course would check the Mackenzic, 2138. flow of subscriptions, one witness at least said he did not think it would.

"221. Working men have, it is said, very great confidence now in the hospitals, and Actaud, 22838; Burdett, 23808. take great interest in their welfare; while the subscriptions which they make both individually and through their provident societies and the Saturday Fund are said to Montefore, 1818. have produced an impression that they can come to the hospitals as a right.

" 222. The system of admitting paying-patients at St. Thomas's and Guy's is referred to in connection with the organisation of those hospitals. The principle of payment was supported, according to their respective methods, by the supporters of the provident and part-pay systems. A danger to be guarded against is lest the admission of payingpatients should be allowed to crowd out, or that those patients should have a preference over,
Waterlow, 2708, 2731, 2825-7;
Corbyn, 3738-41, 3748-2,
the very poor; and the possibility of its being thought that paying-patients or patients

Bousheld, 1290-1. paying on a higher scale were better cared for than those who paid nothing or paid less, was mentioned as another stumbling-block.

that the paying-beds had injured the profession more than the out-patient department. Bennett, 4292-300, 4307-11, 4322-When witnesses of this class were questioned as to the case of persons able to pay for 35. their ordinary medical treatment, but unable to meet the cost of a serious and expensive operation, and the special treatment and nursing requisite in such a case, it was generally admitted that a hospital was sometimes the proper place for such persons; but objection was still taken to any direct payment being made for services rendered; the proper course, it was thought, was for the patient to make a gift in the nature of a thankoffering in return for the charity freely accorded him.

" 224. Another witness, connected with a children's hospital, was strongly in favour Cheadle, 2010-2. of the establishment of a paying ward, on the ground that the very poor are well provided

[.] It was said by one witness that five out of the 11 hospitals with medical schools now admit paying patients (Burdett, 25849), and that pay system is said to be on the increase (25842, 25849). (93.)

for, and the rich can take care of themselves, but no sufficient provision is available for the lower middle class, who can pay something, but not the full cost of the best private treatment.

Burdett, 25818-27, 25842-60,

" 225. Another witness spoke in praise of the American system, the principle of which appears to be that everyone's circumstances should be inquired into, and that he should be called upon to pay according to his means; the system being worked by a committee of visitors, some of whom are constantly on the spot investigating the cases. In the Swedish hospitals it seems that no one is treated free; each patient being charged upon a scale appropriate to his means, and the pauper being paid for by the poor-law authorities.

Brown, 25592; Burdett, 25842-9; Loch, 26162-4. Browne, 3785.

" 226. Another suggestion was that there should be a separate class of 'home' hospitals for the reception of persons of moderate private means, who are now obliged in some cases to seek admission to the general hospitals. Such an establishment has been open for some years in Fitzroy-square; the patients employing their own doctor, and paying three guineas a week, which includes everything except doctor's fees; and there are other similar institutions.

" UNEQUAL DISTRIBUTION OF HOSPITALS.

Montefiore, 47, 171; Fardon, 12960-86; Brown, 25578; Burdett, 25772.

Currie, 3000.

Steele, 308; Currie, 3863, 3104; Waterlow, 2607; Lushington, 19124; Walker, 11039; Brown, 25579. Burdett, 25772.

Hardy, 1160; Mackenzie, 9135; Corner, 24843, 24877.

Buxton, 8801.

Byan, 14386.

Gilbert, 20035-40, 20378-81.

Dowse, 19601.

Burdett, 25773.

Brown, 25579.

Proposal to transplant hospitals.

hospitalis.

Waterlow, 2004-5, 2687-92, 2795-7,
2803-4; Farmer, 3476; Lushington
1000; Johnson, 21972; Faulkner,
2199; Loob, 26142; Brown, 25377.
Ord, 11200-71; Bhabba, 3882;
Mansel, 290; Bridgee, 23444.
Bousfeld, 1276, 1387-8; Currie,
2001-3; Brown, 25578. 3001-2 : Brown, 25578,

Waterlow, 2006, 2627; Carrie, 3103-5.

Currie, 3003-7; Mackenzie, 2257.

Buxton, 8801-3; Byers, 16898. Montefiore, 175-7.

1762-4, 3040, 2044-7, 2106-9, 2452, 2606, 2789, 8810, 8814, 11900-4, 14006, 14143-6, 14189, 14964, 16929, 16182-4, 16997, 18983, 26183.

" 227. Evidence was given showing in detail the congestion of hospitals and dispenaries in some parts of London, and their comparative scarcity in other parts. Within a radius of a mile from the Middlesex Hospital, for example, there are stated to be eight general and 26 special hospitals, with an aggregate of about 2,050 beds, and seven general and six special dispensaries; all these being in addition to the provision made for the sick poor under the poor-law.* All the hospitals in London, with very few exceptions, are said to lie within an area of about two [sic] square miles.

" 228. On the south side of the river, St. Thomas's and Guy's are the only two general hospitals, neither of which is at present open to its full extent for patients (the Miller Memorial at Greenwich is the nucleus of a third); and the deficiency of hospital accommodation for that part of London was strongly insisted on.

" 229. Again, to the east of the London Hospital in Whitechapel-road, there is great want of accommodation for the sick poor.

"230. If Blackfriars Bridge is taken as a central point, it is said that there are 51 hospitals to the west, and 15 to the east (the minor special hospitals being left out of account.) Again, a very large district in the north-west is said to be served practically by a single hospital, St. Mary's. The West London Hospital at Hammersmith supplies a very large district, and is more than three miles distant from St. George's and St. Mary's, which are the nearest general hospitals. The region about Soho-square is the centre of of a great number of special hospitals.

"231. Six miles was estimated as the outside distance which an accident case might have to be carried to a hospital.

"232. One effect of the congestion of hospitals in central London was said by one witness to be to annihilate private practice in that district.

" 233. The prevailing though not unanimous opinion, as appearing from the evidence, seems to be that on the whole the hospital accommodation in London is sufficient; † but that that much inconvenience and a partial inability in some parts to cope with the demands for admission are caused by the unequal distribution of the hospitals, and by want of organisation. Some witnesses thought the difficulty might be met by the transplanting of some of the hospitals in the central district to places in the north, south, and east, where they are more wanted.

"234. It can hardly be doubted that a more equal distribution of hospital accommodation is needed; but at the same time it was pointed out that in settling the position of a hospital some consideration must be shown for the convenience of the medical men who will form its staff; and (though there was evidence in favour of the view that this difficulty could be surmounted) that a hospital in any outlying district would have a difficulty in getting the amount of attendance from distinguished doctors which the chief London hospitals now enjoy. The same difficulty might be found in obtaining a good committee of management; it was considered that many of the most useful members of such committees were men having business of their own, which occupied much of their time, and there would be a difficulty in getting them to attend at great distances. The difficulty of obtaining support from public contributions was also considered greater in the case of a very remote hospital. As regards in-patients (except accidents) it appears that the proximity of the hospital to their homes is not generally a matter of such very great importance; and, as a matter of fact, it was shown that considerable numbers of out-patients,

O The Marylebone Infirmary, situated at Notting Hill, contains 700 beds.

† Dr. Bridges, of the Local Government Board, thought the medical relief in London inadequate.

‡ The want of capable men on their committees was declared by one witness to be the great weakness of the London hospitals (Burdett, 25656, 25739-40). The difficulty of getting good men to serve was said to be increasing (Buxton, 8809).

out-patients as well as in-patients are in the habit of seeking treatment at hospitals remote from their own homes, often passing by the nearer ones and going on to those farther

"235. Another suggestion involving the difficulties already mentioned, and also diffi- Proposal to remove hospiculties with regard to the requirements of the medical schools, was that a large portion of the establishment of hospitals, including the students, should be removed into the country, only the out-patient department, and a sufficient number of beds for accidents and critical cases which would not bear removal, being left behind. It was urged that at a distance of 10 or 15 miles out of town, the patients would have a much better chance than in the vitiated air of Loddon. The idea that the London hospitals should have a Clark, 9732-3; Barnes, 18757-69; country establishment belonging to them met with support; but the general opinion Waterlow, 2625, 2646-51; Thomson, 4447; Williams, 17628. appears to have been that the main part of the establishment, including the school, would have to remain in town. The immense practical difficulty of altering the existing distribution of hospitals, added to the objections mentioned, seemed to some witnesses to offer insuperable obstacles to any comprehensive scheme of transplantation from one part of London to another, or removal to the country.

"236. Sir Morell Mackenzie expressed a decided opinion adverse to very large hospitals, which he thought extremely prone to become unhealthy; he even thought it would be an improvement if hospital buildings could be of a temporary character, and be pulled down and rebuilt every 10 or 20 years. That very large hospitals are in themselves undesirable, was a view which met with a good deal of support; especially where they are planted, as the London Hospital and others are, in the midst of a dense population; 200 was mentioned as the maximum number of beds desirable. A medical witness of great hospital experience considered that with a very large number good management became more difficult, and the death-rate higher, and he gave statistics in support of the latter statement. On the other hand, a witness from the London Hospital spoke in favour of the practical advantages of large hospitals, and in particular of their great value for teaching purposes.

"237. A way of overcoming the inconveniences caused by the unequal distribution of "Out-post" hospitals. the hospitals was suggested in the establishment of what were called 'Out-post' hospitals, following the example set by the Seamen's Hospital at Greenwich, which has set up Burdett, 25772-4, 25785. branch establishments in places where sailors congregate; and it was urged that the general hospitals should apply some of their surplus funds (those which any or could raise Michell, 17863-9. them) in developing this system. The secretary of the Charity Organisation Society, Loch, 26178-82 when questioned on this subject, thought the idea a good one, but was afraid there might be difficulties in the way of its adoption.

" WANT OF CO-OPERATION.

"238. The want of co-operation among the hospitals themselves and between them and leading the dispensaries, the poor-law infirmaries, and the private practitioners, was a matter set of the property of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time any general system of combination are any definite set of the present time and t the dispensaries, the poor-law infirmaries, and the private practitioners, was a matter which received much attention, and for which various remedies were discussed. So far from there being at the present time any general system of combination ar any definite division of work among the various institutions, they are on the contrary for the most 22301; Bridges, 23372. part competing with one another at every point for public support, and to a great extent This condition of things is shown to be prejudicial, not only to the public who subscribe their money, and to the sick for whom these institutions exist, but also to the interests of medical science and education, since a vast field for observation and practice is closed to the clinical teacher and his pupils, while the hospitals for the sake of their schools, lest the requisite material should fail, are driven to take in and treat a crowd of patients unsuitable for hospital treatment, and the general practitioner complains that he is being ruined.

"239. The evils of the present system, or want of system, are generally admitted; but Co-operation of Provilittle has been done hitherto to cure them. The Metropolitan Provident Medical Association and the leaders of the provident movement have put forward their programmes advocating co-operation with the hospitals,* and, as a germ of such co-operation, may be mentioned a provident dispensary which was set up close to the London Hospital, in the hope that the latter would work in with it. But the hospitals have not fallen in with the scheme, though some of their officers have expressed themselves as favourable to the principle, and the secretary of the Royal Free Hospital said that he was in the habit of Ord, 11239-43; Fardon, 13009; sending to a provident dispensary cases which seemed unsuitable for the hospital. The interests of the school seem always to stand in the way. On the other hand, it is the universal complaint of all those who are interested in the training of students, that the young doctor labours under great disadvantages when he goes out into practice, from having had no experience of those types of disease which the general hospitals do not generally admit, such as measles, scarlet fever, and small-pox, and with which the poorlaw infirmaries and the infectious hospitals of the Metropolitan Asylums Board are filled.

" 240. It

tals to country. Mackenzie, 2199, 2221-5, 2253-7, 2278, 2355-8.

Carrie, 3003-8, 3070-5, 3081, 3149-50; Michelli, 17945-8.

Objection to large Mackenzle, 2195, 2225, 2249-51, 2398-11, 2229-2, 2368.

Carrie, 2009-14; Barnes, 13755-6; Anderson, 16511-3.

Tait, 22284-90, 22395-402.

Mackenzie, 9138, 9168, 9169-2.

dent dispensaries.

Bousfield, 1454-8, 1494; Carrie, Thomson, 4348-58; Kay, 4506-13.

Bousfield, 1496-7; Currie, 1867-8; Nixon, 8857-8; Mackenzie, 9176; Theis, 16351.

^{*} Sir E. Hay Currie was of opinion that no new hospital ought to be founded except on provident principles (1844, 1899). (93.)

Affiliation of special to general hospitals.

Fenwick, 19865; Smith, 20824-7; Hineks, 20962-70.

Campbell, 24883-95.

Fowler, 17770.

Proposal to form hospital districts.

Montefiore, 118-120. Bonsfield, 1201-78, 1362-7, 1384. Thomson, 4445. Currie, 2990-3601, 3023, 3037-9, Bousfield, 1274.

Bousfield, 1279. Currie, 2993.

Advantage of uniformity in accounts.

Monteflore, 171; Bousfield, 1264-5; Woods, 1894-7, 1600-6; Mackennic, 2162-6; Longley, 3741; Nixon, 8379-82; Lashington, 10053, 10099; Melhado, 12930-1; Morris, 14833; Quennedi, 15146-7; Theis, 1600-1; Dobbin, 17382; Lonus, 20390; Morgan, 22500; Achand, 22947; Loch, 26166; Carter, 16130-1; Cross, 10354-80, 10360; Melhado, 12921-4; Ryan, 14491-503, 14511; Michelli, 18015-8.

Montefiere, 171; Hardy, 1151-2; Gordon, 21758.

Cost of beds.

1170, 1509, 1896-7, 2156-7, 8212-4, 8218-81, 12908-13, 14007-9, 14490, 14654-9, 15061-9, 16936, 17577-81, 17591-5, 12072-9, 2038, 25861-78, 25060-12.

1264-5, 1338-1400, 2162-3, 4647-51, 4672-5, 4691-2, 10377-80, 12917-20, 12931, 14018, 14492, 14504, 14511-5, 15141-6, 17927-35, 22865-6.

Michelli, 18026-38.

2658-60.

Hardy, 1190-1.

"Glossary system" of accounts. Michelli, 17927-35, 18000-5, Waterlow, 2814-7; Burdett, 25879-80.

"240. It was thought that much good might be done by affiliating special to general hospitals, but next to nothing seems to have been done towards bringing about any sort of co-operation between them, except here and there, where a medical man being on the staff both of a general and of a special hospital has transferred a patient of his own from the one to the other. A single case of real co-operation is that of the Charing Cross Hospital, which sends its eye cases to the Westminster Ophthalmic Hospital; and it was said that cases were interchanged between the general hospitals and the Brompton Consumption Hospital.

"241. In connection with this system of co-operation, a scheme was proposed, and met with the approval of several witnesses, for dividing the whole of London into districts, each district to be supplied within its own limits with the necessary provision of hospitals and dispensaries, the latter (both voluntary and poor-law) being affiliated to the hospitals, and working in co-operation with them. If, unfortunately, it proved impossible to transplant some of the existing hospitals, and thus make each district self-supporting and selfcontained, it was thought that means might still be found to work the system by attaching territorial areas to the hospitals in their present position. Such a scheme, it was thought could only be carried through after the establishment, and with the advice and assistance of some controlling body or central board, the necessity for and composition of which was the subject of a good deal of evidence.

"HOSPITAL EXPENDITURE AND ACCOUNT-KEEPING.

"242. The question was asked of a great number of witnesses whether the introduction of a more uniform system of account-keeping would be advantageous, and was answered almost unanimously in the affirmative. Under the existing circumstances, each hospital making out its own financial statement after its own fashion, it is found impossible to form anything approaching a trustworthy estimate of the comparative cost of management and maintenance as between different hospitals. The estimated annual cost of a bed, which is the ordinary standard of comparison, is calculated after so many different methods, producing such widely different results, as to be altogether fallacious. Any such comparison must always be deceptive, unless full consideration is given to, and full allowance made for, the peculiar circumstances of different hospitals, the particular cases and phases of disease which they treat, and the varying cost of the treatment. But in the interests of economy and good management it was strongly represented that an attempt should be made to introduce such a system as should ensure that all calculations of the cost per bed should at least be made upon a uniform basis. Such a reform would assist both the hospitals themselves in checking their own expenditure, and the subscribers in judging how their money was spent. Some critics saw in the unsatisfactory manner in which statements of accounts are often now sent out, not merely a want of system, but an actual design of magnifying in the eyes of the public, by means of large apparent deficits, the need for increased support.

"243. Attempts have been made to form an estimate of the cost of beds in the several hospitals; and the figures given, if their accuracy could be relied on, would indicate great variation in the annual cost, ranging, according to one estimate, from 181 l. down to 60 l. The evidence, however, appears clearly to show that all such calculations are rendered altogether untrustworthy by the want of a uniform basis for making them; and without a settled universal system of account-keeping such a basis cannot be found.

" 244. The system of calculation adopted for the Dublin hospitals was mentioned as an improvement on anything in London.

"245. The difficulty of estimating the cost of the out-patients is a serious obstacle in the way of correctly calculating the cost per bed. The mode adopted is to deduct from the total expenditure a sum calculated on a more or less arbitrary basis at 1 s. or 1 s. 3 d. or other amount for each out-patient; but it is found impracticable to keep the expenses actually incurred for the out-patients distinct from the general expenditure. To do so it would be necessary, amongst other things, to incur the additional expense of keeping separate dispensary accounts, and perhaps separate dispensaries.

> "246. Attention was drawn to the difference of cost per bed between the hospitals and the poor-law infirmaries. This appears to be accounted for by the difference in the numbers of the medical and nursing staff, and in the character of the cases treated; the chronic cases, which form the majority in the infirmaries, requiring less expensive treatment and less nursing than the acute cases in the hospitals.

> " 247. It was complained that the expenditure for particular purposes, such as stimulants for the use of the patients, could not in all cases be ascertained.

> "248. The secretary of the Seamen's Hospital at Greenwich had worked out, and he described in detail, a model system of accounts by which an effective comparison could be made between different institutions. The important point in his proposal was that there should be not only a uniform basis of account, but also a somewhat minute sub-division of the heads of expenditure, and a glossary* showing exactly what items were to be included

under each head. Without such a glossary no form of account could, it was said, be really trustworthy for purposes of comparison; such things as mineral waters and condensed meat juice, for example, would appear sometimes under 'provisions' and sometimes under 'dispensary,' and a host of minor discrepancies of this kind would inevitably lead to erroneous inferences. This glossary system was supported on the ground that it would enable the governing body of each hospital to keep a very close control on each item of expense, by comparing it with the same item elsewhere, and that it would promote inter-communication and exchange of experience between hospitals. It met with some (but not universal) favour from other witnesses.

Nixon, 8282.

"249. This question of accounts was discussed in considerable detail by a witness who Defects of existing system and had analysed the accounts of a number of hospitals, with a view to showing the diversity proposed remedy. of plan on which they were made out, and the defective character of many of them. Attention was drawn in particular to the erroneous conclusions which might easily be drawn by a person inspecting the accounts of several hospitals, owing to the different methods in which the legacies were shown, and owing to the fact that in general no state-ment was made showing the whole amount of the property of a hospital (including value of site and fabric). The same witness produced a model form of balance sheet, which he Appendix G. explained at length, in which both income and expenditure were divided into 'renewable' and 'non-renewable,' and income was further divided into 'charitable' and 'proprietary.' Gordon, 21774-86. Some form of compulsion would, he thought, be necessary to make the hospitals adopt this Gordon, 21787-822. system. He further suggested changes in the mode of conducting the audit, with a view to a more thorough investigation of the accounts, and proposed that the auditor should give both a certificate in the proper form, and also a report showing the means taken to test the several items of account. The imposition of a compulsory independent audit was proposed, and defended; but it was not intended by this witness that any interference should be assumed in the actual management of hospitals. Questions were asked regarding the probable effect on the subscriptions of the public if such a scheme were adopted; no definite opinion was expressed on this point, but it was thought that the opportunities which would be afforded for close comparison of the working of different institutions would tend to increased efficiency of administration.

"250. Some progress towards a more uniform system of accounts has already been made Progress to uniformity through the action of the Hospital Sunday Fund, one of whose objects it is to effect this reform. No hospital is qualified to receive a grant from the fund unless it furnishes a statement of its accounts in the prescribed form. The form, however, is framed merely to meet the requirements of the administration of the fund, and does not supply the particulars required for a complete comparison, in detail, of the cost of hospital management. For example, it distinguishes between 'proprietary' and 'charitable' revenue, and shows the amount contributed by patients; the object being to arrive at the sum representing the annual 'needs' of the hospital from the public. Then there is a division between expenditure for 'maintenance' and that for 'management'; this is for the purpose of ascertaining whether the hospital is economically or extravagantly managed.

promoted by Sunday Fund. Currie, 3152-4; Waterlow, 2634-2783, 2766, 2817, 2877; Gordon,

"251. It was hoped that through the Sunday Fund further advances would be made Michelli, 17925-6. towards uniformity; but objection was taken to any attempt being made at forcing all the Reade, 14005-6; Page, 14802. hospitals into an exact method; this, it was thought, savoured too much of State control, and would tend to destroy individuality.

"252. An attempt has recently been made from within the hospitals themselves to Movement within hospitals arrive at some agreement for adopting the same form of accounts. A meeting of secretaries was called, when the principle was put forward that it matters less what the Lucus, 20282-3; Burdett, 2880. particular form is than that it should be uniformly followed, and that the reform should include a single system for registering patients; if this uniformity could be arrived at, with the help of a glossary, it was thought that a central audit would not be needed. The idea, however, did not at the time when the evidence was taken seem to have met with much support from the hospital authorities; but your Committee learn that during the past year a committee of the secretaries of the principal voluntary hospitals have agreed upon a uniform basis of accounts.

towards uniformity.

"253. Another point insisted on was the necessity for an independent audit of the Need of independent audit. accounts. This, it was thought by one witness, would result in a reduction of the very great difference in the cost per bed between the hospitals and the poor-law infirmaries.

"254. However this may be, the evidence does not, as a whole, show any general conclusion as to consensus of opinion that the hospitals are extravagantly or ill administered; but the economy of management.

Bounded, 1264, 1376; Thomps of the should appear the shou other hand, expression was given to the feeling that the administration of private funds ought not to be made subject to external control, and that such control might lead to a falling off of public support.

economy of management.

Bounfield, 1944, 1876; Thompson, 4396-7; Ryan, 14679; Barker, 1608; Burdett, 28633, 19657. Brown, 28546-5. Woods, 1893; Mackennie, 2868; Wichelli, 17956, 17988-25, 18958-65. Waterlow, 2887.

" 255. The

^{*} One witness was of opinion that the food, nursing, and medical and surgical appliances were on a needlessly lavish scale, and that new inventions were recklessly adopted for the sake of the schools (Brodhurst, 3987-91, 4039-41, 4050).

"255. The proposals which were made regarding the establishment of some form of central body, with a limited control over hospital administration, included generally the vesting of such body with the supervision of accounts.

Effects of medical school on expenses. 14422-32, 1656-7, 3987-91, 4028-9, 4107, 4115-7, 14572-8, 28561, 28876.

11184-6, 12121-4, 15399.

14091, 14128-31, 14211.

12850-6, 13185-8,

Ryan, 14492, 14641-3.

"256. Some evidence was taken as to the effect which a medical school has upon the finances of the hospital to which it is attached. Some witnesses thought that the school must be indirectly a scource of expense to the charity, because it rendered necessary the early and experimental adoption of scientific improvements and appliances which, without it, might have been dispensed with, and that, therefore, the medical schools were partly supported by charity; but there was rebutting evidence on this point. On the other hand, it would seem that expenditure of this kind must to some extent, bring direct gain to the patients, and therefore, may be properly defrayed to that extent out of charitable funds; while, at the same time, the students gratuitously render services which could not otherwise be obtained without expense. At Charing Cross, the school makes a fixed contribution so the general funds of the hospital, and the hospital appears to make a small net profit. Expenditure incurred for enlarging the school was said to be there regarded as an investment. At the Middlesex it seems that the school entails a small net annual charge on the hospital for maintenance, but the evidence is not quite

"257. One witness, while he was of opinion that the school undoubtedly increased the expenses, thought that it also greatly increased the income of a hospital by widening the area of public interest and support.

"PROPOSED CENTRAL BOARD.

"258. It was generally felt by those who called for a reform of the out-patient department, for a supervision of accounts, for a restriction on the creation of new hospitals, and for a better organisation of medical relief as a whole through the co-operation of hospitals, dispensaries, private practitioners, and poor-law, that these changes could only be brought about through the direct agency or the indirect influence of a central board; and the necessity for such a body, its constitution, and the functions and powers to be delegated to it, were discussed by many witnesses.

Steele, 364, 465; Bousfield, 1279; Mackenzie, 2342-3; Currie, 2393, 3084, 3094-7; Brodburst, 4206-7; Baxton, 18750-1; Clark, 9735-6; Melhado; 12932-4; Fardon, 12077; Ryan, 14677-89; Michelli, 17926-7; Brown, 4687; Barne, 1377-8; Morgan, 22603.

Hardy, 1226; Farmer, 3564; Bhabba, 3869; Thomson, 4384-407; Kay, 4542; Monteflore, 222; Longley, 3250; Tait, 22311-6; Brown, 25654.

Waterlow, 2342-3; Lushington, 10063-9; Quennell, 15042; Page, 14790-1, 14801-4.

"259. Establishment of Central Board desirable .- The great weight of the evidence from within the hospitals, as well as from outside, was favourable to the idea of a central board; but the hospitals were anxious that its functions should be strictly defined, and that it should not interfere with their internal management, but only with matters of common interest to all.

Carrie, 2997-9; Barnes, 13778; Quennell, 15110-1; Michelli, 17950-1, 17965; Brown, 25565.

"260. Some apprehension was felt as regards the effect which the creation of such a body might have on the flow of subscriptions; but some witnesses of experience were of opinion that the necessary money would still be forthcoming; it was even thought that the public would subscribe more freely, because they would have great confidence in the administration.

Longley, 3251-8, 3203-4. Barnes, 13827; Michelli, 17941.

"261. Constitution of Central Board .- One suggestion by Sir H. Longley, and favourably received by another witness, was that the central governing body constituted under the City of London Parochial Charities Act might be utilised ; that body consists of five members nominated by the Crown, four by the County Council, two by the School Board, and one each by London University, University College, King's College, the City and Guilds of London Institute, the Bishopsgate Foundation, and the Cripplegate Foundation. This body will ultimately have the management of charitable funds worth 58,000 /. a year; it was suggested that the office expenses might possibly be paid out of these funds, and that some medical authorities could, if it were thought desirable, be added to the body.

"262. A few witnesses favoured or did not object to some form of Government control,

or at least inspection (without direct control), and even a Government grant-in-aid, but the general opinion was decidedly against Government interference, and in favour of

the controlling body being of a representative character. The maintenance of the individuality of the hospitals, of a healthy rivalry and esprit de corps, was considered to

be of great importance, and it was thought that all this would be prejudiced or destroyed by the intervention of a Government inspector. One witness, however, while admitting that a feeling of individuality in a hospital was a good thing in some ways, thought that

Hardy, 1039; Buxton, 8751-81, 8804-7; Burdett, 25746-52.

Mackenzie, 2366; Thomson, 4427-9; Currie, 2993-9, 3027-33, 3036, 3131, 3141; Barnes, 13897-13830; Lucas, 20226-30, 20240-1; Loch, 26169.

Tait, 22312.

on the whole it was bad.

"263. One proposal was that the central board should consist entirely of members Thomson, 4428-34.
Barnes, 13807-5, 13827; Tait, 22346, elected by each hospital through its subscribers or board of management, each hospital paying its share of the expenses of the central board. It was thought that the voluntary hospitals would willingly come under the control of a body so composed. Another proposal was that it should comprise one representative of the hospitals and two of the inhabitants of the district, and three nominees of the Crown. "264. Another

Clark, 9738.

" 264. Another was to make use of the General Medical Council, acting (as regards Carter, 16125-8. too supervision of accounts) through a sub-committee.

"265. Another witness considered that the board should be elective and comprise Michelli, 17856, 18052. both medical men and laymen, but should act in some way in conjunction with the Charity Commissioners as the guardians of trust funds. The same witness expressed Michell, 17861. approval of the suggestion to utilise the board constituted under the City Charities

"266. Another view was that the central body should contain representatives of Brown, 25555. (1), the hospitals; (2), the Sunday Fund; (3), the Saturday Fund; (4), the Charity Organisation Society; (5), the general practitioners; and (6) the Government.

"267. The secretary of the Charity Organisation Society thought that the interests to Lock, 26173. Montefore, 218. be brought upon the board were those of (1), the medical profession (represented by the medical corporations); (2), the hospitals and medical schools; (3), the municipality; and (4), the general public (represented by the Sunday and Saturday Funds, and such bodies as the Charity Organization Society), the total strength to be 33 members, one-third retiring annually.

"268. Sir Hay Currie, whose scheme is to administer hospital relief by districts, with Currie, 2023, 3067-63, 3082-2, complete co-operation of the hospitals, the dispensaries, and the poor-law institutions, favours the representation of all these organs of relief, and also of the poor themselves (as being the persons to be relieved), on the board. He would have a separate committee managing each district.

"269. Another witness, holding similar views as regards the importance of co-opera- Burdett, 25726-56. tion between all the various organisations administering medical relief, referred to Michelli, 17926, 17949, 17949, 17968-78, the example given by the system of supervision now existing in Dublin. It appears Croly, 19127-9. that a board of supervision was set up there over the hospitals by Act of Parliament in 1856; year after year this board has issued a report, but (it is said) with little or no effect; and the Hospital Sunday Fund of Dublin, a voluntary body, acting with the concurrence of the hospitals, has instituted an independent visiting committee upon whose report the annual distribution is based. This system of voluntary supervision has, it is said, produced great results in improved hospital administration, which the statutory board was always powerless to effect. The recommendation of this witness was, that a similar system of inspection and report should be undertaken by the Sunday Fund in London, efforts being at the same time made to strengthen the council of that fund, and also of the various hospital committees. It was thought that the council of the Sunday Fund might be allowed to visit and report upon the poor-law infirmaries as well as the voluntary hospital; and, in return, that the Government inspectors, if it was thought advisable, might inspect the latter; or there might be a joint-committee from the Sunday Fund and the Government. The recommendations of the inspecting body would, under this scheme, be backed by the power of the purse.

"270. The secretary of the Charity Organisation Society argued that the Sunday Fund Loch, 26166. was not an appropriate body to undertake the work of supervision, both because the endowed hospitals, and also some of the smaller special hospitals, did not come within its purview, and because the council of the Fund had itself expressed an unwillingness to enter into matters outside its especial sphere of requiring certain conditions of financial administration and distributing funds.

"271. Functions of Central Board.—According to the scheme proposed on behalf of the MonteGore, 228. Charity Organisation Society, the duties of the central board were, to inspect, to make suggestions for better management, and to issue an annual report of the proceedings of the board, and dealing in particular with the finances of the various institutions. It was suggested that the board should have some power for enforcing their views through an appeal to the Privy Council, or some other body, but the scheme did not precisely define the limits of this power, or the mode on which it was to be set in action, and the secretary of the Society was inclined to omit any power of compulsion. One point of the scheme was, that the board should, if possible, have to some extent the powers of the purse, and with this view it was suggested that a part of the funds dealt with under the City Parochial Charities Act should be handed over to the board, that it should be able to receive legacies and gifts for distribution, and that the Sunday and Saturday Funds should work in with it. Among the objects to be arrived at were, reform of the out-patient departments, co-operation and discrimination in the admission of patients, economy of administration, uniformity of accounts, and care in the establishment of new hospitals.

"272. The idea was put forward, and met with some support, that the allocation of Carrie, 3024-6, 2009-60, 2084-97, patients to vacant beds in the several hospitals might even be managed by the central Thompson of the Bureau Central in Paris, and in the same way as the Tate, 22311, 2238-8. board, after the manner of the Bureau Central in Paris, and in the same way as the Metropolitan Asylums Board distribute infectious cases among their hospitals. power, it was thought, might be given to the board without further interfering with the internal affairs of the hospitals, or cramping their energies. A considerable body of Clark, 8753-2; opinion was expressed in favour of the view that the duties of the board should be so 18071-83. arranged as not to interfere with the internal management of the several institutions; that they should have power to examine accounts, to inspect, and to make suggestions, Currie, 3106.

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but not to enforce them. The hospitals, it was said, would be glad enough to adopt improvements when brought to their notice; while cases of actual abuse or mismanagement they would, in their own interests, be anxious to put right.

"273. One witness appeared to think that the hospitals would willingly submit to very extensive powers of control, as long as the controlling body was appointed by themselves.

"274. Some witnesses contemplated the board being set up by Act of Parliament, with express statutory powers; while others regarded it as a voluntary institution, or, at all events, thought that the attempt should be made to set it up by voluntary effort; but the fear was expressed that the rivalry between one institution and another would prove an obstacle to the creation of a voluntary board.

"275. Mention has been made of the influence already exercised by the Hospital Sunday Fund in promoting some approach to uniformity of accounts. It is the desire of the Saturday Fund also to have an influence, as a central body, in the direction of improved management. They have in particular made themselves a channel for the investigation of individual grievances complained of by patients regarding their treatment in hospital; and it is creditable to the hospitals that, according to the evidence of the chairman of the Fund, the great majority of these complaints have proved to be unfounded.

"276. The promoters of a complete system of co-operation between all the various organisations administering medical relief were among those who attached the highest importance to the establishment of a central authority; while, at the same time, this object was altogether dissociated from any desire to throw the hospitals upon the rates.

"277. Some witnesses, who did not look to any great advantage accruing from the existence of a central board, so far as regarded the administration of existing hospitals, thought that such a board would be of use if it had a voice in deciding on the establishment of new ones. This was a duty which many witnesses wished to entrust to the central body. A strong feeling was expressed that much harm was done by the reckless opening of small hospitals irrespective of any need for them. But this is a question affecting the special rather than the general hospitals. The proposals were either that all hospitals applying to the public for funds should be compulsorily registered, and that the registering authority should have a discretionary power; or, that the central body should publish a report upon every scheme for founding a new hospital, and then, the public being warned, the promoters of the hospital might open it at their own risk.

" MISCELLANEOUS.

"278. Food in Hospitals.—Evidence was taken respecting the general treatment of in-patients, the regard shown to their comfort, the means available to them of making known their complaints, and in particular respecting the quality of the food supplied to them. Upon this latter point a great number of questions were asked, but, on the whole, little evidence appears to have been elicited of an unfavourable character. One witness, indeed, considered that the hospitals were administered, in matters concerning the comfort of the patient, on an unnecessarily luxurious scale. The defects which were mentioned were not of a very serious or deep-rooted character; and strong evidence in confirmation of the general good administration of the hospitals in all that concerns the comfort of their patients was given by the chairman of the Saturday Fund, who testified that the great majority of complaints which had been brought to his notice by ex-patients, had proved, on investigation to be unfounded. The patient appears generally to have sufficient opportunity of complaining of anything wrong, both to the nurse, who is specially charged with his care, comfort, and diet, and also to the visitors who, in most (but not all) hospitals, are specially appointed to go round the wards and inspect everything, and investigate complaints.

"279. At many hospitals it is the practice for patients to provide their own tea; and it was said that at one hospital all the tea was mixed up, and the mixture was not good.

" 280. The cooking is in some cases entirely done by gas.

"281. The usual system in the large hospitals appears to be that the sister of each ward makes up a diet sheet for the day, in accordance with the doctor's directions for each patient; the steward (or official charged with this duty) has to provide the food and get it prepared and served up. Then it is the duty of the sister to see that the meals actually supplied are in accordance with the diet sheets.

"282. At one hospital it is the custom for the chairman to see every patient on leaving, and ask him if his food has been good.

"283. Sanitation.—The sanitary condition of some of the hospitals, peculiarly important as this matter must be in such places, does not seem altogether satisfactory. Many of the hospital buildings are old, and are not readily adapted to the requirements of modern sanitary science. Some of the evidence bearing on this subject has been noticed

Tait, 22311-6, 22346-9.

Montefiore, 227-8; Brown, 25614. Thomson, 4451-4; Clark, 9752-4; Loch, 26173. Mitchelli, 17987, 17996-9.

Carrie, 2992-3; Burdett, 25726-7.

Ryan, 14678 : Page, 14790-800.

1414-20 1801-4, 4852-63, 4973, 5109-10, 6890-701, 8407-11, 9195-7, 9803, 10464-7, 11794-801, 1110-3, 12182-6, 12203-70, 1700-7, 17784-96, 12933-64, 13833, 13838-46, 13923-31, 14031-6, 14088-100, 14616-9, 16148-6, 1625-9, 17492-3, 27540-3, 18181-5, 18200-3, 20507-12, 29076-94, 25301-8, 5129-30, 35464-5, 3562-4, 11710-9, 25264-5.

Brodhurst, 3987, 4039-41, 4051-2, 4132-4.

6803-1, 6808, 7056-9, 11047-52, 11137-44, 12026-0, 14068-75, 15078-84, 15678-95, 15731-44, 15883-7, 16241, 16824-6, 17494-7, 18104-8, 18708-72, 6693-8, 12030, 12113, 14978.

5562-4, 12787.

6658-60, 12944.

8405-6, 10303-9.

18612-4.

Steele, 367-77; Bousfield, 1407-8; Tait, 22366-71; Burdett, 25900. in connection with the organisation of individual hospitals, notably St. Bartholomew's. Notwithstanding the universal recognition of the importance of maintaining a thoroughly efficient system of drainage, and notwithstanding the experience which some hospitals have had of sore-throat and other serious diseases pointing to insanitary conditions, the practice of making periodical examinations of the drains and periodically applying the 14580-2, 14880-2, 15103-9, 15103-Even in the larger hospitals, which employ as one of their regular staff a surveyor, who is responsible for the fabric being kept in good order, no such safeguard is systematically applied.

"284. As regards matters other than drainage, it appears that that the antiseptic pre- Steele, 461; Waterlow, 2626; cautions now commonly taken have greatly reduce the prevalence of such diseases as erisypelas and pyæmia which formerly used to be the pests of hospitals. It was, nevertheless, the opinion of some witnesses that old hospital buildings did, in spite of precautions, tend to become in some degree insanitary, and that very large hospitals were for sanitary reasons undesirable.* The ordinary deal floors which are common in the older 11535-8, 14000-3, 15075-7, 15725-30, buildings are considered unwholesome as compared with the tongued and grooved teak floors which it is now usual to lay down in hospitals, and which are kept clean by dry-

"285. Rating.—Some complaint was made of the heavy rates which the hospitals are called upon to pay. It seems that, until a few years ago, none of the hospitals had ever 12882, 15413-21, 15615-7, 16375-82, paid anything on this account; but a late decision of the House of Lords has imposed on 17008, 17407. them the liability. It is urged that these institutions, which with difficulty collect the necessary means for carrying on a work that saves the poor-rate many thousand pounds a year, ought not at the same time to be mulcted of their funds in aid of that rate. charge seems to bear on the hospitals very unequally, and to fall much more heavily on the endowed than on the voluntary hospitals. According to the evidence Guy's pays 1,500 l. a year; St. Bartholomew's 1,186 l.; St. Thomas's 2,300 l.; St. George's 365 l.; Middlesex 200 l.; Westminster 125 l.; University College 72 l.; the Metropolitan 160 l.; 16376.

Brompton 600 l. The Royal Free Hospital is assessed at 430 l. net The assessment 16692. of St. Mary's appears to have been suddenly raised from 250 l. to 1,500 l. The London Hospital is protected by the Whitechapel Improvement Act, and pays only a trifling amount in rates (51 1.)

"286. One witness not only considered that the hospitals ought not to be required to Cross, 22249-80. pay rates, but doubted the legality of the charge now made on them.

"287. Qualifications of Medical Staff.—It appears to be the almost universal practice † of the general hospitals in London to require that their medical officers, at all events those holding the senior offices, should possess a 'London qualification,' i.e., a diploma from the College of Physicians or Surgeons. A great number of witnesses were questioned as to the existence of this rule and the reasons for it, and it was mentioned as a subject of complaint by several general practitioners and medical men coming from special Woods, 1635-40; Mackennie, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day an anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and from Ireland, as being at the present day and anachronism injurious alike to 2594-37, 2267-71; Browne, hospitals and Ireland, as a second day and a second day a the profession and the public. It was, however, defended by witnesses from general hospitals, on the grounds, mainly, that the tests required by the London Medical Corporations ensured more than any other the possession of the qualities required in a 17697-712.

Clark, 9708-12; Moore, 10756; Allehin, 18352-76; Williams, 17697-712.

teacher as distinguished from a mere practitioner of medicine, and supplied also to a 18616-21, 1896-72, 18984-6. greater extent a guarantee of moral character; that the London colleges exercised to a great degree a disciplinary control over their members in regard to their professional conduct (much importance was attached to this point); and that, as most of the London students went to these bodies to pass their qualifying examinations, it was desirable that their teachers should be in touch with the authorities that examined them.

Waterlow, 2506-15; Buxton, 8787-800; Ord, 11223-4; Whipham, 12371; Melhado, 12729-34; Wilcocks, 16349-40; Allehin, 13351; Theis, 16431; Goodsall, 16947-8; Curnow, 18983.

"288. It was also said that any man of sufficient eminence to be elected to the staff of Whipham, 12373-4; Willcocks, a great hospital would have no difficulty in acquiring the necessary diploma, but to this 14387; Tait, 22803-8. it was answered that it was derogatory to such a man, and a hardship on him, to expose Browne, 4034; Moore, 19076-9. him to an examination.

"289. A witness from Guy's thought that the rule might be useful where the staff was Perry, 10225-32. elected by a large number of ignorant voters, but that at Guy's where there are only 60 governors no such safeguard was needed.

"290. It was stated in evidence that a similar exclusive rule had existed in Ireland, Moore, 19082. requiring that only licentiates of the Royal College of Surgeons of Ireland should hold county infirmary appointments, but that this restriction had been abolished by Act of Parliament in 1876.

"291. Chaplains.—Each of the leading hospitals has a salaried * chaplain specially appointed to visit the wards and minister to the sick. It St. Bartholomew's, St. Thomas's,

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^{*} See page exxxix, § 236.
† At Guy's exceptions to the rule appear to be admitted (Perry, 10133-9). At St. Mary's also it is rather a custom than a strict rule (Page 14771-5).

* At St. Thomas's the chaplains receive, respectively, 275 l. and a residence, and 150 l.; at the Middlesex, 200 l. with residence; Charing Cross, 100 l. with board and lodging; St. Mary's, 200 l.; University College, 70 l.; Royal Free, 100 l.; Brompton, 300 l. and residence.

and some others of the larger hospitals there are two chaplains. The chaplain sometimes, but not in all cases, is resident in the hospital. . He often performs services lying outside his strict duty by interesting himself in the circumstances of patients, communicating with their friends, and particularly in recommending grants out of the Samaritan Fund, if not (as in some hospitals) actually entrusted with the administration of it. In some hospitals (e.g., Charing Cross) he is the highest resident official.

Rathbone, 25963-73.

"292. Mr. Rathbone was strongly of opinion that hospital chaplains ought to be appointed for a short time only, three years or five, and preferably three.

"SPECIAL HOSPITALS.

Definition of special hospital. Manteflore, 13.

Statistics.

Monteflore, 12, 149.

Barnes, 13722-4. Montefiore, 154-67; Hardy, 1128.

2122-30, 2218-7, 2781, 2825-7, 3877-80, 3793-4, 3921-8, 4663-4, 4669, 4676-83, 4698, 19139, 19143, 18821-3, 20876, 20996-700, 20924-6, 20936-8, 20833, 20978-81, 21105, 232512-3, 23003-5, 23642, 23654-64, 23712-4, 23717.

Objections alleged against special hospitals.

Steele, 465; Holmes, 639; Hardy, 1104-17; Brodhurst, 4196; Michelli, 17941.

Mackenzie, 2168-70, 2247, 2325-6.

Mackenzie, 2391.

"293. A special hospital is one which is restricted to the treatment either of a particular disease, or class or group of diseases, or of particular classes of patients (e.g., women children, seamen); or, again, it may be special, not as regards the kind of disease treated, but as regards either its effect upon the patient (e.g., a hospital for incurables), or the particular methods adopted for its treatment (as in a homocopathic hospital).

"294. The number of special hospitals in London was stated to be 67 in 1890. Between 1830 and 1840 four new special hospitals were started; between 1840 and 1850, seven; between 1850 and 1860, eight; between 1860 and 1870, sixteen; between 1870 and 1880, seven; and between 1880 and 1890, six. A classified list of the special hospitals was given by one witness. Many of them are very small; one is said to have only seven beds, and only an average of four occupied. Calculations of the annual cost of a bed are acknowledged to be inconclusive; but at some of these small hospitals it is stated at so high a figure (in one case reaching 285 L) that it seems evident that they are very much more expensive institutions than the larger hospitals.

"295. The special hospitals commonly require or invite their patients to contribute towards the cost of their treatment. As already mentioned (p. 37, §219), patients are estimated to pay altogether 45,000 l. a year, of whith the bulk goes to the special hospitals. The system adopted in several hospitals was explained, the general principle being that the patient should pay what he could afford, but that the amount of his payment was not in any way to affect the treatment; and, generally, if he appeared unable to pay anything, he would be treated free. The suggestion that there was a tendency to favour the paying patients, rather than the others, was denied. In some hospitals there is a graduated scale of charges.

"296. Objections were made to the special hospitals, or to some of them, on several grounds: That many are started by medical men in their own interest, and not from any public need; that some are so small that they cannot be economically administered; that they draw away funds from the general hospitals; that by drawing away patients from the general hospitals they are injurious to the medical schools; that the treatment of patients in them is unsatisfactory; and that the special departments which the general hospitals have opened render special hospitals unnecessary.

Montefore, 138-41; Steele, 366;
Holmes, 698-9.
Hardy, 1038-9, 1072-1103, 1135, 1135;
Hardy, 1038-9, 1072-1103, 1135, 1135, 1135;
Hardy, 1038-9, 1072-1103, 1135, 1135;
Hardy, 1038-9, 1038-1103, 1135, 1135;
Hardy, 1038-1103, 1135, 1135, 1135;
Hardy, 1038-1103, 1135, 1135, 1135, 1135;
Hardy, 1038-1103, 1135, 1135, 1135, 1135, 1135;
Hardy, 1038-1103, 1135, 1135, 1135, 1135, 1135, 1135, 1135, 1135, 1135;
Hardy, 10 general practitioner, believed that at least three-fourths of the special hospitals were conducted for the special benefit of members of their staff. Such hospitals, it is said, lay themselves out specially for the treatment of large numbers of out-patients, for whom considerable payments are obtained. The object aimed at, however, is professional status and position, rather than any direct pecuniary advantage.

> "298. But apart from any question respecting the motives which prompt their founders, it is said that a large proportion of the hospitals which are set up from year to year are actually not wanted in London, and in particular are not wanted in the districts where they are placed.

> "299. On the other hand, while it was admitted that human motives are mixed, and that hospitals are generally founded by doctors who get together a committee of friends and subscribers, it was said that this method applies equally to general as to special hospitals, and to hospitals which are needed as to those which are not. St. Mary's, Charing Cross, the West London, and the Great Northern, were mentioned as instances of hospitals which had been founded by doctors. Special hospitals, it was said, were founded by specialists, men who are the best in their line, but who often, for this very reason, are excluded from the general hospitals. Upon the question of public necessity it was contended that even those special hospitals, which are really not absolutely necessary, do a very great deal of good, and effect a great many cures which would not otherwise be affected.

> > " 300. One

"300. One witness, while quite prepared to admit that there might be special hospitals Barnes, 13721, 13728-26, 13742-5 that were unnecessary, and a few to which the term 'private adventure hospitals' might Mercer, 19236-7. be applicable, declared that most which he had known had risen out of the force of circumstances, either from the want of accommodation in the general hospitals, or from the restrictions which are there placed upon the specialist in the treatment of his cases. As an instance of such restrictions, it was mentioned that in some general hospitals a specialist physician is not allowed to perform operations on his own patients, but has to hand them over for that purpose to the hospital surgeons.* The jealousy with which 18300, 19438, 19445-51, 19389, 20069. specialists are said to be regarded in the general hospitals is, in short, one of the chief arguments of those who advocate special ones. The existence of any such jealousy was, Cartor, 10035. however, denied by other witnesses.

"301. Special Hospitals too small.—The expenses of these very small hospitals must Hardy, 1107, 1120-1, 1143-4; be disproportionately great as compared with the larger ones. The public, therefore, it is Carter, 16121-3. argued, waste their money in subscribing to them.

"302. Funds drawn away from General by Special Hospitals.—It was said that the Bardy, 1140-2, 1147; Boosfield, 1252; Buxton, 8749; meral hospitals were better supported 20 years ago, and that the growth of special Allelin, 1894; Carter, 16117; Fenwick, 19068. general hospitals were better supported 20 years ago, and that the growth of special hospitals within that period has drawn away their funds. There would be no reason to discourage special hospitals if they were provided with endowments sufficient to maintain them, but it was undesirable that they should be allowed, by appealing to the public, to divert funds from more deserving institutions. The secretaries of the special hospitals Mackenzie, 2142, 2263-4; Mackenzie, 2142, 2263-4; Mackenzie, 2142, 2263-4; Mackenzie, 2145, 2263-4; Mackenzie, 2147-50; Barnes, 13746; Brown, 23542. argument of the diverson of funds was exaggerated, and that the creation of new hospitals did not really very much interfere with getting subscriptions to old ones.

"303. Medical Schools injured by Special Hospitals.—That the general hospitals are Hardy, 1058; Carter, 16004, not able to provide sufficient material for the study of particular diseases used as an Brown, 4653; Barnes, 18727. argument both by the opponents of the special hospitals, who say that their patients are drawn away from them, and also by the specialists themselves, who point to the fact that students come to them from the general hospitals as proof of the inadequacy of the instruction there obtained, and of the superiority of the special hospitals. The rejoinder to the latter argument is, that if the special hospitals did not exists the special departments of the general hospitals would be made larger and more useful for purposes of medical training.

"304. As regards some forms of diseases, it was thought that the cases were numerous Fowler, 17733-4. enough both to provide instruction to the students in general hospitals, and to fill the wards of a special hospital as well.

"305. Special Hospitals Inferior in Treatment of Patients.—One possible cause of defect in the treatment at special hospitals is their isolation from general practice, and the danger of a tendency to adopt a single point of view in approaching a case. That Clark, 9678-9. defective treatment did actually ensue from these causes was the opinion of at least one Carter, 10094. witness. Another point in which it was thought the special hospital was at a disadvantage was the absence of students. Nothing, it is said, is so valuable a stimulus to a physician, who has to deal with a large number of cases, as the presence and the inquiries of a class of students; nothing is so good an antidote to the hasty diagnosis resulting from weariness and a long-continued routine.

"306. Special Hospitals rendered unnecessary by special departments of General Hospitals.—It was said that many of the older special hospitals had been very valuable Bennett, 4271-4; Allchin, 18404; institutions; but that the necessity for them was wholly, or to a great extent, removed Carnow, 19018; Burdett, 2578-6; Cannon, 20073-5; Burdett, 2578-6 by the growth of special departments in the general hospitals. Some witnesses appeared to think that all diseases could be best treated in a general hospital, and that the accommodation in the general hospitals would be sufficient for all persons who were really entitled to charitable relief. It was not that the experience of a specialist in any particular disease or operation was undervalued, but that this experience could be more profitably utilised in the special department of a general hospital than in a special hospital. A witness quoted the words of Professor Virchow, 'that no speciality can flourish which separates itself entirely from the common source of science; that no speciality can develop fruitfully and beneficially if it does not ever and anon draw from the common fountain, if it does not take the other specialities account, and if all the specialities do not mutually assist one another.' The danger indicated in these words is precisely that into which, it is said, the special hospitals in London have fallen. 'They are guilty of Chark, 2678-2. magnifying the complaints with which they have to deal.' To put the point somewhat Pardon, 13947-9; Armitage, 18512. baldly, the tendency of the specialist is to find his particular disease in every patient who comes to him. On the other hand, the appropriation of certain diseases by specialists tends to make the general practitioner neglect their study and treatment, regarding them as outside the sphere of his practice. It was, however, the prevalent opinion that those who were generally opposed to the special hospitals that there were some diseases for which such hospitals could usefully be appropriated, and that some of those existing were doing such good work that it would be undesirable to interfere with them. "307. A point

(93.)

^{*} A particular case of this was admitted by a witness from one of the general hospitals (Allchin, 15413-4).

Carter, 16095-7, 16106-14.

"307. A point particularly insisted on is, that the special hospital, remaining as a survival after its period of utility has passed away, not only absorbs valuable funds and material for teaching, but wastes, to a great extent, the services of eminent men, whose skill and experience would be more profitably bestowed in a general hospital. It is admitted that new processes of treatment, while they are in their earlier and tenative stages, must be in the hands of a few men, and are then outside the sphere of general practice. That is the period of usefulness for the special hospital. But, when the stage of experiment and investigation is past, it is of the utmost importance, in the interest both of sick and of medical science, that the approved results should be absorbed in general practice, and cease to be regarded as a speciality. The difficulty of at once retaining the usefulness and destroying the abuse of special hospitals was not denied; and this, it was thought, was one of the problems which could be solved only through the agency of a central board of control. But, if the problem were insoluble, it was thought that more advantage would result from the abolition of special hospitals (with some exceptions) than from their retention. The progress of discovery might be retarded, but it would not be less sure; and, at all events, its results, when gathered, would be fully utilised.

Williams, 17647-8. Barnes, 13726.

"308. Other witnesses appeared to take an exactly opposite view, and to think that the need for special hospitals was at the present time as great as, or greater than, it used, to be; that if the general hospitals had, in the first instance, opened special departments the need for special hospitals might never have arisen; but that now they had grown into such importance that it would be impossible to do without them. This argument would, however, appear to apply chiefly to the larger special hospitals, which are not so much the direct objects of attack as the small ones.

Mackenzie, 9151-5.

"309. A member of the medical staff of the London Hospital, who was in charge of a special department, did not share the strong feeling against special hospitals; he considered that there was room for both, and that special hospitals gave increased educational opportunities for the study of particular diseases.

Arguments in favour of special hospitals.

Mackenzie, 2116-7, 2167, 2205, 2210, 2275, 2293, 2306-7; Anderson, 16304; Fowler, 1734-6; Armitsge, 10521 4; Fenvick, 2002-4.

Hardy, 1132, 1145.

Brown, 4693.

Fenwick, 19932.

Parnes, 13727-8; Smith, 20839, 20853-4, 20864-5.

Utility of some special hospitals. Hardy, 1656; Bennett, 4269; Brown, 25546. Brown, 25547.

Carnow, 19017.

Holmes, 701-3, 707; Hardy, 1060-71, 1188-8; Bounfield, 1284-6; Mackenzie, 2140; Brothurst, 4190; Clark, 9682-8; Crd, 11272-88; Fardon, 1204-6; Gondd, 13140-87; Barnes, 13748-53; Allchin, 13407-9; Anderson, 16305; Michelli, 17945; Smith, 20866-71; Moore, 10757-60.

"310. The advocates of the special hospitals had two main arguments, in addition to that founded on the professional jealousy to which the specialist is alleged to be exposed. In the first place, they denied that the general hospitals were so successful as the others in the treatment of their patients. The governing body, in is said, of a general hospital do not take the same interest in any special department as is shown in a special hospital, and are not so liberal in adopting improvements. The unwillingness of the general hospitals to advance is, in fact, what mainly forced the special hospitals into existence. When the latter has proved its value, and advanced the practical treatment of disease in its own particular line, then, and not till then, the general hospital sets up its special department. If these special departments were organised on a grand scale, with all the advantages that are now monopolised by the special hospitals, then it was thought the latter could be dispensed with; but this has never hitherto been done, and the structural arrangements of most of the existing hospitals do not easily adapt themselves to the exigencies of special departments. Then it is said that the medical men in charge of the special departments have themselves derived their instruction in special hospitals, and that students go from the special departments to the special hospitals to complete their studies; so that to abolish the one, because of the existence of the other, would be both unjust to the specialist and injurious to medical science.

"311. A general hospital, it was also said, is sometimes structurally at a disadvantage in carrying out the special treatment required in certain diseases.

"312. A piece of evidence directly bearing on this matter was furnished by one medical witness attached to both a general and a special hospital, who said that he sent some of his cases from the former to the latter, because he could not deal with them at the general hospital.

"313. The other leading argument of the specialists is, that there are diseases which the special wards in general hospitals are altogether inadequate to accommodate, and that, therefore, an outlet has to be found outside. From this point of view it is simply a question of accommodation.

"314. Some few witnesses appeared to consider the special hospitals as altogether an evil, or at least that it would be an advantage if the great majority could be closed. It was, however, almost universally admitted that some exceptions must be made, but there was a good deal of difference of opinion as to the precise nature and extent of the exceptions. It seems to be agreed that separate accommodation is necessary for lying-in cases, and for infectious and venereal cases, though some witnesses thought the latter class were not fit objects of charity and should be provided for by the poor-law. Speaking generally, the classes of diseases the treatment of which in special hospitals was most favoured, were (a) diseases which were so prevalent that the accommodation in the general hospitals was insufficient for them; and (b) diseases of a chronic or incurable nature, which the general hospitals do not take, except for temporary treatment. The applicability, however, of these two heads of exception to particular diseases or classes of patients, was a matter of dispute. Ophthalmic hospitals, orthopædic hospitals, hospitals for women, for children, for incurables,

incurables, hospitals for consumption, for cancer, for paralysis, for the ear, for the throat, &c., were all in turn advocated by some witnesses, either on one of these grounds or because the cases which they treated were alleged to be unsuited for general hospital treatment, and most of them were either condemned or considered unnecessary by others. Some special hospitals, though in principle held either to be from the beginning unnecessary or to have survived the causes which justified their establishment, were admitted to be doing such good work that it would be undesirable to interfere with them, though it would be most desirable to prevent the growth of others like them.

"315. A point, however, which some witnesses who advocated the transfer of patients Difficulty of providing from special hospitals to special departments in general hospitals do not seem to have hospitals. fully realised, is the difficulty of providing the accommodation necessary for enlarging the existing special departments and opening new ones. It is difficult to see how some of the existing general hospitals could provide for all their special cases without a tendency to grow to the dimensions of a certain great continental hospital, which was said to be the largest and (to quote a suggestion offered to one witness and adopted by him) "the worst " in the world. The objections to very large hospitals have been already stated.

accommodation in general

"316. The only way by which the desired object could be attained would seem to be Proposed affiliation of special the affiliation (if that were possible) of special to general hospitals. Mention has been made of the waste of power resulting from the existing absence of co-operation between the various institutions for the relief of the sick; and a single instance has been referred to of co-operation between a general and a special hospital.‡ Several witnesses spoke Smith, 20824; Brown, 25875-6.

in favour of some system of affiliation which would provide a common field for instruction, by admitting the students of a general hospital to the special hospitals in the neighbourhood.

to general hospitals.

"317. A witness from a special hospital thought that an obstacle (he did not say an Mackennie, 2232. unsurmountable one) to affiliation would be the fear of the specialists lest their individuality should be lost, or their speciality treated in a less liberal way; but another Smith, 20826-7. thought that it was the general hospitals which held aloof. One witness seemed to think Fowler, 17752. it inexpedient to alter the existing system, although if the whole hospital system were being started anew it would be desirable to group special departments round general Smith, 20272-4. hospitals. And it was admitted by a witness coming from a special hospital that there would be advantages in affiliation if the difficulty of securing a satisfactory managing body could be overcome.

"318. It was thought that some form of affiliation might be secured by means of a Ferwick, 19956-65. system of licensing for special hospitals, and by keeping some control over the appointment of their medical officers, so that only those might be chosen who would be willing to co-operate with a general hospital.

"319. Whatever exceptions might be made in favour of institutions now in existence, there was a considerable weight of opinion in favour of placing some check on the growth of new special hospitals. The proposals for the establishment of a central body with greater or less powers of control have been referred to. One of the most important of its functions would, it was hoped by many witnesses, be that of licensing or registering new hospitals, or expressing in some form or other its sanction to, or dissent from their establishment. The exact nature of the limiting power was not agreed upon. Some witnesses appeared to contemplate an absolute and peremptory prohibition on the opening of any hospital until a license had been obtained; in short, that the proposal to set up a new hospital should be treated in much the same way as a proposal to open a new public-house. It was also proposed that the promoters of a new hospital for which it was intended to collect subscriptions from the public, should be required to prove, first, their bona fides; secondly, the necessity for its establishment and the suitability of the building and site selected; and, thirdly, their competency to Bardets, 26792: Lucas, 20215-25.

provide the necessary funds. Another proposal was to render void any bequest by will Stock, 468-70, 592. in favour of an unlicensed hospital, but it seems not to be quite clear whether that was not merely part of the larger proposal, viz., total prohibition. It was also proposed that no unlicensed hospital should be allowed to appeal to the public for money. Another witness considered that special hospitals, whether they were good or bad, were not proper objects of general charity, but ought to self-supporting, and that nothing should use the word "hospital" except under license from a licensing body composed of medical

Proposed restrictions on new Proposed restrictions on new hospitals.
Steels, 365, 464-5; Browne, 1802; Brothurst, 4197; Buxton, 8790-1.
Brothurst, 4197; Buxton, 8790-1.
S801; Beanfield, 1290; Rynn, 14678; Page, 14790-800; Morris, 14832-6; Allehin, 15400-6; Carter, 16125; Michalli, 17940 Armitage, 18014, 19549-35; Downe, 19613-8, 19655-63; Lanas, 20195-6; Corner, 24845-8, 24948; Brown, 25354, 24565; Burdett, 25792-803.

" 320. The Secretary of the Charity Organisation Society was inclined to think that it Loch, 26173. would be enough if the supervising body reported publicly upon every new proposal for the establishment of a hospital, so that the public might be fairly informed concerning its merits. If that plan failed, it might be necessary to fall back on a system of licensing, but he would rather avoid that at the outset. " 321. In

(93.)

Sir S. Waterlow thought the larger hospitals could find accommodation sufficient for the special departments (2683-4).

[†] Page cxxxix, § 236. † Page cxl § 240. § One witness connected with a hospital which derived no part of its funds from charity, thought that the whole of the special bospitals might be made self-supporting (Forbes, 22611).

Objections to check on

Mackenzie, 2145-51, 2248, 2277.

Waterlow, 2609-10, 2681, 2767.

Barnes, 13774, 13807-10.

Morgan, 22503.

Particulars of some special hospitals.

Dobbin, 17299-613.

increase of hospitals.

4 321. In opposition to the proposal to check the increase of these hospitals it was said, that aithough some of them may not absolutely be needed, yet they all do good, that it is a question of free trade, and if a hospital is not conducted properly it will by-and-bye cease to exist.

" 322. A witness, who considered that the starting of small hospitals was very much to be regretted, feared that any forcible means which might be taken for their repression might check the flow of voluntary contributions from the public. The Hospital Sunday Fund does not withhold its subsidies from the special hospitals, but it is said to be object of the fund to influence people rather in favour of the general hospitals.

"323. One witness thought that if any restriction on the establishment of hospitals had been in force 30 years ago, it would have stopped the development of many useful institutions now existing; and as regards the opposition to very small hospitals, he urged that most large ones had started from small beginnings. A witness from the Homocopathic Hospital was also apprehensive of the effects of any such restrictions, in consequence of the jealousy of the medical profession for anything new.

"324. Some details respecting a few of the special hospitals are added :-

" Brompton.

"325. The Hospital for Consumption and Diseases of the Chest, Brompton, was founded in 1841; it has accommodation, in the old building, for 184 in-patients, and in the new extension building for 137; 321 in all; and it has a daily average of 300 occupied beds.

"326. An annual court of governors is held in May, and there are three other general meetings during the year, open to all the governors and to the press. The chief executive authority is the committee of management, consisting of the president, treasurer, and chaplain, 25 members elected at the annual court, and the whole medical staff numbering 16, but the medical officers, though members of the committee of management, have no voting power on it. The committee appoints a chairman and vice-chairman, meets once a week, and has a quorum of three; the average attendance is five or six (including generally one or two medical members), and on special occasions many more. All the books come before the weekly committee, and are signed by the chairman, but the examination in detail of those relating to finance and expenditure is regarded as being rather within the province of the finance committee, which meets every month, and makes quarterly returns to the committee of management; cheques are signed by the chairman and another member of the committee of management, and countersigned by the secretary. The accounts are audited every quarter by five auditors elected at the annual court; there is no professional audit.

"327. The contracts are made by the committee of management, but there is no public advertisement for tenders, the tradesmen to whom invitations to tender are sent being ordinarily selected by the secretary or his clerk; the steward is responsible for taking in the supplies in good condition.

"328. The secretary is the general acting head of the hospital, but the internal management of the wards is under the resident medical officer, and the secretary does not appear to have any authority over the medical or nursing staff. Any question of discipline affecting a medical officer would be brought before the medical committee; that body meets every fortnight, and anything relating to the medical department is referred to it.

"329. Two house visitors are appointed every month; and there is a lady visitor to each ward.

"330. The year's expenditure amounted to 24,495 L; a sum of 1,430 L was paid for patients sent to convalescent homes. The income included 1,130 L from ground rents and other rents; dividends, 3,590 l.; annual subscriptions, 8,050 l.; donations, 5,206 l.; legacies, 9,594 l.; Hospital Sunday Fund, 1,562 l.; Saturday Fund, 662 l.; "incidental receipts," 3,549 l. (the bulk of which is derived from the private nursing institution). The annual average of legacies for 10 years was 14,900 l. Most of the invested property. can be disposed of as required.

" 331. There is an elaborate, and it is said very efficient system of ventilation, which was described, the vitiated air being drawn up by flues into towers, heated by hot-water pipes, at the top of the building.

" 332. The functions of the hospital are confined to the treatment of diseases of the chest and heart; about 70 per cent. are consumption cases, other diseases being only incidentally treated. In-patients remain, on an average, about 65 days, which is much longer than at the general hospitals. The necessity for the hospital arose from the fact that the general hospitals did not take consumption cases, and even at the present

17390-8, 17536-9, 17568.

Williams, 17633, 17640. Curnow, 19019-22.

Williams, 17619-27; Fowler, 7719-23.

Williams, 17638-40, 17648, 17694; Smith, 20848.

time many do not take them, nor have they the means (it is said), or the necessary accommodation, or the appliances for treating them with equal success. The death-rate at Brompton is 14 per cent. on the whole, and 17 per cent. for consumption. At St. Batholomew's the mortality in consumption cases was said to be 54 per cent.; and at Guy's 50 per cent.

" 333. There is no regular school attached to the hospital, but arrangements are williams, 17642-5 @Fowler, made for the admission of students, and lectures are given to graduates as well as students. At the present time the pupils appear all to be men already qualified for practice.

" 334. Nurses are regularly trained, and a considerable income is derived from those who are sent out from the hospital. They are sent for a time to other hospitals to learn their duties in general medical and surgical cases.

" London Fever Hospital.

" 335. This institution was founded in 1802, and from that time till 1871, when the Baltour, 21519-64. Christic, 21563-635 hospitals of the Metropolitan Asylum Board came into being, it really did the whole fever Christie, 21863-638.

Work of London. The government is in the hands of the whole body of governors at the yearly meeting, of a committee which meets monthly, and of the house directors who are appointed from the committee, and meet weekly or fortnightly. There is a paid secretary, and resident medical officer.

"336. Until after the establishment of the infectious hospitals under Gathorne-Balfour, 21520-3, 21546-52, Hardy's Act, the London Fever Hospital took in patients free of payment. This, Christie, 21575, 21607. however, has since been found to be neither necessary, nor indeed practicable, since the establishment of new hospitals produced a great falling off in the subscriptions. Payment is still remitted in individual cases of necessity; but the system is one of payment on two scales; the 'ward patients' paying three guineas for the whole case; and the 'private patients' the same amount per week, with the same food, medical attendance, and nursing as the others, but a private room. The families and servants of governors are admitted free, and special contracts are made with commercial houses, hotels, &c. The private patients pay rather more than the cost of their treatment, and the ward-patients about one fourth. The average length of treatment is six weeks. In three years 334 doctors, nurses, and patients from other hospitals were received as patients.

"337. The expenditure for 1890 was 8,480 l., and the receipts were 13,390 l., comprising Christie, 21570-4, 21573-605. donations, 2,655 l.; annual subscriptions, 3,582 l., from householders, firms, clubs, and hotels; Saturday Fund, 50 l.; Sunday Fund, 468 l.; fees from patients, 2,447 l; dividends, 1,890 L; legacies, 1,003 L (the last item being about equal to the average for the last ten years).

"338. The number of beds is 200. Patients from within a certain distance can be Christic, 21584, 21608-12. Hopwood, 21661-88.

They are retained, on account of the infection, longer than is necessary for the purpose of their own health, and might well be sent in times of pressure, under proper precautions, to a convalescent home, so as to make room for others in the hospital.

"339. The rate of mortality is considered by the medical staff to be very low, and the hospital itself to be in a healthy condition, and no complaints appear to be made of infection being conveyed from it.

"340. The nurses are engaged on a three years' agreement; their health is said Hopwood, 21643-6, 21646-to be good, and not one has died within the last 10 years. Their number is a few more than 20.

"341. Medical students are admitted.

(93.)

Hopwood, 21693.

"343. In

" Lock Hospital.

"342. There is one Lock Hospital in London. It was founded in 1746, and is now Coote, 17009 228, 18320-78. divided into separate departments, the female, with 140 beds, in the Harrow-road, and the male, with 20 beds, in Dean-street, Soho; the female out-patient department is also in Dean-street, where females are admitted on different days from the males. The female hospital building contains also a rescue home, with accommodation for 70. The average number of occupied beds in 1890 was 100, on the female side. The funds are said to be insufficient to fill the whole hospital; but, as a matter of fact, it seems that the applications for admission do not exceed the numbers taken in; indeed it is said that cases are seldom refused admission. There appears to be considerable reluctance to come in. A certain proportion of the cases are received from the poor-law infirmaries, from the country as well as from London, at 16 s. a head per week, and the general hospitals are sending in cases to an increasing extent. Under the fortnightly board, which manages the whole institution, there is a ladies' committee for the female hospital and the home. The secretary has a general control over the establishment.

"343. In 1890 there were 731 female in-patients admitted, and about 230 male. There were also 3,278 male, and 415 female, out-patients, all new cases. The opening of the out-patient department in the evening has greatly increased the number of male attendances; it has also brought in an increased grant from the Hospital Saturday Fund. The cost of a bed was estimated at from 40 l. to 45 l. a year at the female, and about 60 l. at the male hospital; the expenses for nursing are low, as most of the patients are able to assist the nurses. The year's expenditure was between 5,000 l. and 6,000 l., besides 2,300 l. for the home, but there is at present an annual deficit (reduced from time to time by special appeals) of about 2,000 l., and a total debt of more than 4,000 l. Voluntary contributions from out-patients (chiefly males) came to 1,163 l. for the year, there being no compulsory payment.

"344. It is said that many patients (43 per cent. in the ward appropriated for prosti-tutes, and 31 per cent. in the whole hospital on the female side) leave before they are cured or sufficiently relieved; there is no power to detain them, and a member of the medical staff thought the prevalence of the disease had increased. Occasions like the Derby week will always induce some women to go out, and one who is inclined to go will often persuade others to do the same. A case was mentioned of a girl going out to be married, in spite of all remonstrances, with the disease full upon her. The secretary of the hospital, who did not appear to be altogether in favour of the Contagious Diseases Acts, was nevertheless of opinion that there ought to be a modified power of detention, and the same opinion was held by other witnesses; a member of the medical staff thought the absence of such a power a very great misfortune to the nation at large. On the other hand, there is the danger that such a power would deter people from seeking admission. The average period of treatment required is seven weeks; but in some cases it is much longer. Considerable success is claimed for the rescue home; women are not received into it until they are relieved; they remain for a year or longer, and it is said that onefourth of those who pass through it are permanently rescued. They go into service, and the committee take pains to keep touch with them.

"345. Medical men are admitted to see the practice, but not students.

" Royal Hospital for Incurables, Putney.

Andrew, 24972-4, 24976-7, 24980, 25121-3.

"346. This hospital was founded, 1854, by public subscription. The secretary, who has filled that position from the commencement, receives a salary of 500 l. net. There are 218 inmates; 38 men, 180 women. Pensions of 20 l. per annum are allowed to poor people in any part of the country, to the amount of 11,000 l., the pensioners being elected from the catalogue of names.

24983-9.

"347. The management is as follows. An annual meeting of governors (who are qualified by half-guinea subscription per annum, or a single donation of 5 l. 5 s.); all governors may attend. There is no quarterly meeting, but half-yearly meetings are held for the election of candidates for in-door and out-door relief. There is a board of management consisting of 20 governors, with a quorum of five; from this board is appointed a house committee. The board sit once a fortnight; the house committee once a week; six or seven usually attend. The business is to take cognizance of all principal matters in connection with the institution; they interview and receive reports from the matron, who is the principal officer, and the steward.

24990-5.

"348. The secretary had known it occur several times that one of the committee had inspected the food and had found things to be remedied.

25076.

25299.

"349. Individual members of the committee occasionally visit the dinners; these visits are said to be so occasional that an average could not be given off-hand, but (the secretary thought) quite twice a year; he thought it would be unreasonable to call gentlemen from their houses to do what they would not have time to do.

"350. Books are laid before the committee and seen and signed; they do not go over each item; there would not be time. Other duties of the committee are to hear reports from the medical officer and from the sea-side home, and request for leave, and to examine the staff gate book. The reports are in writing, and are read to the committee. There is no visiting committee, but governors living in the neighbourhood do visit; no written report is made by such visitors; though there are no fixed visiting governors, the institution, the secretary said, was always open to the public and the

governors; the house was freely open to everybody.

24996. 25089, 25135.

"351. Mr. Burdett, on this point, said that this was the only institution he had ever had any trouble in getting permission to enter; every impediment was placed in his way in ascertaining on what principle the institution was managed internally; for some time he was refused a plan, but he ultimately received one. Permission was denied to himself, his architect, or his secretary, to enter the building; his experience in regard to this institution was unique. Even in Russia they gave him greater facilities for entering a hospital than he could get from the Royal Hospital for Incurables at Putney.

Bardett, 25708.

" 352. The

"352. The following extracts are taken from the secretary's evidence. A patient may Andrew, 24602. write a complaint to the chairman; a complaint may be put in the matron's book of requests; a patient may desire a visit from one of the committee. The matron is German, and has a salary of 200 l. with board and lodging; she was trained on the Nightingale system, and was at one time in Sir P. Dunn's Hospital in Dublin. No advertisement of the vacancy was made at the time of her appointment; she was introduced by one of the members of the committee, having been a governess in his family; it would be libellous to say she had a terrible temper, but she can exhibit temper; a complaint was made two or three years ago of her speaking violently to a patient, and she pleaded an extremely irritating cause. The matron is supreme in the absence of the committee and secretary, but the secretary does not claim any authority in the house. The matron receives reports from nurses as to the patients; she selects, engages, and dismisses the nurses, and reports to the committee; it practically did not happen that the nurse appealed from the matron to the committee; any offence would be dealt with offhand by the matron. The matron is, principally, responsible for the ventilation of the wards.

"353. There is no nursing committee. There are two grades of nurses. Those of the first grade, in all five of them, are trained nurses, three on duty by day and one by night. In the second grade the nurses are untrained, but have some notion of nursing; they are regarded as attendants on the patients. The witness did not consider more trained nurses to be required. There is only one trained nurse in charge of one corridor of 40 beds by day; by night, one night nurse and two assistant nurses for the whole female

"354. No nurses defaulters' book is kept. The nursing is entirely under the matron.

" 355. There are male attendants, mostly old soldiers, who have been employed in lunatic asylums; they are mostly employed in lifting patients.

"356. The number of women is 180 to 38 men. There is no committee of female governors; the suggestion had been made, but the witness considered patients might be a little injured by over sympathy; he thought a ladies' committee would be objectionable, and a thoroughly skilled matron would probably not please a ladies' committee.

"357. A matron would probably not submit to the supervision of a committee of ladies. The witness admitted that a committee of ladies would probably discover much about the matron, and the management, of which he was now ignorant. He did not agree with Miss Twining's opinion that a matron who did not like a ladies' committee was worth nothing.

"358. The steward receives 150 L, and board and lodging; he takes in the provisions and issues them, and has to do with the male servants.

"359. Food is contracted for; the contracts are made on the recommendation of the finance committee; the tender is not open, but a select number of tradesmen are sent to, and the witness considered that experience was against issuing tenders broadcast. meat contract had been for some years in the hands of one man, and previously the contract was given alternately to him and another man. He had compared the prices paid with other institutions, but not frequently.

"360. There is a large kitchen garden, which does not supply all the wants, and the deficiency is made up by purchasing. Eight cows at present out of 10 are in good yield. The milk only is supplied, and is considered sufficient; no butter is made.

"361. The drains were the steward's business; he was not a sanitary engineer, but, if necessary, would consult the architect, who would know as much as any architect about drains.

"362. The medical officer receives 200 l. per annum, and is non-resident; a resident medical officer would not find sufficient to do. His reports are not filed, but he keeps the history and treatment of any case coming in; he takes outside practice; if engaged when wanted, his partner would come, but this seldom occurs.

"363. There is a consulting staff. There is no paid chaplain, but voluntary service is performed from outside; the witness thought that a paid chaplain would lead to denominational difficulties.

"364. A letter was put in from the Duke of Portland, relating to complaints, and desiring an explanation, after presiding at a function at the institution. His Grace's complaints referred to food, want of supervision, management, time of patients' meals, and chaplaincy.

"365. The points were replied to seriatim, after which no further communication was ceived from the Duke. The management therefore considered the replies were received from the Duke. satisfactory. One striking discrepancy in the reply occurs. The management state that the meat contracts are open to competition, whereas Mr. Andrew stated such was not the Andrew, 25070.

23216-17.

25218-9. 25235-7

25018.

25044 25255 25164.

25042. 25026.

25253.

25035 25054

25055.

25101.

25140. 25213-5

24068-73.

25092

26168-79.

25272-4 25286.

25346.

Appendix I.

25394

"366. In regard to the complaints and reply, the following evidence was given. An investigation is stated to have been made; no sub-committee was appointed for the purpose, but the house committee went into the matters on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and he considered the points were fully and fairly dealt with.

25107.

"The receipts for the past year were	od :	£. 44,509
"Expenditure (including pensions, 11.129 l.) about -	STX.	28,000
"Balance	£.	16,509

"DISPENSARIES.

"367. There are several kinds of dispensaries :-

- "1. Provident.
- "2. Free or part pay.
- " 3. Private.
- "4. Poor law.

"368. The second of these classes, and generally to some extent the first, receive charitable support. Dispensaries belonging to the third-class are worked by doctors, in the way of business, and this class degenerates into what are known as "doctors' shops."

"369. Most of the dispensaries are for general treatment, but a few treat special forms of disease only.

" Provident Dispensaries.

"370. The provident system, advocated by Sir E. Hay Currie, Mr. Bousfield, and other witnesses, has been worked in some instances with considerable success; but its development in London appears to have been checked by the free treatment given by the hospitals in their out-patient departments. Its fundamental principle is the payment of a regular periodical contribution in health and sickness, as an insurance of medical assistance whenever it is required. The principal organ for the promotion of the system in London has been the Metropolitan Provident Medical Association, a body which since its foundation in 1880 has opened and keeps open 15 dispensaries in different parts of the town, out of a total number of 35 or more institutions of this class. The objects of the association are, first, "to provide, upon principles of mutual assurance, by means of small periodical payments, efficient medical treatment and medicine for those members of the working classes and their families who are unable to pay the ordinary medical fees;" and, secondly, "to co-operate with the governing bodies of the metropolitan hospitals in order that they may be relieved of the large number of ordinary cases of illness that at present overcrowd their out-patient departments, and also have referred to them from the provident branches cases requiring special hospital treatment or nursing, or which are suitable for clinical instruction." The success of the movement has not been such as its promoters anticipated. The hospitals have not encouraged it, though some of their members have viewed it with favour; the fears of the medical officers for their schools seem more than anything to have operated against it. On the other hand a number of inferior dispensaries, of the kind known as "doctors' shops," have done much to discredit the system. Then there are many friendly societies in London which provide medical attendance for the workman, but not for his family; while others provide sick-pay, but no medical attendance. It was hoped that many of the friendly societies would subscribe on behalf of their members to the provident dispensaries, and this to some extent they have done. Most of the dispensaries started by the association have their own buildings; but a few take the form of medical clubs, the members of which visit the doctor in his own surgery, or, if they are too ill to do so, are visited by him at their homes. As a rule the dispensaries which have been placed near hospitals have not prospered, and it has been necessary to close several of them.

"371. The system adopted by the Metropolitan Provident Medical Association is that each subscriber is entitled to choose his own doctor from the medical staff, and then one-half+ of the members' contributions is distributed among the doctors in proportion to

Bousfield, 1494; Fardon, 12983.

Mackenzie, 2370-84; Waterlow, 2612-4; Corner, 24824-7. Currie, 1718-19, 3123-4. Browne, 3778, 2789. Bousfield, 1454-94. Vol. 1, Appendix C. Holmes, 768-78; Hardy, 875-84; Alderson, 16665-6. Montefiere, 37.

Barker, 16027; Cheadle, 20313-14.

^{*} A witness thought there was a public want of a properly organised provident scheme as a remedy for the mischief done by these very "doctors' shops." (Wallace, 21254, 21280.)
† The figures following appear to show that more than one-half of the subscriptions goes to the doctors. A provident club was mentioned where the medical men take two-thirds. (Kay, 4524-7). The doctors at the provident out-patient department of the Metropolitan Hospital are paid a fixed salary. (Currie, 1846.)

the number of patients registered under their respective names. The amount so distributed in 1889 was 1,915 l., amongst 71 medical men, including dentists. Experience has shown that these dispensaries require time and a large number of subscribers before they can become self-supporting. It is roughly estimated that it takes from 200 l. to 300 l. to start a dispensary and maintain it for a time, until it approaches self-support. But the opinion was expressed that if the provident system is to be a success it must show its ability to hold its own, independent of charity. The number of persons entitled to treatment at the association's dispensaries are said to be over 25,000, and to be on the increase;

Bousteld, 14 and the payments in 1889 came to 3,066 l. The terms are:—1 s. on entrance, whether Hardy, 265-7; Monteflore, 1510. on a family or single card: then after four weeks the benefits of membership begin, and the contributions become payable at the following rates: single persons, 6 d. a month; man and wife, without children, 10 d. a menth; children under 16, 3 d. a month each, not more than four in a family being charged for. Persons receiving more than 30 s., or, in case of a family, 40 s., a week are not generally eligible. Persons not being members, and requiring immediate attendance, are charged an entrance fee of 2 s. 6 d. which entitles them to attendance for the first week, and afterwards 1 s. a week at the dispensary, or 2 s. 6 d. at their homes. There is a midwifery fee of 21 s. and 7 s. 6 d. for a midwife. Special terms are allowed to friendly societies, and to any considerable bodies of working men joining together.

"372. At some provident dispensaries there are two or more distinct scales of payment Montefore, 164. according to the earnings of the members, and the payment is sometimes as low as 1 d. a week, a sum which it was thought the very poor could afford, and would be willing to

"373. A committee formed of medical and lay members for the purpose of organising medical attendance, which was appointed in 1886, and of which Sir Spencer Wells was chairman, made certain recommendations with respect to the co-operation of these provident dispensaries with the hospitals, the chief of which were that the medical officers of the dispensaries should be entitled to send cases for consultation or treatment, and that the hospitals should be at liberty to retain any case so sent; that the daily number of out-patients at the hospitals should be strictly limited; that agents should be employed both by the hospitals and the dispensaries to inquire as to the circumstances of applicants for treatment; that patients unsuitable for a hospital should be referred to a dispensary; and that hospital students should be permitted, under suitable regulations, to attend the practice at the dispensaries.

"374. The objections raised by general practitioners to the out-patient departments of woods, 1554, 1557; Bhabha, hospitals applied equally, in the opinion of some of them, to the provident dispensaries; and, as has been already shown,* the provident out-patient department of the Metropolitan Hospital, which is in fact a provident dispensary attached to the hospital (and where the rates of payment are exceptionally low), was, more than almost anything else, the object of the answer of the promoters of the provident sytem was that by the Application of the wage-limit to the applicants for admission to the dispensaries the in-Application of the general practitioner were sufficiently safeguarded; and their contention Content on Co would certainly appear to be supported by the evidence which was given concerning medical fees †. One witness, however, who had been attached as a medical officer to a Locke, 19793-9. provident dispensary, declared that he had come to a conclusion unfavourable to the system as it was actually worked, on the ground that many people were admitted as subscribers who were not properly qualified by their poverty for admission.

Currie, 1760, 1852.

of the out-patient departments of the hospitals on provident dispensaries, § and to the slight success existing want of co-operation between hospitals and dispensaries, § and to the slight success with which the movement in this direction has hitherto been attended. There was also a 1259, 1719, 2767-9, 16649, 1258-74, with which the movement in this direction has hitherto been attended. There was also a 1259, 1719, 2767-9, 16649, 1258-74, 10134-1800, 3123, 22299.

1033-7, 1717, 1794-1800, 3123, 22299.

1043-7, 1717, 1794-1800, 3123, 22299.

1043-7, 1717, 1794-1800, 3123, 22299.

1053-7, 1717, 1794-1800, 3123, 22299.

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1053-7, 1717, 1794-1800, 3123, 22299.

1053-7, 1717, "375. Reference was made in a previous page of this summary to the crushing effect affiliated to the general hospitals, so that the latter might take the place of the consulting physician. This scheme of affiliation was closely connected with that (already referred to ||) of forming districts for medical relief, each district containing its own hospital, and affiliated dispensaries. The general hospitals seem never to have taken up the idea. There seems to be a feeling that it cannot be made to work unless the dispensaries are officered from the hospitals, and not from the profession outside; but against this is the Kay, 4548. view that they ought to be in the hands of the general practitioners whose practice is affected by them.

20314-5, 20324.

"FREE AND PART-PAY DISPENSARIES.

"376. It seems that in 1887 there were 39 of these institutions in London; their number is said to have largely increased, and it is claimed for them, or at all events for Faulkner, 21997-9, 22019. some of them, that are doing a very great work; and the secretary of one of the chief among them declared himself satisfied that those whom it relieved were unable not merely to pay a doctor, but even to contribute to a provident dispensary. It is needless, however.

· See page cxxxii. † Pages exxxiii, iv. † Page cxxxii. § Page exxxix, § 239. Page cxl, § 241. (93.)y 2

Bousfield, 1268. Dawson, 25631-3, 25638-42. however, to repeat here that they are looked upon with disfavour, both as a matter of principle by some of the advocates of the provident system, and also (especially those which take small payments) as a practical and personal grievance by general practitioners, who complain of their loss of patients and diminished fees. There are said to be eight of these so-called "2 d. dispensaries" in the neighbourhood of St. Bartholomew's Hospital.

"377. Evidence concerning the organisation and working of two of these institutions was taken from witnesses directly concerned in their management.

James, 21824-95. Johnson, 21896-972.

"378. The first of these, the Westminster General Dispensary, situated in Soho, was founded in 1774. It relieved 4,600 patients in 1890, of whom 780 (living within half a mile) were visited at their own homes. Admission is by letter, without payment; the letters are given by subscribers, but a patient coming without a letter can buy one for a shilling; cases of great urgency and people of colour are treated free, without letter. A subscriber's letter admits to eight visits, a bought letter to four, but it can be renewed for an additional 6 d. The average number of attendances for a single patient is only about four; and the average cost of each patient is thought to be from 2 s. 1 d. to 2 s. 6 d. This dispensary is governed by a committee of 20, mainly tradespeople in the neighbourhood, elected by the governors, together with the senior physician and surgeon. It was thought that there were about 150 subscribers, and a guinea subscription entitles to 20 letters. No organised system of enquiry into the circumstances of applicants exists; it is stated on each letter that, "The bearer should be an industrious and respectable poor person (not in receipt of parish relief), who is unable to pay a medical man for advice and medicine;" and the onus rests on the giver of the letter to satisfy himself that it is properly bestowed. The senior physician fully admitted the obligation to avoid competing with the general practitioners; abuses, he thought, did occasionally, but not often, creep in, from a want of discrimination in the giving of letters. Home attendance is given only to those patients who live within half a mile and are too ill to come to the dispensary. The year's expenses are stated to be 490 *l.*, and the receipts 507 *l.*, comprising annual subscriptions, 208 *l.*; dividends, 80 *l.*; rents (from letting part of the building), 57 *l.*; grant from Sunday Fund, 36 *l.*; from Saturday Fund, 53 *l.*; payments by patients, 56 *l.* The medical staff consists of three physicians, three surgeons, and a resident medical officer who receives 110 *l.* a year and lodging and whose chief duty is a resident medical officer, who receives 110 l. a year and lodging, and whose chief duty is to visit patients at their homes.

Faulkner, 21973-22071.

"379. It will be seen that the dispensary just noticed is conducted on the principle of admission limited by letter, and free treatment. The next one, the Royal General Dispensary, in Bartholomew Close, is a type of a part-pay dispensary. This was established in 1770 (the oldest in England); it was for many years entirely free; but since 1865 a charge of 2 d. has been made for a week's medicine; those who cannot pay it are advised to go to a poor-law dispensary. The managers are very desirous neither to interfere on the one hand with the medical profession, nor to take pauper cases on the other. Patients are required to bring letters of recommendation, this rule being only relaxed for urgent cases. Twelve letters are given for a guinea subscription. The annual expenditure is about 900 l., the income about the same. The subscriptions for 1890 were 374 l.; donations, 86 l.; patients' pence, 113 l.; Hospital Sunday Fund, 52 l.; Saturday Fund, 22 l. The staff consists of two physicians, two surgeons, a consulting physician, a consulting surgeon, and a resident medical officer, the latter receiving a salary of 130 l. rising to 150 l. A new patient is first seen by this officer, who questions him and satisfies himself that it is a suitable case, before assigning him to one of the other members of the staff; and it is thought that the charity is little abused, though no systematic inquiry is made into the circumstances of applicants. The resident medical officer also visits patients at home, including infectious cases. Urgent cases are seen at all hours; 5,273 new cases were seen at the dispensary in 1890 (13,800 attendances); and 3,769 visits were paid to 1,015 patients at their homes. The average cost of a patient is estimated as high as 3 s. 4 d. The institution is managed by a committee of 24, elected by the subscribers, six of whom go off every year. The accounts are audited by two of the subscribers. It was the opinion of the secretary that the trouble of getting a letter, and the obligation to pay the 2 d., kept away a great many trivial cases, and that the cases treated were, on the average, more serious than those in the out-patient department of a hospital. It was argued that the fact that these institutions could live beside the free out-patient departments, was a proof of the superior treatment which they offered.

Hardy, 817-27; Garioch, 4718.

Thomson, 4344-6, 4359-70.

Gariorb, 4706-8.

Thomson, 4371-3, 4435-44. Garioch, 4704-29. "380. Admission to dispensaries of this class appears to be in general by letter only, except in cases of great urgency. In some cases the subscriber is entitled to a certain number of free letters, and of part-pay letters, and the medical officer may have power to remit the payment of $6 \, d$., or whatever it may be, in cases of extreme poverty. The duty to see that a case is a fit one for treatment rests with the giver of the letter. The tendency to abandon or at least to modify the system of free treatment in favour of the part-pay system, which has already been noticed in the hospitals, is also apparent in relation to the charitable dispensaries. The Tower Hamlets Dispensary, an institution of old standing, has adopted it of late, the charge to paying patients being $6 \, d$. for the first and $3 \, d$, for every subsequent visit. A proposal to extend the provident system to

this dispensary was favourably considered, but at the last was thrown out by the general Boundeld, 1271. committee; and a similar attempt seems to have been made, with the like result, in two other cases.

"381. It was said that the subscriptions to dispensaries of this class had fallen off very Bousfield, 1270. much in recent years.

"382. The Western General Dispensary was mentioned as treating over 25,000 people Corbyn, 3682. in the year, with a drug bill of only 265 l.

"PRIVATE DISPENSARIES.

"383. The private dispensary does not enjoy a very high reputation. It was spoken Bousfield, 1458, 1488; Carrie, of in terms of strong disapproval by witnesses who approached the subject from the public or charitable point of view, and by the supporters of the provident system, who complained that it had brought discredit on the name of dispensary; while by some medical witnesses its existence was regarded as a mark of professional degradation, an injury alike to the sick poor and to the struggling practitioner, and (as already noticed) an indication of the straits to which the profession is reduced by the competition of hospitals and other charities. The advice given at these private dispensaries is, it is said, inferior; indeed the fees charged are so small that it could not be otherwise; the patients Corbyn, 3688, 1370; Gould, 14853. have to be attracted by a system of advertising, and are sometimes treated by unqualified men acting as assistants to the doctor in whose name the business is carried on. One Corner, 24828-32. case was mentioned of a man having 25 dispensaries at once, but in this case it was not alleged that the assistants were unqualified. These places are said to have increased very largely in numbers in East London during the last 10 or 15 years. One witness, while Kay, 4478-82, 4611-7. not rating highly the character of the treatment given at them thought they were at least an improvement on the old state of things, when the poor used to be prescribed for at the druggist's shop; but another stated exactly the opposite, namely, that people are now driven to the druggist because the private dispensaries have been extinguished, mainly through the competition of the hospitals. A medical witness, who had himself kept a Farmer, 3331-50, 3449-52. dispensary at Battersea, and who seems to have had a good deal of success in the venture, expressed himself as having been struck with the respectability of the patients and the readiness with which they paid their fees; in that case the very poor seem to have been in a minority.

Alderson, 16646-7; Dowse 19702. Wallace, 21223-53, 21278, Woods, 1680, 1583-5; Bhabha, ₂9₅9-

" POOR LAW DISPENSARIES.

"384. The establishment of poor-law dispensaries in London dates from 1870; there Bridges, 23169, 23353-71, 23378-90, are now 44 of them. In 1890 nearly 120,000 orders were given to medical officers for attendance on patients, 53,572 being seen at their own homes, and 59,149 at the dispensaries; and there were over 10,000 chronic cases having permanent orders. It is thought there are about eight attendances on the average on each order. In the larger parishes there are three of these dispensaries, and in most of the others two; they are under the control of the guardians. They employ 158 medical officers at an average salary of about 115 l. The cost for drugs and appliances in 1886 was 7,000 l. The cost per patient (cost of drugs and salaries being included) is estimated at 4 s. 3 d.

"385. It has already been noticed • that the opponents of the out-patient departments Hardy, 935-40, 948; Bounfield, the hospitals look to the poor-law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the wants of the very poor law dispensaries to provide for the very of the hospitals look to the poor-law dispensaries to provide for the wants of the very poor who cannot either pay for their own doctor or subscribe to a provident institution. Favourable opinions were expressed of the quality of the treatment afforded at the poorlaw dispensaries in London; but it seems that at present the number of persons annually treated at all of them together (exclusive of those who are visited at home by the district medical officers) are little more than one-half the number of the out-patients at the London Hospital alone. It was alleged that there are medical officers at these dispensaries who do not get three cases a week; in short, that these dispensaries are, in a sense, starved by the hospitals, just as the provident dispensaries are starved by them.

"386. It was suggested that any great diminution in the charitable relief afforded to outpatients might have the effect of sending great numbers of people to the poor-law dispensaries, and thus throwing on the rates the cost of providing free medical assistance for many who were not entitled to it. But it was thought that, notwithstanding the fact that 1879-51. Currie, the receipt of medical relief under the poor-law did not carry with it any of the disqualifications usually attending the state of pauperism, the obligation to obtain an order from the relieving officer carried with it a stigma which would keep the poor-law dispensaries free Bossafield, 1332. from any great amount of abuse. At the same time one witness was of opinion that the objection to receiving assistance from the rates was gradually disappearing.

Hardy, 975; Bousfield, 1221.

* Page cxxxiv, § 192.

POOR LAW INFIRMARIES.

Bridges, 23169-72.

Twining, 22640; Bridges, 23173.

Grass, 23452-628; Lunn, 23760-24063; Saville, 24170-399; Hopkins, 24900-507.

Bridges, 23391.

Bridges, 23185-7, 23301-3; Twining, 22798.

Bhabba, 3904-7, 3920, 3943-6. Dowse, 19678-83. Bridges, 23200-7.

Bridges, 23216-8.

Bridges, 23329-36, 23343-5, 23446-9; Waterlow, 2796-8, 2807.

Bousfield, 1332; Currie, 1832 1816-7; Barnes, 11817; Bridges, 23349, 23396. 23361-2, 23848, 24287.

23577-91, 23626, 23824-6, 23846-8, 23975-80, 24282-6, 24378-95, 24486-9, 24763-4.

24057-60, 22697-8.

"387. These institutions have been established under an Act of Parliament passed in 1868, known as Gathorne-Hardy's Act, before which time the accommodation provided by the poor law for the sick was in the sick wards of the workhouses. The number of the new infirmaries is at present 24, containing 12,445 beds; but a large number of sick people are still kept in the workhouses, the returns for 1890 showing about 4,000 occupied beds and 2,865 deaths in the workhouses, while 8,375 persons died in infirmaries. At least one parish is still without an infirmary separate from the workhouse, and some particulars respecting it will be given later on. Evidence respecting the general organisation and working of the infirmaries was taken from several medical superintendents, as well as from the Chief Inspector of the Local Government Board, and from Miss Twining, who, as a guardian, had given much attention to the subject.

"388. The infirmary in nearly every case is a separate building from the workhouse, and is not always situated in the union to which it belongs: the St. Saviour's Infirmary, for example, is at East Dulwich, and the Marylebone Infirmary is at Wormwood Scrubs. Dr. Bridges thought that inconvenience would result from the removal of the infirmary to any considerable distance from the locality which it served, both because of the difficulty of transporting large numbers of patients, and because of the dislike of the poor themselves to being removed far from their friends. The number of beds varies, but is in one case as high as 786, while theee are others with over 700, and at times the wards of some of them are overcrowded. The medical staff of the largest consists only of the superintendent and one assistant (or at most two), who not merely have to attend to the medical wants of the patients, but are responsible for the whole management of the establishment in all its details, with the assistance of a clerk, dispenser, steward, and matron (sometimes also an assistant matron) as subordinate officers. This staff was considered inadequate by more than one of the superintendents; it was thought that four medical officers would not be too many, and that senior students or newly qualified men might also be usefully employed as clinical assistants; but others declare themselves well satisfied with the existing arrangements, or complained rather that the hours of duty were too long than that the actual work was excessive. The Government Inspector considered the staff extremely small, in fact insufficient.

"389. The salary of a superintendent varies from 300 l. to 500 l. a year. On his appointment he is usually a young man with a few years experience. His assistants are usually men who have quite recently passed their qualifying examinations. The chronic nature of a large proportion of the cases in these infirmaries is what makes it possible to do the work with so small a staff. Many of the cases are such as would under the old system have been treated at their homes by the parish doctor. Many patients are sent on to them from the general hospitals, either as being unsuitable for a hospital, or after receiving all the relief which can there be given; and at the infirmary, if they are incurable, they remain till they die. Sometimes a broken leg will be set at the hospital, and then be forwarded to an infirmary to complete the cure. The classes who are entitled to the use of these pauper institutions are, in fact, better provided for in this respect than the poor of a higher status, for whom, except in a few charitable institutions, such as the Cancer Hospital, and the Hospital for Incurables at Putney, no hospital accommodation is provided when they are suffering from chronic or incurable complaints. The poor, it seems, do not generally regard the infirmary as they regard the workhouse; they look upon it rather as a State-supported hospital; they come to the infirmary, are cared for, cured, and go out again, without feeling the taint of pauperism. Some of them (about 10 or 12 per cent., according to one witness) contribute to the cost of their maintenance; the guardians recover from them what they can. Many patients are artizans in receipt of good wages. It would seem, in short, from this point of view, that the excellence of the infirmaries and their separation from the workhouses are likely to exercise, and in fact do to a greater or less extent exercise a distinctly pauperising effect on the poor, keeping them away from provident clubs, and from the formation of provident habits. It is true that an order has to be obtained from the relieving officer and the district medical officer,* and this constitutes legally an act of pauperism, though it does not involve the civil disabilities which ordinarily accompany that state; but still it seems that under the present circumstances the stigma is hardly felt even by those to whom the idea of entering the workhouse would be in the highest degree repugnant. It was, however, the opinion of one medical superintendent that the discipline was too strict to admit of much abuse in the class of patients admitted, and that the infirmaries do not really interfere with the provident clubs. Another was less sure of this; but was confident that the infirmaries did not tend to promote able-bodied pauperism. At the same time there was a complaint of the difficulty of dealing with patients who misconduct themselves, and with those who go in and out, and will not remain to be properly cured. It was suggested that a limited power of detention would go far to put a stop to these inconveniences, and (as regards lying-in

^{*} Urgent cases, if they appear to be paupers, are admitted without an order, and are investigated afterwards. (23950-69.)

lying-in cases) that they should be passed through the workhouse. Dr. Bridges, while 23340-2, 23340, 23,396, 23490-6. of opinion that many people came to the infirmaries who would not have gone to the workhouse sick wards, believed that cases of the admission to the infirmaries of persons who could afford to pay for their maintenance and treatment were rare, and that the number of provident medical clubs had actually increased of late.

" 390. Some discussion took place regarding the treatment of very acute cases, and the Tait, 22352. performance of the more serious surgical operations at infirmaries; and it was urged, as one of the reasons for a more complete system of co-operation between the different medical organisations, that all such cases ought to be transferred to a hospital. In this matter there is at present no systematic practice. Some superintendents of infirmaries occasionally send a case to a hospital, and there seems no reason to suppose that the Bridges, 2346. hospitals are reluctant to receive such cases; some superintendents operate to a great extent themselves; others are in the habit of calling in professional men from outside, 23222-4, 23019, 23330-4, 24339-44. both for consultation, and in some cases for assisting at important operations; and some boards of guardians occasionally will pay fees for such assistance. This, however, appears to be the exception, and there is no great difficulty in getting members of hospital staffs and medical men generally to come in and see the infirmary patients without payment. The need, however, of regularly employing the services of consulting officers in the infirmaries was urged by one witness, not with a view of introducing any radical changes in the existing system, or removing from the superintendent any part of his existing authority or of his general responsibility as head of the establishment, but in order to relieve him of a certain portion of responsibility in deciding on the performance of dangerous operations, and in the treatment of specially critical cases, a responsibility which, it was argued, ought not to be charged to the unassisted judgment of one man. The tendency of boards of guardians appears to be to discourage many reforms lest they should involve additional expenditure; but this proposal it was thought was not open to such an objection, since it would not interfere with the general position of the superintendent. Dr. Bridges suggested that the insufficiency of the medical staff (the existence of which he Bridges, 22205admitted (might be supplemented either by means of an honorary visiting staff for consulting purposes, or by the appointment of additional resident doctors to assist the superintendent, or again by the admission of a certain number of senior students to act as dressers and clinical clerks.

"391. One criticism passed upon the existing system is, that the responsibility of the Twining, 22686-3. medical superintendent for the general control of the whole establishment in all its branches is incompatible with the proper discharge of his duties as a doctor, and it was suggested that the infirmaries should be placed under lay superintendents. Birmingham was mentioned as a place where this system had been adopted and worked successfully. Dr. Bridges appears to have thought that unless the services of a thoroughly efficient Bridges, 23373-5. Consulting staff were obtained, it was undesirable to do anything which would lower the Lann, 23791-2. position of the resident medical officer.

"392. Notwithstanding, however, the objections and suggestions already mentioned, Infirmaries efficient, but and certain proposals for reform which still remain to be noticed, the evidence on the not sufficient. whole appears to indicate a general recognition of the high standard of efficiency attained by the best of the new infirmaries, both in their structure and in their general arrangements and management. Some attention was directed to the question whether the accom- Bridges, 23304-18. modation afforded by them was sufficient in amount for the needs of the metropolis. It has already been said that a large number of the sick poor have still to be accommodated Bridges, 22392-2. in the sick wards of the workhouses, many of the less severe cases being retained there; while in times of pressure these sick wards have to accommodate many sick people who are crowded out of the infirmaries. In some cases the superintendent of the infirmary is in general charge of the sick wards of the workhouse; but where the two buildings are far apart this is not found practicable, and a medical man is appointed to visit the latter as often as he thinks necessary. But in either case the medical supervision is less Bridges, 231/2-82, 231/7-20, efficient in the workhouse, while the nursing is altogether inferior; the evidence clearly 23398-404. indicates the great superiority of the treatment in the newer institutions; and it was by several witnesses, including the medical inspector of the Local Government Board, considered desirable that means should be found of increasing the accommodation in infirmaries, so that they might take in large proportion of those who have now to be retained in the workhouse.

Bridges, 23317-20, 23341- ; Twining, 22801 ; Saville, 24294-5, 24351.

"393. This want of accommodation is seriously felt in some districts; the three unions Central London District. of the Strand, St. Giles's, and St. James's, Westminster, for example, have only a single Twining, 22702-4; Bridges, infirmary (the Central London Sick Asylum in Cleveland-street) among them, which 23178-80 contains no more than 264 beds, while Bethnal Green has none at all.

"394. The last-named union has been singularly unfortunate. The guardians have, Bethnal Green. it is said, long been contemplating the building of an infirmary, but hitherto they have Knox, 24054-169; Howard, not succeeded in obtaining a site. It appears that much local opposition was offered 24701-48.

Bridges, 23394-5, 23407-9, 23438-40.

Bridges, 23394-5, 23407-9, 23438-40. the Charity Commissioners have in consequence withheld their sanction to the sale. The medical officer of the workhouse expressed in strong terms his condemnation of the existing state of things. The clerk to the guardians spoke less strongly, but recognised the

necessity of providing fresh accommodation as soon as possible, and admitted the serious extent to which the workhouse was now at times overcrowded. The evidence shows that the number of sick beds is 495; but the sick sometimes in the winter exceed that number by very nearly 100, for whom extra beds have to be put up, and additional wards have to be taken in from the workhouse proper.

Bridges, 23181, 23410.

"395. Strong representations of the necessity of taking action to supply these deficiencies have been addressed by the Local Government Board to the guardians, both of Bethnal Green and of the three unions contributing to the Cleveland-street Asylum.

Pressure on accommoda-

Bridges, 23296-7, 23411-7; Lunn, 23748; Saville, 24290-3.

"396. There is no system at the infirmaries, as there is at the hospitals, of keeping a certain margin of beds vacant to meet contingencies. The infirmary is used, in times of pressure, up to its full capacity, and is sometimes crowded with supernumerary beds. The Whitechapel Infirmary is said to have some 10 per cent. more patients than its proper complement; and the regulation allowance of 850 cubic feet of space per patient would in some cases be reduced to about 650 cubic feet. Boards of guardians can enter into voluntary arrangements among themselves for relieving one another's pressure; and this is done sometimes, but not very often.

Cost of Infirmaries.

Bridges, 23350-2. Downe, 19729; Vol. 2, App. D. Hardy, 1180; Mackenzie, 2312-6. Bousfield, 1375; Waterlow, 2658-60. "397. The average annual cost of an occupied bed in one of the infirmaties was estimated at 35 l. 17 s. 4 d. The great difference between this sum and the cost of beds in the general hospitals was used by some witnesses as an argument for inferring a great amount of extravagance in the latter institutions. It has already been pointed out that inferences drawn from the supposed cost of beds are not to be relied on, unless great allowance is made for several factors, the force of which cannot accurately be ascertained. In any comparison between hospitals and infirmaries, the expenses of nursing (so much heavier in the one than in the other), and of the medical schools, must in particular be discounted.

Bridges, 23278-89, 23405. Twining, 22715-8, 22732, 22773. Saville, 24918-20, 24366-71. "398. Each board of guardians makes its own contracts for drugs and other stores; and the prices paid are said to vary very much. The food appears to be generally satisfactory. The medical superintendent appears to have a full discretionary power to order whatever he deems requisite for his patients, without any fear of being surcharged by the auditor.

Question of opening infirmaries to medical profession and students.

Montefiore, 193-211; Steele, 435-9. 445; Currie, 1741-2, 1749; Anderson, 16481.

"399. It remains to notice a body of evidence in favour of a reform which, though it was advocated rather in the interests of the public and of the medical profession than of the infirmaries themselves, would, it was thought, tend very materially to raise their efficiency, and to remove the complaints (already referred to) of the inadequacy of the medical staff belonging to them. The opinion was repeatedly and almost unanimously expressed by a great number of witnesses, both medical and lay, that by the exclusion of the medical profession and of medical students from the infirmaries a most valuable field of study and of practice was closed to them, and that their admission under proper conditions and limitations, to the infirmary wards could produce nothing but good results to medical science, the profession, and the public.

Prohibition on admission of students.

Waterlow, 2844; Bousfield, 1307, 1344-6; Carrie, 1786-7; Clark, 9728-31; Morris, 14837-8; Barlow, 15975; Douse, 19647-9, 19684-5; Twining, 22740-2, 22783-5; Bridges, 23211; Vallance, 24780.

Waterlow, 2853, 2874-7; Twining, 22785; Saville, 24159; Vallance, 24774-5.

Waterlow, 2845, 2861, 2862. Saville, 24375.

" 400. The existing prohibition on the admission of students is not found in the statute under which the infirmaries have been established, but was inserted in a subsequent Act, and every witness who was questioned on the subject professed himself unable to give any clear explanation of the reasons which led to it. The prevalent belief appears to be that a vague impression existed that the poor would object to the presence of a number of persons when their ailments were investigated, and that possibly abuses might arise in connection with the researches of experimental medicine. No evidence whatever was given in favour of there being any grounds for this view. The experience of the large hospitals does not seem to support it, and the evidence of witnesses of long experience in visiting the sick poor was altogether opposed to it. Indeed, the presence of a great many 'doctors' attending to his case would appear to be generally a source of positive satisfaction to the patient. At the same time, boards of guardians do not, as a rule, regard favourably the proposal to adopt any reform in this direction; there is said to be a good deal of prejudice against it, and one medical superintendent of an infirmary thought they had 'a sort of sentimental objection, that the infirmary should not be a means of teaching anything.' Other objections of a somewhat more tangible nature, which appear to weigh with the guardians, are fears lest the admission of professional men from outside should tend to take the power out of their hands and to undermine discipline, and also lest it should lead to increase of expenditure. The necessity of preventing the realisation of these fears appears to be recognised, but this is thought to be merely a question of organisation; with proper safeguards there would be no such risk. Expression was given to the feeling, that the public, who support these institutions, are entitled to require, in the public interest, that they should be utilised for increasing the experience and improving the practice of the medical profession at large, and that boards of guardians should be bound to make them available for that purpose; it was doubted whether boards of guardians would ever take sufficient interest in the matter to open the infirmaries of their own accord.

"401. Upon

"401. Upon the question of the reality of the value of infirmary cases for purposes of Importance of infirmary instruction, the evidence appears to admit of but one conclusion." To the argument that cases to medical education. the hospitals have patients enough for their schools, and that the infirmaries contain little of interest for the student, the reply comes from all sides that the infirmaries afford a field for the study of precisely those chronic and intermittent cases which the young doctor will most frequently meet with when he goes out into private practice, and 1120-4: Farmer, 3489: Thomson, 4832-3: Fearwick, 7687: Onl, which at the same time, he has the least opportunity of studying in the wards of a doctor will most frequently meet with when he goes out into private practice, and which, at the same time, he has the least opportunity of studying in the wards of a general hospital, where all the cases are severe and acute. Just as the out-patient department shows to the student the beginnings of disease, so in the poor-law infirmary he ought to watch its continuing and closing phases.

"402. But it is not only those who speak in the interests of the profession and of Admission of students science who support the proposed reform. These interests and those of the infirmaries and their inmates appear, according to the evidence coming from the infirmaries and poor-law authorities themselves, to be, in this case, identical. Nothing it is said, checks any tendency to dull routine, and to the habit of careless diagnosis to which men are subject who have a constant succession of similar cases to deal with, so much as the presence of a class of students.

"403. As regards the particular way in which the infirmaries should be utilised for Modes of utilising infirthe purposes of instruction, it was not generally proposed that the infirmaries should have schools of their own, but rather that students from the general hospitals should be admitted from time to time to study the cases. One proposal was that the clinical teacher from the hospital should be allowed to bring his class at stated times, and give his explanations, assisted by the medical officer of the infirmary, while some of the students should attend at the infirmary to give assistance (unpaid) in dressing. This plan appears to be the one adopted in America. One witness thought that the admission of students to the wards would be of little use, unless a first-rate teacher from the hospital was allowed to accompany them, but that they might derive great benefit from attendance in the post-mortem room. On the other hand, there was a fear that some difficulty might Bury, 16510-5. arise with the medical officer of the infirmary in carrying out such an arrangement, but Lunn, 24015-7. the superintendent of one of the infirmaries himself suggested that if the students were to gain any advantage from their attendance at the infirmary they should be accompanied by a member of the teaching staff of their hospital. Another superintendent considered Saville, 24187-8, 24375-7. that only the more advanced students should be admitted, who would not need much teaching, and that such directions as were necessary he could himself give them. The idea of amalgamating with the hospitals, and bringing the hospital staff into the infirmaries, he did not consider workable, but he did not foresee any difficulty whatever in obtaining consulting doctors for the infirmaries, who would assist in giving the required instruction. He referred to a plan which had actually been tried, and, as he Saville, 24206-79. thought, with good results, at the Paddington Infirmary, where a course of lectures had been given to senior students and newly-qualified men by the superintendent himself, and also by selected physicians and surgeons invited by the guardians.

"404. Apart from the question of the admission of students, it was also urged that Value to medical profession much more use ought to be made of the infirmaries for enlarging the experience of the of infirmary practice. profession generally. In the first place it was thought that the practice already adopted to some small extent of appointing newly-qualified men as clinical assistants might be extended with advantage to both the infirmaries and the profession; and, further, that Barnes, 1883-6; Allehin, 1833. each infirmary should have attached to it an honorary visiting staff chosen from the most eminent men who could be obtained, whether from the hospitals or from outside. These proposals also were favoured by witnesses who spoke, as it were, from within the infirmaries; and the need felt by the medical superintendents themselves of assistance from consulting physicians and surgeons has already been referred to. One superintendent, however, while strongly in favour of the employment of clinical assistant, was less sure of the practicability of working the infirmaries through a visiting staff on the hospital system; because he thought that the medical men in charge of these infirmary cases needed quite a special and long training in what he called their "socio-medical" aspect; i.e., in judging what class of pauper a person belonged to, to what extent his ailment incapacitated him for work, and other matters not belonging to the purely medical consideration of his case. This witness, however, would welcome the appointment of a visiting staff for the purposes of consultation, and he thought that this reform could be effected without interfering with the existing authority or responsibility of the medical superintendent or involving any additional expense; the relations of the superintendent with the consulting staff would be subject to the ordinary rules of consultation.

"405. At the sick asylum at Birmingham, a poor-law institution corresponding to the Birmingham system. infirmaries in London, there is a large staff of resident medical officers and a visiting Talt, 22305-9, 22341-5, 22352-7. physician and surgeon. There are also a number of clinical clerkships to which students

Corbyn, 3077; Clark, 3724-7; Owen, 12505; Dené, 15437-8; Bary 16009; Tait, 22303, 27374, 23379-81, 22333; Saville, 24200-1, 24307-8, 24374.

advocated by poor-law

Twining, 22740; Bridges, 23210, 23295; Gross, 2803-7. Currie, 1741; Gross, 23609; Vallance, 24779.

maries for students.

Waterlow, 2846; Allehin, 15335-41; Vallance, 24776-8.

Moore, 10643-6, 10733.

Twining, 22675, 22711, 22743, 22787, Saville, 24183-6, 24342-4, 24338-65, Hopkins, 24467; Vallance, 24772-3, Bousfield, 1303; Currie, 1785.

(93.)

O Some few witnesses thought there were few cases in the infirmaries that would be interesting or useful to students, or that could not be seen in the hospitals (Brodhurst, 4076-81; Lunn, 23827-8, 23850-9; Hopkins, 24468); but the contrary opinion was decidedly more general. One witness thought there would be a difficulty to get students to attend at the infirmaries before they got their diplomas. (Holmes, 781-2).

are appointed for six months, each being placed in charge, under the medical staff, of a certain number of beds. The institution of these clerkships is regarded as being of great value for educational purposes as well as a benefit to the patients.

"406. It should be noted that some of the evidence indicated a doubt whether students would have time, before passing their final qualifying examination, to attend the practice at the infirmaries, regard being had to the shortness of the curriculum and the amount of study and hospital work to be got through, and the distance at which most of the infirmaries lie from the hospitals. This consideration appears to add importance to the proposed adoption of the Birmingham system, since it affords a large amount of instruction to young practitioners just after their examinations are passed. On the other hand the proposal which has been entertained by the General Medical Council, to require an additional year's training before the student can pass his qualifying examination, may to some extent bring the infirmaries more within his reach.

"407. It was suggested that the reforms above referred to in the infirmaries might result in their competing with and ultimately supplanting the general hospitals; but it did not appear that this was regarded as a practical danger.

"408. The proposals for some scheme of co-operation or affiliation between the various institutions for the relief of the sick poor have already been noticed in connection with the subject of general hospitals.

"409. The subject of nursing at the infirmaries is also separately dealt with.

"HOSPITALS OF THE METROPOLITAN ASYLUMS BOARD.

"410. The hospitals belonging to the Board consist of three imbecile asylums, five fever hospitals, and a convalescent fever hospital, three small-pox ships in the Thames at Long Reach, and the Gore Farm Hospital for Small-pox at Darenth. For fever and diphtheria, 2,429 beds are available, and 1,150 for small-pox. Measles and whooping-cough are not taken. The total number of fever cases treated in 10 years was 38,433, and of small-pox cases, 26,357. In June 1891 the South Eastern Hospital, with 462 beds, had only 150 patients, the lowest record for several years.

"411. Until recently, patients could be admitted only on the order of the relieving officer and district medical officer, so that these hospitals were open only to poor-law cases. Since 1889 this restriction has been removed, and non-pauper patients are now received. The cost of every patient is charged to his parish or union, but the guardians have had, until the present time, power to recover the cost of maintenance from those who were able to pay. Now, however, under the Public Health (London) Act, 1891, this power has been taken away, and every inhabitant suffering from any dangerous infectious disease will henceforth be entitled to free treatment at one of these hospitals. On receipt of notice of an infectious patient being in any hospital or elsewhere, the Asylum Managers will, at once, send an ambulance and have him removed.

"412. The usual medical staff of one of these hospitals consists of a superintendent and two or three assistants, but the number of assistants fluctuates according to the pressure of patients. The superintendent's salary ranges from 400 l. to 500 l. a year, with residence, &c. Each hospital is under the control of a committee of the Board, which meets once a fortnight, and receives the officers' reports, inspects books, &c.

"413. At times the hospitals have been much crowded, the largest number hitherto under treatment at one time being 2,611, or nearly 200 over the normal maximum. In times of great pressure temporary huts have been erected and other accommodation hired. The medical, nursing, and subordinate staffs are reduced as opportunity offers. Figures were given showing the great variations in the prevalence of the different diseases, and showing the cost of the hospitals, the number of deaths, &c.

"414. A recent Act has given power to a magistrate to direct the detention in hospitals of persons suffering from infectious diseases, in cases where they appear to have no proper place to go to outside the hospital. The hospital authorities have not themselves any power of detention; but it was said that a pauper patient received from the workhouse would not be discharged except back into the workhouse.

"415. An advantage claimed for such a body as the Asylums Board having a number of hospitals under their management, was that, in times of pressure, ready information could be obtained where beds were vacant, and to which hospital each patient should be sent.

"416. These hospitals were, till quite recently, closed to medical students; but statutory authority has, at length, been given to the managers to admit students under regulations made by the Local Government Board, and accordingly advantage is now taken of these institutions for purposes of instruction. At the Eastern Hospital there were, in one term, 15 students. The teaching is done by the medical superintendents, who appear to approve of the new arrangement, and to be quite willing to take their share in working it. But the system appears to have hardly yet been brought into full operation.

Holmes, 739-42.

Mann, 24508-699.

McCombie, 25444-8.

24653-4.

Steele, 358; Currie, 1739; Waterlow, 2569; Nixon, 15560.

Mann, 24554-8; McCombie, 25443-3, 25466, 25465, 25461-3, 25478-81.

Burdett, 25678.

Mann, 24563-70.

24578-609, 24655-9.

Mann, 24524-9, 24668-9, 24680-4, 24695-8.

Carrie, 2025.

Mann, 24645-83; McCombie, 25438-60, 25467-9. Hardy, 924-6; Currie, 1750-1; Waterlow, 2845;Mackenzie, 9158-9; Clark, 9718-22; Gould, 14852; Curnow, 18993, 19602-6. operation. The ignorance of infectious fevers which hitherto has prevailed among young practitioners was strongly animadverted upon, and it is too soon to judge whether the new regulation will remove this stigma on the efficiency and completeness of medical education. Complaint was made of the difficulty of attending at these fever hospitals by reason of their distance from the medical schools. Each student has to pay three guineas Saville, 24375-6. for the right to attend during three months.

"NURSING."

"417. The nursing staff of a hospital ordinarily consists of a matron or lady superintendent, a certain number of sisters, one to each ward or pair of wards (according to their size) by day, and one for the whole hospital, or a wing of it, or for a group of wards, by night; staff nurses, that is to say, nurses who have passed their full period of training and received their certificate; and probationers, these latter forming the most numerous class. The more advanced probationers are often entrusted with the duties of staff nurses. In addition to the ordinary probationers there is, in some hospitals, a class of paying probationers or lady pupils, who perform the same duties as the others, but whose terms of service are different.

"418. The probationers are engaged by the matron, subject or not (according to the rules of the particular hospital) to the sanction of a higher authority, or are engaged by the hospital authority on her recommendation. The selection rests in all cases, practically, with Likeke, 6370-5; Femwick, 9469-76; hospital authority on her recommendation. The selection rests in all cases, practically, with Likeke, 6370-5; Femwick, 9469-76; the matron, and the minimum age at which they are taken is usually about 23. There is no lack of candidates for employment; at the London Hospital, for example, the number of 1829; Michelli, 18197; Taylor, applicants in a single year was said to be 1,600. Nurses are drawn from a well-educated vol. 1, Appendix E., pp. 92-3. class; many are daughters of professional men, merchants, farmers, and tradesmen. The Fenwick, 2003; Taylor, 1866. terms of service differ in different hospitals. But the general rule, as regards an ordinary 1816, 2567, 10807, 10816. probationer, is, that she is first taken for a month on trial, without wages; at the end of that time, if she is considered suitable and wishes to remain, she enters into a regular contract of service for a stated period of one, two, or three years; during that period, or part of it, she not only assists the practical work of nursing in the wards, but she attends lectures which are given by the matron or by members of the medical staff, and is required, or encouraged, to pass examinations; and at the end of the period, having passed her examinations, she receives from the hospital a nurse's certificate.

"419. Different opinions are held as to the length of training requisite before a woman should be sent out with a certificate as a trained nurse. A lady who had had experience as matron of St. Bartholomew's Hospital was of opinion that nothing less than three years should be taken as the qualifying period, and that no woman ought to be made sister of a ward or staff nurse, or be sent out to nurse the sick until she had passed through the whole curriculum. Miss Nightingale, on the other hand, has laid down one year as the ordinary period of training, with a proviso that it would be Vol. I., Appendix K., p. 602. preferable to give two years' training to those who will have to train others in their turn. At St. Thomas's, where the nursing is organised according to Miss Nightingale's system, the probationer, after a month's trial, binds herself to hospital service for four years; after one year, if she passes her examination, she is registered as a certificated nurse, and thereupon for another three years she holds herself at the disposition of the Walker, 11092.

Some of the Nightingale Fund for hospital nursing. At other hospitals the engagement does not extend beyond the period of training, but that period is prolonged to two or three years, so that the hospital, after it has trained the nurse, may still have the Feawick, 2456. benefit, for a time, of her trained services; the longer period being fixed rather for the sake of increasing the nurse's experience, and for the convenience of the hospital, than from the belief that she would not be fit to receive a certificate sooner. At the London Hospital, for example, a nurse is certificated after two years' service, but is in some cases given the duty of a fully qualified nurse in the hospital, or sent out to nurse a private Likekes, 6330-2, 6430-2, 6430-25, 6510-25, case, occasionally is even appointed to be a sister of a ward, while still called a probationer. Length of service is only one of several elements which go to make a good nurse; and the opinion was strongly expressed that more reliance was to be placed on a system of careful individual supervision and selection than on any arbitrary extension of the probationary period. At the London Hospital, out of about 210 sisters, nurses, and probationers, fully one-half (including about 50 probations in the second year) were Lackes, 6300-6. regarded as qualified nurses.

"420. At St. Bartholomew's, the certificate is given after three years, but a proba- Fenwick, 9486; Cross, 10811-3. tioner having passed an examination after one year, is called a staff probationer, and may be employed as a staff nurse. At Guy's, the probationer, after her month's trial, Steele, 287: Lushington, 2862-7. seems to be taken on for a year, and then (if she gives satisfaction) for a further term of

Probationers.

Waterlow, 2546-8; Currie, 2987 Roberts, 6259; Lückes, 6814; Fenwick, 9434; Ferry, 10204; Dobbin, 17412; Taylor, 18461; Monk, 18805.

Period of training. Fenwick, 9416-7, 9527-8, 9554-8, 9597-601.

Fenwick, 9456.

* The great improvement in hospital nursing of recent years was testified to by several witnesses (2551,

factory examination has a different form of certificate (6421-5).

‡ It is, however, to be noticed that St. Bartholomew's has only 20 certificated nurses to 141 probationers (Waterlow, 2533-4), a fact which appears to indicate that a large proportion of the probationers are considered to be fully qualified nurses.

(93.)

9203, 9673-4, 9694-5, 10806, 12041, 25908-11).

† At the London Hospital the examinations are not compulsory, but a nurse who has passed a satis-

two years; at the end of the three years she gets her certificate; but she becomes a full nurse (though uncertificated) after 18 months, and is then qualified to enter the private nursing institution.

Todd, 12080-1; Mclhado, 12617-9.

Melhado, 12707, 12:63-4.

Reade, 13990-1. Ryan, 14569. Theis, 16253. Taylor, 18418. Monk, 18841. Brew, 21434-6.

Paying probationers.

Reberts, 6250; Cross, 10810; Theis, 1639; Monk, 18891-2. Tobd, 12082. Steele, 355; Roberts, 6250; Melhado, 1267; Rende, 12509. Waterlow, 2334-6. Ryan, 14681.

Sisters.

Roberts, 6247; Lückes, 6358-9. 6893-5, 6835; Lushington, 9858, 9973-8; Cross, 10805-6; Todd, 12203; Melhado, 12625; Lucas, 20168, 20284-6; Waterlow, 2545.

6815, 6884-5, 9534-7, 9578, 11685-6, 12676-7, 12812-3.

Ward maids.

572, 2533, 9546-7, 9920, 10901, 12064, 12807-8, 12886, 12891-6, 13978-9, 14504, 18843,-7, 22464-7.

3757-87, 6864-70, 7457-63, 7529, 7867, 9559-61, 9919-20, 10800, 11622-5, 11678-81, 12062-3, 13980, 4563, 18128-33, 18531-54, 22463,

6765-7, 22466.

Remuneration of nurses. 6947, 8109, 16484

"421. At St. George's and the Middlesex the certificate is given after three years, but the probationer is promoted to be a ward nurse after one year. At the Middlesex it was not until recently the practice to send out a nurse for private nursing before she had been five years in the hospital; but exceptions are now made to this rule, and nurses are in some cases allowed to go out after three years' training.

"422. At Charing Cross the period is three years; at St. Mary's, two years; at the Royal Free, three years; at Brompton, three years; at King's College, three years; but after two years the probationer generally becomes a staff nurse; at the Homoropathic Hospital, three years; but a nurse is considered to be trained after one year.

"423. The paying or special probationers, or lady pupils, who are taken at some, but not at all hospitals, usually enter for a three months' or other short course of training; but sometimes they remain for a second course, and sometimes they become ordinary probationers. The usual payment made by them is at the rate of a guinea a week. At some hospitals they are separately lodged, but their duties seem generally the same as those of the ordinary probationers.

"424. The appointment of the sisters rests with the executive authority of the hospital. They are in a position of considerable responsibility, each having, under the matron, the entire charge of her ward; and they are at some hospitals generally selected from among nurses of superior social position. It is the matron's duty to make frequent visits to the wards. In most hospitals she appears to go round daily; but whether she does so or not the sisters are fully responsible to her for the state of their wards, and the proper fulfilment by the nurses of all their duties; and they have the immediate superintendence of the training of the probationers.

"425. Each sister usually sleeps in a room adjoining her ward, so that she can readily be summoned at night if necessary.

"426. The work of the nurses is supplemented by wardmaids and scrubbers; in other words, housemaids and charwomen; the ward maids sometimes, but not always, are lodged in the hospital, and some of the smaller hospitals have no separate class of ward maids. Inquiry was frequently made whether the nurses were called on to perform menial duties; the rule seems to be that it is their business to do everything directly affecting the patients, including a good deal of sweeping and dusting; they also generally clean the lamps, and sometimes inkstands; in one case, it appeared that a portion of the floor was polished by probationers, but this was quite an exceptional case. The evidence generally was to the effect that the nurses were called on to perform a certain amount, but not a great deal, of work which did not properly belong to their office. At the same time, some of the matrons would gladly see an addition to the number of ward maids.

"427. The scale of remuneration allowed to nurses does not appear to have been augmented in proportion to the improvements in nursing, or to the better class of women employed; and there is a feeling that on the whole nurses are too poorly paid. Nurses belonging to the private nursing institutions, which now are attached to many hospitals, are indeed better paid; these institutions are comparatively of recent growth, and the higher rate of pay seems to indicate a recognition of the inadequacy of the old scale; but it is difficult to understand why nurses working in the wards of a hospital should continue to be treated less liberally than their colleagues in attendance on private patients. A short summary of the evidence taken on this subject follows :-

Gog's, 387, 393; St. Bartholomen's, 2554; London, 4888-41, 8118; St. Thomas's, 11769-1, 11826; St. George's, 12688; Middleser, 12612-6, 12681, 12755; St. at the rate of about 1 l. a month, or rather less; after that she George's, 13989-90; St. Mary's, 14561-8; Westatinster, 19213; Regal Free, at the rate of about 1 l. a month, or rather less; after that she 16265-7, 16307-10, 16345-9; Seamen's, 18512; Brompton, 18413-27, 18431-2; rises to 18 l. or 20 l. a year, but in some hospitals no salary is given during the first year. The pay of fully-trained nurses in given during the first year.

20124-30, 20808-10, 21650-2, 22437, 22970.

Informaries, 23505-6, 23804-2, 23839-40, 24206, 24637-8.

12612, 12616, 12788, 18213-6.

8109.

the hospitals, and in the private nursing institutions attached to hospitals, ranges from 20 l. to 35 l. or 40 l.;† those employed for private nursing being, as a rule (as already mentioned), much better paid than those in the hospital, who do not generally rise so high as 30 l.; The night nurses get rather more than the day nurses. Sisters usually receive from 35 l. or 40 l. to 50 l. or 60 l. Sometimes the rate of pay is rather lower than the above, and a gratuity or pension, or both, are allowed by the hospital after a certain period of service; and the institution nurses are sometimes allowed a percentage on their earnings. Board, lodging, and often some articles of clothing are provided free, but not, as a rule, washing. The grant of an allowance of 2 s. 6 d. a week for washing is one of the reforms suggested. " 429. Provision

O The lady pupils at Guy's undertake to remain for a year (Steele, 387), and at the Middlesex for a year or six months (Melhado, 12628, 12888). At St. Mary's they enter for one or two years, and pay 30 L a year (Ryan. 14682-4); at the Seamen's Hospital the payment is 25 L a year (Michelli, 18123). † At the Royal Free Hospital an institution nurse, after four years, receives 30 L salary and 20 L bonus every year (16265). † At King's College Hospital, and at the Fever Hospital, a nurse rises to 36 L (18855-6, 21650).

"429. Provision is sometimes made for pensions, but by no means universally. This, however, is a subject which is generally engaging the attention of hospital authorities. 12613-5, 12755, 13891, 15215-6.

In some hospitals where no pension can, up to the present time, be carned as a right, it 15226-33, 18261-7, 16268, 22109. is the custom to make an allowance for life to a nurse who retires from age or infirmity after a long and faithful service. Guy's, the London, and other hospitals have adopted a 20131-2, 22447. regular pension system by joining the National Pension Fund for Nurses, or rather by undertaking to pay one-half of the premium required from such of their nurses as choose 62.

1390, 6846, 14570-1, 18152-3, 18859 to join the fund. The scheme of this institution, as adopted at Guy's, allows a nurse 290. to retire at the age of 55 with a pension of 15 l. a year, besides bonuses, after payment under the prescribed conditions of premiums amounting to 6 L a year. At the London 644-7, 6852. a minimum pension of 22 l. 10 s. is secured at the age of 50 for a nurse who joins the fund before she is 40. The premiums are returnable if the nurse wishes to withdraw from the fund; and in that case the amount paid by the hospital is, at Guy's, held as a fund for the benefit of their nurses who may be incapacitated by accident or illness incurred in the discharge of their duty. At the London, if the nurse leaves the hospital, she is herself allowed, after 12 months, to withdraw the share paid by the hospital, as well as her own.

Pensions.

"430. The origin and working of the National Pension Fund were explained by a National Pension Fund. witness who had taken an active part in its establishment. It is said to fulfil the objects Burdett, 20884-5. of a savings bank as well as of a pension fund; and premiums can be withdrawn at any time with interest and bonus additions arising from the profits of the working of the fund. A benevolent fund has been instituted in connection with it, having now an income of 400 L a year, for the benefit of distressed nurses. The pension fund is now in the fourth year of its existence, has 2,000 subscribers, and 100,000 l. invested. There is a system of affiliation by which a hospital paying half the premiums for its nurses can have a separate trust account with the National Pension Fund, so that the lapsing premiums may remain to the credit of that hospital, and be administered so as to form the nucleus of a permanent fund for providing for its nurses a complete system of

"431. The position of the matron of a large hospital is one of great importance and Position of matron. responsibility.* The department of which she is the head is numerically the largest, and, from the nature of its duties, is after the medical department the most important to size. the immediate welfare of the patients, of any in the hospital. The misunderstanding which in the earlier days of nursing reform sometimes manifested itself between the medical and nursing staffs would appear to have entirely subsided. At all events, it is believed that no trace of any such feeling is shown throughout the evidence; and just 6915-9, 3466-8. as the nurses hold themselves bound, as they must be, to carry out diligently the wishes of the physician in matters concerning the treatment of the sick, so the doctors appear to recognise the authority of the matron in the distribution of the nurses, their discipline, and the general arrangements of the wards. Some discussion, however, took place respecting the exact limits which are or ought to be set to the matron's powers. Speaking generally, she is regarded as de facto, if not according to the strict letter of the law, the head of an independent department; that is to say, she is in the management of her own staff responsible directly to the chief executive authority of the hospital, and to no subordinate body or officer. A hospital has nearly always a board or committee which holds weekly meetings, and is in fact the executive authority of the hospital; and under it there is an officer whether he be called treasurer, secretary, or resident superintendent, or by any other name, who either lives permanently in the hospital or at all events passes the day there, and who in the absence of the executive body is regarded as being in a general way the head of the establishment. The precise 11058, 12530, 15523, 16505. amount of authority delegated to this official is, however, not always strictly defined. As regards the matron it is clear that in some hospitals he has none; in others, where technically his authority extends to the nursing staff, it seems that by a well-understood \$57-606, 6350-2, 8188, 20418. arrangement he never interferes in this department (except in consultation with the matron); in others again it seems doubtful whether he has any technical right of interference at all. But however the technical limits of authority may vary, it seems every-where to be fully admitted that practically the matron is supreme in her own department, subject only to her responsibility to the managing body; and nowhere does her authority within those limits appear to be challenged. At all hospitals she makes her 1986. reports to that body, and is amenable to it for everything that she does. The only question, therefore, at issue is as to the direct intervention of the hospital authority itself, in matters of nursing organisation and management.

"432. At some hospitals there is a special nursing sub-committee of the managing Nursing sub-committee. body to which the general control of this department is delegated, and one witness was decidedly in favour of this system.

9469-70, 9572, 9584-7, 12020-1, 12025, 12038, 12159-61, 12654, 13883-9, 18784.

"433. The particular matters which present themselves most prominently in this Appointment and disconnection are the appointment and discharge of nurses. This subject was mentioned missal of nurses.

The salary of a matron in the leading hospitals seems to run from 100 l. a year up to 350 L (6321-2. 11055, 12611, 13955, 14518, 18837). (93.) z 3

5987, 6245

9865-70.

12058-9, 12613, 18196,

10000

11840-1, Appendix K., p. 613.

9873, 9942-3, 1412-3, 7943-4, 1817-8, 22452-3.

9472-6.

Opinions respecting position of matron.

p. 609.

Rathbone, 25913-58.

in reference to the London Hospital; and it has been said above that the selection of probationers, whether they are nominally engaged by the hospital authority or not, rests really with the matron. As regards the power to dispense with the services of a nurse, the technical rule of the hospital is not uniform. At the London Hospital it is laid down in the standing orders that in case of misconduct the matron may suspend, but only the committee can dismiss; probationers she can discharge at any time for incompetence, subject to an appeal to the committee.† At Guy's the matron has the power of dismissal during the probationary period; but it seems she would not discharge a full nurse till after consultation with the treasurer (who at Guy's is the executive authority). At St. George's and the Middlesex and the Seamen's Hospital the matron can suspend, not dismiss; at the Brompton Hospital she has full power of dismissal, reporting of course to the committee; at St. Thomas's the matron can discharge the probationers. At those hospitals, however, in which the power of dismissal nominally rests with the executive, it seems to be universally admitted that the matron is the sole competent judge of all matters relating to efficiency in nursing; and on the other hand, where the matron is given the power of dismissal, it would appear that whether or not there is a formal right of appeal from her decision, her whole conduct is always within the cognisance of the hospital authorities, so that with them who delegate to her the power must rest the ultimate responsibility for the mode in which she exercises it.

"434. The 'Suggestions' printed in Appendix K. to the first volume of the evidence show clearly what are Miss Nightingale's views on this subject. She says "The superintendent (i.e. matron) should herself be responsible to the constituted hospital authorities, and all her nurses and servants should, in the performance of these duties, be responsible to the superintendent only. No good ever comes of the constituted authorities placing themselves in the office which they have sanctioned her occupying. No good ever comes of any one interfering between the head of the nursing establishment and her nurses. It is fatal to discipline She should be made responsible for her results and not for her methods. Of course, if she does not exercise She should be made the authority entrusted to her with judgment and discretion, it is then the legitimate province of the governing body to interfere, and to remove her. It is necessary to dwell strongly on this point, because there has been not unfrequently a disposition shown to make the nursing establishment responsible on the side of discipline to the medical officer or the governor of the hospital Neither the medical officer nor any other male head should ever have power to punish for disobedience. His duty should end with reporting the case to the female head who, as already stated, is responsible to the governing authority of the hospital.' 'The matron should be responsible to the government of the infirmary alone for the efficient discharge of her duties; and the nurses should be responsible to the matron alone for the discharge of their duties.' The opinion thus expressed by Miss Nightingale appears (so far as the evidence shows) to be generally adopted in the metropolitan hospitals, both (as already stated) by the medical staff and also by the governing authorities themselves.

"Mr. Rathbone's evidence also strongly expresses similar views. Two points to which he called attention were, first, that the chief object is the nursing of the sick, and for that object every facility must be given for the selection of the best women that can be got; in short, that the nurses are for the hospitals, and not the hospitals for the nurses; and, secondly, in answer to those who fear unjust dismissals as the result of allowing matrons to exercise a too arbitrary power, that the great difficulty has always been to induce even the most stern matrons to dismiss incompetent nurses. Incompetency or inefficiency in a nurse is not an easy thing to prove to an outside person, though it is a thing which the practised and watchful eyes of the ward sister and the matron soon discover. It is, therefore, both injurious to the patients, and unfair to the matron who is responsible for the efficiency of her staff, that she should be called upon to prove matters almost inaccessible to proof before a tribunal necessarily incapable of judging of them. The hospital committee has full power. From its frequent meetings, from the reports made to it, and in particular from the experience of those of its members who (as in most bospitals) are specially appointed in rotation to visit the wards, it has ample opportunity to judge whether it has a matron who can be trusted; and Mr. Rathbone declared himself convinced from long experience that, when it is found that the matron is not to be trusted, the sooner she is got rid of the better. For a hospital committee really to test the capabilities of a nurse was, he thought, an impossibility. A nurse's capacity depends on a number of small things; it 'depends almost more upon moral than upon intellectual considerations; you cannot test it by examinations. Very often we find that those nurses who pass the best examinations are very inferior to a nurse who passes a very much worse examination, but whom her matron knows to be thoroughly trustworthy night or day, in sight or out of sight, and to have that sort of kindness and care of patients that is so important.' There was, he thought, too much talking and publicity about all that goes on in a hospital for any serious danger to be feared of acts of real injustice by a matron remaining hidden from a competent committee; that risk was a trifle in comparison with the harm to efficiency which would result from cutting down the authority, and therefore of necessity the responsibility, of the matron.

"435. The want of an adequate system of training for matrons was another point Need of training for touched upon. The school attached to St. Thomas's is intended specially for the training matrons. of nurses for hospitals and public institutions. It is understood that a considerable Rathbone, 25958-63. number of ladies who have afterwards become the heads of the nursing establishments of important hospitals were trained at St. Thomas's, and ladies have by private arrangement been sent there for training with the special object that they should be passed on to be, first, assistant superintendents, and ultimately heads of nursing departments in hospitals. But it was urged that if some regular scheme of training women specially for the higher positions in those departments could be devised, it would supply a want now felt which rendered the existing training system incomplete. Miss Nightingale, in her 'Suggestions,' Vol. I., Appendix K., pp. 603-4 makes some remarks on 'training to train,' showing the need of a special system for the training of women who are intended to become heads of nursing schools.

"436. The chief defects alleged against the existing organisation of nursing in Alleged defects in nursing hospitals are, that the proportion in number of probationers to trained nurses is too great, organisation. and that the whole number of the nursing staff is too small.

"437. As regards the first of these criticisms, if a ward of 30 beds be taken as an Alleged excess of example, it appears that the day staff of nurses will probably consist, under ordinary untrained nurses. circumstances, of a sister in charge, a staff nurse, and three probationers; that is in Gordon, 11749; Monk, 1888L.

addition to any extra help which the condition of any of the patients may render necessary. It was pointed out that one at least of the probationers would always be at an advanced stage of her training, would be in fact a competent nurse; and, as already mentioned, it is the custom to call a nurse a probationer, and keep back her certificate, till long after the time at which she would generally be considered as trained. The great bulk of the evidence from within the hospitals, from matrons, and from medical officers, was highly favourable to the quality of the nursing at the present time.

"438. Much was said about the numerical deficiency of the nursing staff, and the Alleged numerical deconsequent evils of excessive hours of duty, overworking, shortness of holidays, and ficiency of nursing staff. injury of health to which the nurses are subject.

"439. Roughly speaking, at the present time, if the whole nursing establishment is to Proportion of nurses to the total number of occupied beds in the ratio of 1 to 3½, that is considered a fairly high patients. numerical standard. If that test is applied to a few of the leading hospitals the following Luckon, 6895-6. results appear :-

"St. Bartholomew's, about 200 nurses; average number of occupied beds, 570 out Cross, 10795-6; Waterlow, 2741. of 667; about 1 to 3.

"St. Thomas's, 117 nurses; about 436 patients (not including the paying ward); Wainwright, 1142; Walker, 10185. about 1 to 37.

"London, 218 nurses; maximum number of occupied beds, 733; about 1 to 31. "Middlesex, 88 nurses; average number of occupied beds, nearly 260; about Melhado, 12823, 12910. 1 to 3.

Lückes, 8992; Mackenzie, 733.

"Charing Cross, 51 nurses; 165 occupied beds; about 1 to 34.

"St. Mary's, 61 nurses; 255 occupied beds; 1 to 41.

Ryan, 14382, 14520.

"King's College, 78 nurses; maximum number of occupied beds, about 215; Wace, 18668-0; Monk, 18843. 1 to 27.

"Westminster, 55 nurses; maximum number of occupied beds, about 200; 1 to 33. "University College, 80 nurses; maximum number of occupied beds, about 200; Nixon, 15459-40; Sister Cecilia,

1 to 24. "Royal Free; 1 to 31.

Theis, 16261.

"440. Whether the proportion of nurses to patients be considered sufficient or not, there can be no doubt that it has in recent years been very materially increased; thus it Litches, 6856. appears that in 1880, at the London Hospital, it was I to 5; and the staff at Saint Bartholomew's is said to have doubled in the last 10 years.

"441. A statement read by the matron at the London Hospital showed that on a Leckes, 8892. given day in the summer of 1890 the number of patients was 626; and the number of the nursing staff actually on duty was 124 on day duty and 55 on night duty, giving on the whole about 1 nurse to 3½ patients. The same witness considered that if money were Leckes, 8123-2.

Fenwick, 9548.

no object the proper staff actually on duty in a ward of 30 beds would be a sister, two staff nurses, and two probationers by day, and a staff nurse and two probationers by night; she thought there should also be three ward maids to two wards. The late matron Fenwick, 9482-98, 9596. of St. Bartholomew's would add another probationer for day duty, making the total Entwistle, 11451. number by day six instead of five. In the children's wards the proportion of nurses should be higher. In addition to this, which would be the normal staff on duty, a margin of strength would have to be provided for the cases requiring special nurses.

" 442. The

(93.)

[•] St. Mary's obtains additional nurses, when required, from the Brompton Hospital; but the proportion of nurses seems to be somewhat low at St. Mary's, as there is said to be one nurse to seven patients by day, and two to 43 patients by night (Ryan, 14534-7).

† The medical suderintendent at Guy's spoke of one day nurse to 12 patients, and one night nurse to 20 patients as being about a fair average proportion for the actual work of attending to the patients in ordinary cases (Steele, 278-9).

Wace, 18881 : Mackey, 7815-64.

4044-6, 9188-92.

Hours of Duty.

Barthelomew's, 2563-4, 10761-73. London, 5900. Guy's, 3877-80, St. George's, 12043-52. Charing Cross, 13967-77. St. Mary's, 14540-87. Espai Free, 16273-81.

10766-7, 11733-9, 12044-6, 12663, 13969, 16277, 18134-5, 18871-3. 9877-85, 9964-6.

10763, 10767, 13971. 12043, 12051-2.

10771-3, 10783-6, 12665, 22419-29.

11834-9, 12670-2, 18443-7. 18883-5.

14540, 14550, 16273, 16288-0, 17425, 18124-6, 18436-41, 18867-70, 18918-20, 20420-2. Waterlow, 2363; Cross, 16764.

Fenwick, 9542.

Gordon, 11729, 11751-3, 11810, 11851-62.

11627, 11872-5.

12043, 12050-2

"442. The figures given above (as well as other evidence to the same effect) appear to show that while the strength of the nursing staff on duty by day at one of the great hospitals (the London being taken as an example) is fully sufficient for the needs of the sick, by night the strength is somewhat short," the deficiency being however such as would be remedied by a trifling increase in the number of nurses on the establishment. The demand for an increase in the nursing staff is in fact made in the interest rather of the nurses themselves, in the interest of shorter hours of duty and longer holidays, than of the patients. There was little evidence that the patients suffered from insufficient nursing, while on the contrary abundant testimony was forthcoming of the admirable care and attention bestowed on them, and of the spirit of self-sacrificing zeal which animated the nurses.

"443. Evidence was taken from all the leading hospitals with a view to ascertaining the actual daily and nightly length and severity of a nurse's duties; and some attempt has to be made to summarise the information obtained.

"444. The following appears to be the average daily routine; but each hospital has its own scheme of service, and allowance must, therefore, be made for variations in detail :-

"The day nurses come on duty at 7 a.m., † having breakfasted at 6.30 or 6.45. The sisters in some hospitals come on an hour later.‡ The first hours are busily occupied in getting the patients fed and washed, their beds made, and the wards put in order for the day. Later (both before and sometimes after dinner), the doctors have to be accompanied on their rounds, and the orders for the diet, medicine, and general treatment of each patient carefully noted; but this is rather the work of the sister than of the subordinate nurses. A short time is allowed in the course of the morning for getting some luncheon; and half an hour, sometimes a little more, but at some hospitals it seems a bare half hour or less, is allowed for dinner, the sisters and nurses going generally in one relay, and the probationers in another.

"445. The nurses sometimes take their tea away from the wards, and they go off duty at 9 p.m., at some hospitals not till half past 9 or 10.

"446. The night staff breakfast at 8.30 p.m., and comes on at 9 p.m., and remain till 9 a.m. or a little later; there are thus two hours in the morning when both the day and night nurses are on duty together, those being the busiest hours of the day. During the night the nurses have two meals, either in the wards or in the kitchen. At some hospitals a point is made of their going twice for proper meals away from the ward,

"447. The full hours of service are thus 14 or 15 hours for the day nurses, and 11 or 12 for the night nurses. From these hours certain deductions have to be made, both for meals and for time allowed off duty. The average allowance to the day staff is, for meals, from 1 hour to 11; and in addition each nurse will, under ordinary circumstances, be allowed a certain time, varying from day to day, for exercise and recreation. At St. Bartholomew's, for example, it appears that the sisters are off duty from 6 p.m. to 9 p.m every other day, from 2 p.m. to 10 p.m. once in two weeks, and from 3 p.m. to 9 p.m. every alternate Sunday; they are also free once a month from 4 p.m. on Saturday till noon on the following Monday. The staff nurses have a rota of four weeks; in the first week they are off duty from 6 p.m. to 8.45 p.m. on two days; in the second week, once from 6 p.m. to 8.45 p.m., and once from 2 p.m. to 9.45 p.m.; the third week is like the first; and in the fourth week they are off a whole day to 9.45 p.m., and have also one evening off. Practically, the actual hours of duty at St. Bartholomew's were said to be about 11, an hour being allowed out of the 14 for meals, and two hours on the average off duty besides.

"448. At St. Thomas's a full day's work was said to be 10 hours actually on duty, rarely more; but the average number of hours per week would not be more than 60, allowance being made for half a day off during the week, and four and nine hours on alternate Sundays. At this hospital the nurses are said to be especially well off.

"449. At St. George's the head nurses are on duty from 7 a.m. till 10 p.m., with two hours off, besides meal-times, and one whole day and one half-day once a month. The other day nurses go off duty on alternate days at 6.45 and 9.30; and they have one day off in a month.

" 450. At

Another witness, however, estimated that at St. Thomas's the sisters and staff nurses worked alternately 73 hours and 79 hours per week; probationers 70 hours in the wards (Enswistle, 11593, 11,665).

Confirmatory evidence, as to the night staff being shorthanded, was given from St. Bartholomew's (Fenwick, 9494).

[†] At Guy's, 8 a.m. (9877).

‡ And sometimes go off latter. At the Middlesex the sisters are on duty till 11 p.m. (12640). At St. Bartholomew's it is said there is no definite hour at which the sisters go off (10791).

§ At Guy's the night nurses are on duty from 9.30 p.m. to 8.30 a.m. (9887-8); at St. Thomas's, from

¹⁰ p.m. (11830).

"450. At the Middlesex the sisters are said to be actually on duty for 11 hours and the nurses for 10 hours, but it would seem to be longer than that on some days. have a whole day every month, and the nurses every alternate month.

12640, 12644, 13833.

"451. At Charing Cross the sisters are said to have 58 hours a week on duty, and the nurses 671 hours.

13905.

"452. At St. Mary's the average hours of actual duty are said to be 103 hours for a sister, 93 for a staff nurse, and 94 for a probationer.

14558.

"453. At King's College the hours appear to average about nine.

18926-8.

"454. The ex-matron of St. Bartholomew's thought that every nurse ought to have Ferwick, 950). half a day off duty every week and three hours off every day.

14535-8.

"455. The night nurses, with the exception of the time for meals, are on duty during the whole 11 or 12 hours, but it is explained that their duties, as compared with those of the day nurses, are generally less onerous and involve less moving about and standing. This, however, does not appear to be universally true; as there was evidence that in some hospitals, where the wards are small and the night staff weak, the nurses are obliged to keep moving about continuously from ward to ward during the whole night,

"456. It was explained that at the London Hospital each nurse has a book in which a detailed record is kept of what she does, work, day or night duty, sickness, holidays, &c,

6943.

Holidays.

"457. The length of holiday allowed during the year varies from a fortnight to a month. It was the opinion of several witnesses that three weeks was the shortest time 2564, \$118, \$500, \$990, \$11876, \$12943 to which nurses should be entitled; some witnesses thought that the sisters, in consequence of the more responsible character of their duties, required a longer holiday than 2500, \$1876, \$1818, \$1597, \$1890, \$1876, \$12943-32, \$18706, \$7879. the ordinary nurses.

"458. The matron of the London Hospital advocated a month's holiday for all nurses, and six weeks for the sisters.

"459. Arrangements are generally made for the holidays to be taken during the summer months.

"460. Evidence touching the question of the food provided for nurses was noticed in connection with the London Hospital.* On the whole the improvement in this respect 1819-22, 2550, C390-7, 7454, 9128, seems to have kept pace with the general progress of reform. Matters of complaint 11328, 18221-5, 18422-6, 18504-26, 18587-8, 20124-9. were mentioned; but they appear, for the most part, to have belonged to a past time. At all events the importance of a superior diet for the nurses, in view of the character of the work required of them, is everywhere recognised. Some criticisms were passed on the system of allowing some of the meals to be taken in the wards.

"461. Several witnesses expressed the opinion that the existing hours of duty for the nurses were too long, and the labour unduly arduous. Out of the 10 or 11 hours on nurses. duty, it was estimated that a nurse would generally be actually on foot for about nine, Lackes, 6905-19; Mackey, 7876-9. and nurses are peculiarly liable to be afflicted with flat feet owing to the excessive amount of standing and moving.

Lackes, 6905-19; Mackey, 7876-9. Anderson, 16484; Entwisde, 11628-62, 11688-9, 11708-9; Anderson, 16484; Cheadle, 20127.

Alleged overworking of

does not seem to be large; the reports made from the various hospitals were generally

11802-23.

9549, 11805-22.

2702-3, 7533-4, 12053, 11072, 15210, 15403, 18201-2, 15982-16005, 18201, 18475, 21656, 23886, 25974, 25994.

"462. If, however, the question of health be taken as a test whether nurses are overworked or not, it cannot be said that the evidence proved conclusively any general inability to stand the strain imposed by the existing conditions of nursing. The proportion of nurses who break down from bodily weakness or too great nervous sensibility favourable as regards the health of the nurses, and the opinion was several times expressed that they were not overworked. A lady at the head of the nursing staff of one hospital held that women gave up 10 years of their lives by entering this profession, but that view was altogether rejected by others.

15892, 15998, 7483, 8482-3, 18586-7, 18923-4, 9204,

"463. Mr. Rathbone's opinion regarding the necessity of increasing the nursing staff of hospitals was that 'the patients are our first objects in hospitals, and if hospital work is such work that a woman of ordinary health and strength can do it and remain in health . . . I think you then have done all that you are bound to do until the public gives you money to do more.' This opinion, that a further relaxation of the labour required from nurses as a matter of money and comfort, rather than of necessity either to Gordon, 11731, 11873-7; Perry, 7304-7, 7338; Machanie, 9204-3; within the hospitals. At the same time, even those who are the complete than one witness from Todd, 12005; Mchado, 14787. within the hospitals. At the same time, even those who considered the nursing staff at Improvement in position of their own particular hospitals to be numerous enough for their duties, regard being had nurses hoped for. to the wants of the patients and to all existing standards of adequacy, were hopeful that

the position of nurses generally would in the future be improved by means of shorter hours of labour, longer holidays, and better pay. "464. The want of accommodation for more nurses forms in many hospitals an obstacle to increasing the staff.

" 465. It

Suggestion that all pro-bationers should pay. Fenwick, 9503-5.

Suggestion to nurse in three

9204-7, 25989-95,

Private nursing institutions. Guy's, 301-3, 492-9; 2928, 9911; London, 6841-5, 8109-17, 8163-6; Middlesez, 12486-8, 12695-708, 12763-4; Charing Gross, 13296-9; Westminster, 15182-6, 15285; Royal-Free, 12690-6; Brownpises, 17536-3, 18304-0, 18405-11; King's College, 1880-2, 18856-8; Homosoyanthe, 29276, 22106-8, 29410, 32445-6; Childres's, 20109, 20121-5.

20124.

8087-92, 9908-10. 9520.

391.

District nurses. 2928 Farmer, 3364-74, 3477-82.

6250, 6368, 6748, 6750, 6946-52. 8159-64.

18114-20.

8169.

Twining, 22609. Bridges, 23436-7,

Acland, 22842-5.

Societies for district nursing.

Mansel, 9225-340.

"465. It was suggested that the money difficulty might be overcome by making all probationers pay during their period of training, and it was thought that this could be done without checking too much the supply of suitable candidates.

- " 466. One suggestion for shortening the hours of duty was that the nursing might be arranged in three shifts instead of two. No very decided opinion seems to have been held as regards the feasibility of this proposal; but it was considered that, without resorting to any such extreme changes in the organisation, it would easily be possible, if the numbers were increased to allow every nurse more hours of duty and longer holidays.
- " 467. Many hospitals have of late years established private nursing institutions, to which some of their own nurses, when trained, are drafted, and from which they are sent out to nurse private patients. The nurses continue to be paid by the hospital, and when not actually employed are lodged and provided for at the expense of the hospital. the other hand the hospital takes the weekly payment of 12 or two guineas which is usually charged; and these payments, after all expenses are defrayed, appear usually to bring in a net profit to the hospital funds, while in times of pressure, any institution nurses who happen to be unemployed can be brought in for service in the wards. At some hospitals, but not all, the nurses receive, in addition to their ordinary wages, either a percentage of 5 per cent. or more (in one case it goes as high as 25 per cent.) on the amount of their year's earnings, or else a fixed bonus in lieu of a percentage.
- "468. It seems that occasionally nurses are sent out from the hospital itself as well as from the institution, and objection was taken to this practice. It was, however, said to be done only in exceptional cases, and only when a nurse could fairly be spared from the wards without unduly weakening the staff required for duty there.
- "469. Guy's has about 50 nurses on the private nursing establishment, and this seems the largest number kept by any one hospital.*
- " 470. The institution is usually a separate building near the hospital; it is placed under the immediate charge of a sister, who is specially detailed for the purpose, and who is responsible to the matron.
- "471. At Guy's it is said that one of the objects of the private nursing institution is to attend the sick poor in the neighbourhood, especially lying-in cases. The subject of district nursing generally was touched upon by several witnesses. One medical witness spoke of excellent charitable work being done in the Bloomsbury district by nurses who he believed were principally trained at St. George's; and it was urged that, with a development of the district nursing system, a great proportion of the sick poor would be better off in their own homes than in the hospitals.
- "472. Upon the question of the hospitals being used for the training of women for district nursing among the poor, it seems that something is done in this way at the London Hospital through the admission of a limited number of probationers (there called 'institution nurses') who are in training for public institutions, and who enter for not less than six months, and pay half the usual fees of paying probationers. But it was pointed out that the general hospitals in London have not (at present at all events) the accommodation necessary for training any considerable number of nurses more than those whom they require for their own purposes. † At the Seamen's Hospital there is a class of 'mission nurses' who are specially trained for charitable work.;
- " 473. The time necessary for training this class of nurses would, in the opinion of the matron of the London Hospital, be a year for populous places, where there were accidents, but for ordinary country districts she thought six months would suffice.
- "474. It was incidentally mentioned that at the present time there is a great demand for district nurses; and a witness, speaking with the authority of a Local Government Board official, believed that it was in contemplation to allow boards of guardians throughout the country to establish them. The Hospital Saturday Fund is beginning to make grants to district nursing associations.
- "475. Existing organisations of this kind, respecting which evidence was taken, are the Metropolitan and National Nursing Association, and the East London Nursing Society, the first mentioned of which has its central home in Bloomsbury with 12 nurses, and other smaller homes in different parts of London, and a few in the country; each home working within a certain area. The nurses are ladies; there are about 50 of them in London and 25 in the country; their salary ranges from 35 l. to 50 l. They are required to have had 12 months' hospital training, and then they are further taught district nursing for six months; after which they are considered fully trained. A single nurse can, on the average, attend about eight cases in the course of a day; the nurses do not generally go out at night.

" 476. The

^{*} The Association which nurses the Westminster Hospital has a private nursing institute with nearly 70 nurses (15285).
† Another witness, however, stated that the great hospitals were turning out more nurses than could get work

[†] Miss Nightingale's "Suggestions" contain some observations on the training of workhouse girls as nurses (Vol. I., Appendix K., p. 604), also on district nursing (609-11).

"476. The East London Nursing Society had, in July 1891, 27 nurses working in Lacey, 9341-431. the East End. The nurses are not ladies; they receive 15 s. a week from the society, but not board or lodging. They are lodged generally by private charity in the parish in which they work. It seems that some of the cases nursed by this society are undertaken at the request of the guardians, and there is some doubt whether a portion of its funds were not simply applied in relief of the rates.

"477. Both these organisations depend for their existence on voluntary contributions, but the Metropolitan and National Association receives small payments from those of its patients who are able to contribute.

"478. An important question affecting the general position of nurses was brought Proposed registration of forward in connection with the scheme proposed by the British Nurses' Association nurses, British Nurses for establishing a general register of nurses. A very broad division of opinion exists Feawick, 9000, regarding the merits of that association. Its objects, as stated by its advocates, are, first, to unite trained nurses together in a purely professional union; secondly, to provide for the local registration of nurses under the control of medical men; thirdly, to help nurses in times of need or adversity; and fourthly, to improve the knowledge and usefulness of nurses throughout the empire;' and its scheme is declared to be put forth in conformity with a great public want and a widespread professional demand.' This vot. II. Appendix K. statement is traversed in a memorial which was signed by many members of the medical and nursing staffs, and of the governing bodies of hespitals and institutions for the sick in London and the provinces, and which was claimed to represent the majority of those who know most about nursing in this country. The memorial declares that the proposal, if carried out, 'would lower the position of the best trained nurses, be detrimental to the advancement of the teaching of nurses, be disadvantageous to the public, and be injurious to the medical practitioner.' A petition against the scheme, also largely signed, was presented to the Board of Trade.

7774.

"479. The view taken by the promoters of the association appears to be that the Objects of British Nurses" time has come when nursing should be constituted and legally recognised as a distinct Association. profession, with a central controlling body of its own; in short, that the nursing Fenwick, 9606-51.
Fenwick, 26014-89. profession should be governed on much the same lines as the medical profession. The nurses' register would resemble the medical register, and the general nursing council would take cognisance of the conduct of all nurses, and would have the same power to strike their names off the register for misconduct, as in the case of the medical profession is exercisable by the General Medical Council. The ultimate object appears to be (whether or not this could be carried into effect at once) to obtain statutory power to prevent any public or private institution sending out women to nurse the sick who were not registered by a registration board, composed of medical men and hospital matrons, or at all events to prevent unregistered women calling themselves trained nurses. But whether or not there were any such express prohibition, it was thought that a registration board constituted under Royal Charter or Act of Parliament would have such prestige that the public would decline to employ unregistered nurses. It was claimed that some of the hospitals and many medical officers of hospitals were in favour of registration. The immediate advantage which the public would gain from it was said to be that a reference to the register would at once show whether a woman was a trained nurse or not, and whether she was known to have ever done anything rendering her unworthy of employment, because the name of a nurse would, on sufficient cause shown, be removed from the register.

9627.

9621, 9627.

9638-9, 9649-50,

9528-9.

"480. The main point alleged against the British Nurses' Association by its opponents Objection to British Nurses' is that it places good and bad nurses on a level. It is urged that neither the completion Association. of a certain period of training nor the passing of a theoretical examination is any guide Treves, 7751-75 to the practical fitness of a woman for her work. Only the institution which has Monk, 18893-5. actually trained the nurse, and in which her qualities are recorded after long personal observation, can be in a position to give such a guarantee of her capacity as will be of any value.* If, for example, a member of the public goes to such a general register for a nurse, he gets someone who has passed through a certain curriculum; if he applies to any nurse-training hospital, he gets a nurse selected for the particular case, and backed by the authority and reputation of the hospital which sends her out.† It was further said (in the interests of the medical profession) that the grant of a sort of diploma to nurses might lead many people to seek a nurse in case of illness and not a doctor; such a result, it was thought, would be injurious also to the interests of the Luckes, 8128. nurses themselves.

7755.

7771.

"481. Under the existing system it is argued that the public have adequate protection Burdett, 25887-90. in their power to call for a nurse's certificate before employing her, and to obtain particulars

* The registers kept by institutions like the London Association of Nurses, which supply nurses to the public, are of quite a different character from what is proposed by the British Nurses' Association. The object of such institutions is to find employment for individual nurses whose personal records are kept, and can be investigated before they are engaged (9441-51).

† It was explained that at the London Hospital a supplementary register had, at Miss Nightingale's suggestion, been adopted, in which a nurse who had left the hospital might have her subsequent career recorded (6945).

(93.)

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particulars from the hospital which gave it her; that this security would under the registration scheme be lost, and that women, whom no hospital would recommend, would get themselves registered and appear to the public on the same level as the best nurses. It was suggested that an official list (if it were needed) could be compiled giving the names of all nurses on the books of the several training hospitals.

Burdett, 25891; Rathbone, 25954.

Fenwick, 20024-71.

Fenwick, 26072-89.

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1777-80, 2688-701, 4991-6, 5123-7, 6219-23, 5711, 7648-51, 8870-5, 8888-97, 9697-9703, 11774-9, 12465-9, 12692-4, 12602-6, 12882-3, 1893, 15602-8, 17068-8, 18113, 18210-3.

12074-5, 15294-5.

8875, 11778, 12148, 12694, 14087, 22478-9.

4046, 4198-200,

9699, 9701-3, 12147.

25053-5, 25268-9,

Poor-law infirmaries. Bridges, 23264-6. Bousfield, 1294. Rathbone, 25939.

Twining, 22674; Gross, 23533. Knox, 24092-3.

Dowse, 19620; Twining, 22644-8, 22673, 22792-3. Bridges, 23232-51, 23290. Hopkins, 24427-31.

Twining, 22651-7, 22757-70.

Bridges, 23212-5, 23291-4.

Gross, 23527-32. Saville, 24212-4.

Currie, 1747-8. Dowse, 19683; Lunn, 23827-8. Bridges 22832-7.

"482. A point very strongly urged is that the character of the woman herself is the most essential matter in regard to a nurse; much more so in the case of a nurse than of a doctor. The Association professes to require evidence of character (by the production of recent testimonials) before it will put a nurse on its register, and to register only women who have had three years' hospital training, but it appears that women are registered who have not completed their full period of training at any one hospital, and of whom it is not known whether they have proved themselves competent or otherwise. The Association complains that a hospital certificate, once given, cannot be withdrawn, whereas a name will be removed from the register whenever a nurse is proved to have forfeited her good character. But it is evident that this course cannot be taken except on clear proof of actual crime or misconduct, and therefore it is no protection to the public from mere incompetency. It was admitted that a woman might go through three years' training at a hospital, and get her certificate, and yet be a very indifferent nurse. and be known at the hospital to be so; but the public, who read her name in the register, would suppose her to be competent unless the register clearly stated that it did not guarantee the efficiency of its nurses. On the other hand, if the Association disclaims responsibility for the efficiency of the nurses whom it registers, it seems difficult to understand wherein lies the security which it offers to the public.

"483. Mr. Rathbone, speaking on behalf of the Nightingale Training School in opposition to the Association, quoted from a letter written by Miss Nightingale on this subject: "You cannot select the good from the inferior nurses by any test or system of examination. But most of all, and first of all, must their moral qualifications be made to stand pre-eminent in estimation. All this can only be secured by the current supervision, tests, or examinations, which they receive in their training school or hospital, not by any examination from 'a foreign body' like that proposed by the British Nurses' Association. Indeed, those who came off best in such would probably be the ready and forward, not the best nurses.

" 484. Male Nurses .- Except the Seamen's Hospital at Greenwich (which has two), and the Lock Hospital, none of the principal hospitals seem to have a regular staff of male nurses. In cases where a male attendant is needed, some hospitals are accustomed to apply to the Hamilton Association for providing trained male nurses; others have a record of persons who they know are ready to come in when required, or employ commissionaires or porters, or anyone they can get. Male attendants appear to be in greater demand abroad than in this country.

"485. It was thought that it would be of public advantage if means could be found of creating a limited supply of trained male nurses.

"486. At the Putney Hospital for Incurables the male patients are attended to by male attendants under a trained female nurse.

"487. Nursing in Poor Law Institutions.—Nursing reform has made great advances in the poor-law infirmaries as well as elsewhere. The employment of unskilled pauper nurses, which used to be the rule, has now become a rare exception, though they are sometimes to be found in the sick wards of the workhouses where a large proportion of the less severe cases are still retained. Many of the infirmary nurses have gone through a regular hospital training. About one-half of the matrons, however, even now are women who are not regularly trained nurses; the appointments are made by the guardians at their own discretion; * but it appears that of late a trained woman has always been selected.

" 488, Complaint is made that the matrons are placed too much under the control of the medical superintendent, who has power to interfere in the nursing arrangements at all points. By courtesy and goodwill, it is said, the system has worked tolerably well; but it is urged that it is a wrong system, and is likely to lead to serious conflict between the infirmary authorities. This view was pressed by the Workhouse Nursing Association upon the Local Government Board, which, however, was unwilling to take the ultimate control out of the hands of the superintendent, though it was admitted that the matron ought rarely to be interfered with in the management of her own department. Dr. Bridges thought the existing arrangement satisfactory, provided there was an ordinary amount of tact on both sides, and the superintendents of some of the infirmaries spoke in favour of it.

"489. High testimony was paid to the efficiency of the nursing staff in some of the new infirmaries. Dr. Bridges, the medical inspector of the Local Government Board, estimated

All appointments are subject to the sanction of the Local Government Board, but it seems that no general order has been issued respecting the qualifications of a matron (22643, 22650, 22658).

that about one-fifth of the nurses now employed are hospital trained. A portion of the Hopkins, 24472-3, 24475-8. staff at some infirmaries certainly appears to be deficient in this respect; but it seems usual at some infirmaries to require that every nurse should have had a certain amount of Bousdeld, 1294-5.

Twining, 22630-63. training in a hospital. Some of the infirmaries train their own nurses, and it was hoped that this system would be further extended, so that large numbers of infirmary-trained nurses might be sent out for general service.

"490. The medical superintendent of one infirmary had hope of being allowed to take Gross, 23487-9, 23511-2. probationers; but he thought the guardians had a sort of sentimental objection to the infirmary being a means of teaching anything.

"491. The number employed is very much less in proportion to the number of patients than is the case in the hospitals. The whole number of nurses in the infirmaries was stated to be 888; * in the Marylebone infirmary there were 66 nurses among 700 beds. Regard being had, however, to the chronic character of the cases, it does not appear to be thought that the infirmaries are seriously under-nursed; and it was said that the nurses were less overworked than those in the hospitals, that their health was good, and that they were generally content with their position and treatment. The hours and matters of routine appear to be generally similar to those in other hospitals. A nurse leaving after 24199-211, 24439-48, 24690-2. a year's service receives a testimonial as to her capabilities.

Bridges, 23258-63. Twining,22665-72, 22719, 22746-52, 22791. Lunn, 23198, 23829-44. Hopkins, 24419, 24432.

"492. The wages of infirmary nurses rise to 30 l.; there appears to be no difficulty in Twining, 2000-701. Gross, 2010-1. getting a sufficient supply of them, or at least of good probationers.

"493. Nurses trained in the large hospitals are apt, it is said, to find the infirmaries Hopkins, 24424-6. dull; and therefore there is some difficulty in getting and keeping the best class of nurses; this is considered an additional reason for the infirmaries training their own probationers.

"494. A witness spoke of the advantage which would be derived, especially in the Twining, 22788 90. nursing department, by the employment of a lady inspector to visit the infirmaries.

"495. The Marylebone infirmary trains its own probationers under the Nightingale Lamn, 23800-5, 23800-4, 23908-9. committee, by whom they are paid for the first year, after which they are taken on to the infirmary staff, and received a certificate at the end of three vears. They are said to be as well trained there as at a hospital. This is the only infirmary in London † which has Hopkins, 24403-6. a separate home for nurses; but the need of such an institution is elsewhere felt.

"496. At the Paddington infirmary the assistant nurses are taken untrained, and get Saville, 24191-8. their training in the infirmary, but there seems to be no regular training system like that which exists at Marylebone.

"497. At one infirmary it was said that the accommodation for the nurses was very Hopkins, 24434-8, 24439, 24443-53, bad, and it would seem that the food there is hardly sufficient, though complaint was not made on this score.

"498. In the sick wards of the workhouses the nursing is of an altogether inferior Workhouse sick wards character. Neither the matron nor the nurses are hospital trained; the numbers are said to be insufficient, and paupers are to a great extent employed as nurses. At Bethnal Green, where there is no separate infirmary, and where at times there are nearly 600 sick in the workhouse, there appears to be a regular staff of less than 20 nurses, some of whom are 65 years of age, and these are supplemented, when the sick wards are full, by as many as 80 paupers employed as nurses. The opinion was expressed that all the nurses employed in the sick wards ought to be trained.

Knox, 24073-94, 24152-3, 24160-9; Howard, 24741-6. Saville, 24225-41.

"499. At the fever hospitals, under the Metropolitan Asylum Board, the nursing is on Asylum Board Hospitals. a somewhat different footing, owing to the great fluctuations from time to time in the Mann, 24570-7, 24519-42.

M'Combie, 25467-54, 25404-6, M'Combie, 25467-54, 25404-6, 25485-94, 25509-13. staff is reduced; and when any infectious illness becomes prevalent the wards fill up, and it becomes necessary to engage a number of additional nurses. Under these circumstances the committees have to take the best material they can get, and they do not as a rule get trained nurses. The matrons are for the most part, all those recently appointed are, women who have been trained as nurses. There is sometimes considerable difficulty in getting nurses; they are naturally more liable to illness, but the pay is rather better than in ordinary hospitals.

MEDICAL SCHOOLS.

"500. The medical schools, with the exception of those at University and King's Connection of schools with Colleges, and at Charing Cross, did not originally belong to the hospitals to which they have become attached, but were, until a comparatively recent period, private and independent institutions, only the clinical teaching being conducted in the hospitals. The eleven

In 1886 the total number was 111 (23398).

[†] In Liverpool and some other towns nurses are systematically trained at the poor law hospitals.

Allehin, 15821. Steele, 407.

eleven schools now existing are, however, completely identified with their respective hospitals; and it is one of the complaints of those who find fault with the present hospital system that the hospitals have become mere adjuncts to the schools, plunging into all kinds of extravagance for the sake of their students and for the advancement of science, when they ought to be strictly devoting themselves to the relief of the suffering poor, and to no other object. But the question of the economy of hospital administration has elsewhere been touched upon; † and the proposals for reform in connection with the schools will have to be noticed later.

Number of students. Brodhurst, 3991.

9017, 10170-5, 10586, 11164-5, 12350, 12004, 14203-6, 14744-6, 15309-11, 16042, 19029-32.

Woods, 1653-6.

13158.

Expense of schools and payment of teachers.

Mackenzie, 9028-31.

Moore, 10657-67, 10736-48.

Ord, 11173-83.

Perry, 10184-208. Steele, 411-6.

Gould, 13097-103, 14844-5.

Boyd, 14210-26.

Page, 14747-57, 14776-87.

"501. The total number of students on the books of the several hospitals appears to be over 3.000 (between 2,000 and 3,000 according to one witness); the London Hospital having 460; Guy's about 500 (164 new entries in 1890, of whom 101 entered for the full course); St. Bartholomew's about 500; St. Thomas's nearly 400; St. George's 140; Middlesex from 250 to 300 (127 new entries in 1890, 55 being general students); Charing Cross 228 (31 new general students in 1890 out of 82 entries); St. Mary's about 300; Westminster 100; University College 309; King's College 205. The numbers on the whole appear to be on the increase, subject to fluctuations from year to year; at St. Mary's the number has more than doubled in five or six years. The total numbers entering for the full curriculum during several recent years were given as follows:587 in 1884, 647 in 1885, 623 in 1886, 683 in 1887, 688 in 1888, 620 in 1889.‡ The entrance fees for full students vary from 125 guineas down to 90 guineas. A student cannot enter before he is 16 years old; the majority are from 18 to 22 when they enter; some are older.

"502. Evidence was given respecting the expenses of the schools and the mode in which the professors and teachers are paid. Speaking generally, the remuneration of the teaching staff is certainly not high.

"503. At the London Hospital the gross income of the school is between 6,000 l. and 7,000 l., and about 4,600 l. were divisible in one year among the teaching staff.

"504. At St. Bartholomew's the fees amounted in 1890 to 14,000 L, of which the school expenses (including certain small payments to assistant teachers, and all the working expenses) absorbed 4,000 L. Both the lecturers and the clinical teachers are paid, the payment being allotted partly in relation to the amount of work done, and partly in relation to seniority. The general fee usually paid by the student represents separate fees for all the several lecturers, and each lecturer receives a proportionate sum out of the general fees paid by the students actually attending his class, a proper deduction being made in aid of the amount required for meeting the general expenses of the school; 700%, was mentioned as about the maximum amount paid to any one teacher.

"505. At St. Thomas's two-thirds of the net income of the school (after payment of the expenses) goes to the lecturers, and one-third to those who teach in the wards. The amount allotted to each class is divided into a number of shares, and the payments received by the individual teachers vary from one share to six or eight. The total amount actually falling to any one man varies from 40% to about 240%, including remuneration both for lectures and 'practice.' The expenses in 1890 were about 3,000 L out of 8,500 L, but included certain minor salaries to teachers who had no

"506. At Guy's the income of the school is about 11,000 l., and the expenses are 3,000 L; the remainder is divided into so many shares and distributed.

"507. The receipts at St. George's are about 4,500 l., and the expenses about 2,000 l. Some of the teachers are paid by fixed salary, and the rest is divided, according to a fixed per-centage, among the holders of the senior lectureships and the clinical teachers. It was thought that no one took more than 100 l.

"508. At the Middlesex Hospital the fees have of late been 5,000 /. and the expenses 2,000 l. The surplus is divided into 600 shares, of which 360 are distributed among the lecturers, and 240 go to the three senior surgeons and four senior physicians as clinical fees. A single individual might, it was thought, get 380% altogether for lecturers' fees and clinical fees. Each lecturer has to provide the materials for his lectures, which in some cases (e.g. chemistry) is a considerable expense.

"509. At the Charing Cross Hospital the gross revenue was 4,070 l., of which onefifth goes to the hospital by way of rent, one-fifth goes for school management, and three-fifths are divisible among the staff and lecturers. The clinical fees are distributed accorded to shares; the school fees are allotted in the same manner as at St. Bartholomew's.

"510. At St. Mary's the income of the school is about 5,500 l; it was thought that a lecturer,

^{*} Students are admitted at some other hospitals; but it is a rule of the General Medical Council that no clinical teaching is recognised in any hospital with less than 160 beds in use (Goodsall, 16973).

† Pages exli, ii, §§ 254, 256.

‡ A witness said that the number of London pupils had rather lessened of late years owing to the advance of the Edinburgh and Cambridge schools (Owen, 12431).

lecturer, if he was also on the medical staff of the hospital, and gave clinical instruction, might get as much as 250L as a maximum. The division is by shares. The expenses come to 3,500L, irrespective of anything paid for teaching purposes, but including about 700 l. given in money or deducted from the fees, for prizes and scholarships.

" 511. The average receipts of the school attached to the Westminster Hospital are Allehin, 15312-26. 1,860 l., and expenses 913 l. The amount available for division is at first apportioned to school fees and clinical fees respectively, and then divided by shares. The maximum sum taken by any one teacher in a year rarely exceeds 100 l.

" 512. At University College and King's College the division appears to be made in HIII, 14046-61. much the same way as at St. Bartholomew's, and the college and the hospital receive, in aid of their own expenses, a certain proportion of the school fees and clinical fees respectively. The maximum payment to any teacher in the college was said to be 400 l. or 500 l. The system is different from that of the other medical schools, inasmuch as the school belongs to the college and not to the hospital, and the college secures its professors and lecturers in the open market, and no preference is necessarily given to members of the hospital staff. The clinical fees at University College Hospital amounted in Nixon, 15753. 1890 to 2,000 L.

"513. Some, but not all, of the hospitals with schools have a residential college for their students, presided over by a dean or warden, who is one of the medical staff of the hospital, and is charged with the immediate superintendence of the students and all matters of discipline connected with the school. The college, however, has not usually accommodation for anything like the full number of students, and most of them lodge At St. Bartholomew's, for example, the college accommodates about 30 students; it is said to be 36 years old, and to be the oldest in London. At Guy's there is accommodation for 52 students, besides the resident medical staff of the hospital; a student there pays from 9s. to 20s. a week for his rooms, and he can board for a guinea a week, or 131. a quarter. At the Middlesex there is accommodation for 30 students.

Residential colleges:

" 514. St. George's has no residential college, nor has St. Thomas's, or the Westminster, 12464, 11200, 15344, 14250 3142. or Charing Cross, or the London.

"515. There appears to be a considerable demand for the limited accommodation in Waterlow, 2892; Currie, 3143-5. the residential colleges, and some witnesses had a high opinion of their advantages on account of the better control which they gave over the students. The dean of the Middlesex Hospital School, however, did not think the experience of them in London Gonald, 1880. had been very favourable; and at St. Mary's it was said not to be very popular, on the ground, apparently, of expense.

Page, 14767.

"516. Another institution, commonly associated with the medical school, is a club or recreation room where the students can obtain meals and refreshment, and can meet 8742-4, 9939-41, 10142, 10212-4, socially; a system said to be a great benefit to them, and (according to one witness) more 11201-12, 12403-3, 13179-42, 10213, 13245. popular than the boarding system at the college.

Students' clubs.

10649-52, 14055.

"517. Many of the deans of medical schools, and other witnesses from the hospitals, expressed themselves, for the most part, as well satisfied in this respect. Serious offences inside the hospital itself appear to be almost unknown. The affairs of the school come generally before the medical committee, subject, of course, to the control of the executive authority of the hospital. At Guy's any serious offence committed by a student would be brought under the notice of the medical superintendent, and be finally dealt with by the treasurer; but the superintendent is not concerned with the conduct of students living outside; and he said that it had never, in all his experience, been necessary to expel or rusticate a student. The dean of the medical school at Guy's thought that the superintendent had not made sufficiently clear the distinction between the maintenance of discipline in the medical school and in the wards; in the medical school the dean considered himself responsible, under the medical council, for the maintenance of discipline, but a student could only be actually dismissed by the treasurer. At St. Bartholomew's there is a discipline committee, which is a sub- Clarke, 2003-8; Moore, 10598, committee of the medical committee, and to which the students are amenable for their conduct, whether within the hospital or outside; in a case calling for extreme measures the discipline committee would report to the committee of the school (consisting of the medical officers of the hospital and the lecturers), which has power of dismissal. At the Buxton, 8684-9, 8702-6. London Hospital there is a college board composed half of medical men and half of laymen, and two members of the board are appointed every week as visitors, to whom all questions are referred between the meetings of the board. The board has full control over the students. St. Mary's has a similar body called the school committee; and at Page, 14758-00 the Middlesex there is a small committee consisting of three lecturers, the secretary, and Gould, 14346. the dean, which meets once a month.

Discipline of students.

" 518. At King's College reports of the students are sent three times a year to their Carnow, 1903s. parents.

(93.)" 519. A student au 4

Clerks and dressers. 258-60, 1973, 10635, 11231, 18981.

Brodhurst, 3994-4600, 4155-76, 4291-4. Curnow, 18981.

Midwifery practice of students,

261-6, 828-34, 2424-8, 9215-21, 10035-41, 10082-6, 10063-9, 12003-6, 12150-2, 12057-70, 12085-91, 14862-8, 15117-9, 15641-2, 15967, 18975-7.

Farmer, 3257-40, 3550-63, 3566-9. Bhahba, 3960; Nixon, 9217; Todd, 12666; Fardon, 13059; Barlow, 13878-9.

Connection of hospital with former students. 298, 460, 11253-4, 14186-7, 14315, 15288, 16926-8, 19014-5.

Students at special hospitals. 2238-41, 2346-51, 13764, 16094, 19600, 19042-3, 19062-3, 20080-2, 21097, 21693, 20549, 23676-6.

Training of Female students. Anderson, 16453-72, 16488-96.

Anderson, 16427-500.

Proposed reforms of medical

Proposed medical university. Clarke, 2002;

Clarke, 2002; Currie, 2884-7, 2008-101; Browne, 4684; Brodherst, 3991; Woods, 1647-38, 1665-77; Bredhust, 4063-81, 4107-14, 4183-78; Toda, 2239-40; Mackenzie, 2394-406; "519. A student during part of his training, after he has passed his examination in anatomy and physiology, is attached to one of the physicians or surgeons of the hospital as a clerk or dresser. During this portion of the curriculum he gains practical experience by attending his teacher in the examination and treatment of his cases. It was said, however (though some of the evidence appears to contradict this), that some students went through their whole course and became qualified practitioners without ever having been dressers or clerks, and without, in fact, any practical knowledge of their profession. Some regret was felt at the discontinuance of the old apprenticeship system, which it was thought sent a young man out into the world as a doctor better qualified to treat the sick than he generally is now when he begins to practise on his own account.

"520. Midwifery cases are not taken in the general hospitals, and students learn this branch of their business by attending poor women within a certain radius of the hospital. At some hospitals the students, during this portion of their training, are called extern clerks. From Guy's, nearly 3,000 confinements are annually attended by students, who are regularly superintended by two medical men appointed for the purpose. As there are not more than six or eight extern clerks at a time, the work in this department is sometimes very hard. Considered as a charity, the system appears to be worked in a somewhat indiscriminate way; but it was explained that this work was undertaken more for the sake of the students than of the women. In any case of difficulty it is the duty of the student to send at once for the doctor in charge.

"521. It was objected that this midwifery practice of the students was very defective medically (from the inexperience of the students), and from the point of view of charity was much abused; and it was alleged (but denied) that a small crowd of students would go together to a single case, and that a student would be allowed to attend his first case without any more experienced person being present.

"522. Several witnesses mentioned that a very large connection was kept up between a hospital and its old students who had gone out into private practice; cases being often sent up by them for consultation or special treatment, a practice beneficial both to the practitioner and to the hospital, as well as to the patient.

"523. Though only 11 of the general hospitals have regular schools, some others and also several of the leading special hospitals admit students to see their practice, and regular clinical instruction is sometimes given, both to actual students and to those who have just qualified. But some witnesses thought that much more use might be made of the special hospitals for purposes of instruction.

"524. Besides the 11 schools for male students, there is a medical school for women (the only one in England) in Handel-street, which does not belong to any hospital, but the students receive their clinical instruction in the Royal Free Hospital. The entrance fee is 110 l., of which 70 l. goes to the school, and 40 l. to the hospital. Thirty-four students entered in 1890, the largest number on record. Women have the disadvantage that they are excluded from the qualifying examinations of the Colleges of Physicians and Surgeons, so that a larger proportion of them than of mengo in for the more difficult examinations of the London University and the Royal University of Ireland. The female students have some difficulty at present in getting midwifery practice, as no arrangement has been made for it in connection with the hospital.

" 525. At the new Hospital for Women in the Euston-road the medical staff is entirely female, and use is made of this hospital for giving practical work to young female practitioners.

"526. A great number of suggestions were made with a view to a reform of the medical schools. It was alleged against them that they had not originally belonged, and ought not belong, to the hospitals, and that they absorbed charitable funds intended for the relief of the poor; these objections have already been referred to. It was also asserted that they were too numerous and too small, that there was, in consequence, a great deal of waste in teaching power; that it was impossible adequately to remunerate the instructors, and impossible to obtain the services of the very best professors. The remedy proposed by one set of witnesses was the establishment of a great college or university for all the medical students in London. Others thought that a single institution would be unmanageable, but that there ought to be a limited number of colleges separate from the hospitals. The extent to which any such system could take the place of the present schools was the subject of some differences of opinion; some witnesses would separate everything, except the clinical teaching, from the hospitals; but the majority of medical men were convinced that only a certain portion of the more general subjects could be taught at a separate educational establishment.

"527. Some witnesses were of opinion that the establishment of a medical university was much needed, in the interests both of discipline and of good instruction. It was argued that the teaching of anatomy, physiology, chemistry, and other subjects, ought to

* Over 2,000 each at the London and St. Thomas's.

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be in the hands of men who had made these subjects their constant study, and not of medical men attached to a hospital, who merely took them up for the purpose of lecturing to their pupils. Such a class of professors could, it was urged, only be found in a university or an educational establishment of great and general importance; and, if all the students brought their fees to a single institution of this kind, it would be possible to find adequate remuneration for the teachers, The medical teaching at Vienna was, by one witness, held up as a model of all that teaching should be.

" 528. On the other hand, the separation of medical teaching from the men actually engaged in medical practice was deprecated as being likely to give the student a scientific and theoretical rather than a practical knowledge of his profession. This was the view of several medical witnesses.

Separation of theoretical from practical teaching deprecated.

Clarko, 2086, 2110-1; Perry, 10181; Gould, 13114-7; Boyd, 14235-8.

" 529. Other witnesses, who were opposed to any interference with the larger of the existing medical schools, thought it would be a good thing if some of the smaller ones could be amalgamated, or if there were some central schools where their students could be instructed in the scientific or non-professional subjects. Amalgamation was also advocated on the ground that it would widen the field of clinical teaching.

Suggested partial amalgamation of smaller

Clarke, 2084; Perry, 10180-2; Ord, 11139; Allehin, 15328; Curnow, 190-6; Talt, 22378, Bousfield, 1503-4.

"530. On the other hand, it was pointed out that a hospital was not obliged to provide HIII,18088. a complete course of instruction in all subjects; but that the students at one hospital could go to another for any particular branch of study.

Drowne, 4684-6, Brodhurst, 4050, 4090, 4209-13; Thomson, 4462.

"531. It was thought that the reform of the schools could not be carried out without Need of compulsory powers. out some greater powers than now exist, in consequence of the vested interests involved in the continuance of the existing system. An Act of Parliament would, it was thought, be required; and the bodies to be brought together for the formation of the proposed university or central school would be the University of London and the Colleges of Physicians and Surgeons.

Proposed medical faculty. Penwick, 7672; Gould, 13167-74; Willcocks, 14326-20; Allehin, 15333.

"532. Another suggestion was that the University of London ought itself to become a teaching university; and a scheme for that purpose, and for the foundation of a medical faculty which should have a general supervision of medical education, has already seen the light.

> Efficiency of present system.

Buxton, 8720-3, 8740-1; Mackenzie, 9034-40; Moore, 10398-609; Ord, 11195-6, 11212; Clutton, 12336-8; Willcocks, 14331-6; Goubi, 13105-8.

Clark, 9704-5,

"533. The treasurer of the London Hospital urged the great advantage of competition, and thought that nothing could work better than the present system; and other witnesses spoke highly of its merits, and deprecated a change.

"534. Sir Andrew Clark's opinion was that the medical education in London was about the most practical education given anywhere in the world; but he thought it would be improved if the schools would unite together and have two or three great centres for the teaching of the general subjects, physiology, chemistry, natural history, pathology, and the like, which it was impossible for the smaller schools adequately to teach.

> Proposal to withdraw from hospitals the teaching of some general subjects.

Mackenrie, 9653; Perry, 10180-2, 10211; Meore, 10610-2; Ord, 11185-61, 11187-03, 11213-4; Clutton, 1294-68; Whipham, 12963-70; Owen, 12468-75, 12480-8; Fardon, 12074-6; Barnes, 13819-23; Boyd, 14228-33; Page, 14761-2; Dent, 15448-9; Bary, 10625-7; Talt, 22238-60.

"535. This view, that one or more central colleges would be useful for teaching some of the general subjects—the "pre-professional" subjects as they were termed by one witness-to the students either of all the existing schools, or, at all events, of the smaller ones, was held by a good many other witnesses; but it was not always agreed which were the particular subjects to which this reform should apply. Pathology, for instance, was mentioned as a subject which could best be taught, as it is now, in direct relation to the sick. Chemistry, it was thought, could be taught at the schools before the student began his medical course of study. One witness thought that anatomy and physiology could best be taught at the hospitals; but that chemistry and botany might be taught at a school. And several witnesses thought that there was no need to set up a central university or schools for the teaching of those subjects which could be taught away from the hospitals, but that they could equally well be taught at existing schools and colleges all over the country.

Page, 14768-70; Allehin, 15329-32.

"536. The deans of the medical schools at the Middlesex and Charing Cross Hospitals Goods, 14242-0, 14252; thought that, at the preliminary examination for admission as medical students, the candidates should be required to pass in such subjects as chemistry, physics, and biology (but not anatomy or physiology, because those subjects cannot be taught by lectures

"537. A doubt was, however, expressed whether any of these preliminary or general HIR, 10002-84. subjects would be as well taught outside the hospital. It was feared that there would not be the same interest in the teaching, and that the student would acquire a routine and useless knowledge.

"538. But little evidence was taken upon the subject of the examinations of students; Standard of examinations. the opinion was expressed that the qualifying standard needed to be raised, and made Boyd, 14254-82.

uniform; but it was not seen how this could be effected unless a central examining board were set up. "539. Complaints were made of the difficulty of obtaining bodies for dissection. It was Difficulty of obtaining

Gould, 14848-51. Allchin, 18349-50; Andersou, 15502.

suggested that it should be made compulsory on the workhouse authorities to send the subjects for dissection. bodies of unclaimed paupers to the hospitals for this purpose.

Want of access to infectious

720, 758-62, 893, 894-7, 1595-7, 1753-5, 2385, 2862-5, 2487-8, 4354-7, 7688-9, 9157-9, 1777, 14852, 16086-9, 16475, 21693, 22387-93, 25575.

"540. The great need of access for students to infectious cases, for the purpose of study, was a matter which was thought to require urgent attention. Until quite recently the medical training available seems to have been almost entirely deficient in this respect. The recent opening of the fever hospitals for this purpose will, it is hoped, remove this defect.

"541. The question of opening the poor-law infirmaries and dispensaries to students is elsewhere referred to." (See pp. cxxxix, clxi.)

"HOSPITAL SUNDAY FUND.

Waterlow, 2748.

"542. The Hospital Sunday Fund was originated in 1873; the amount then collected was 27,000%. The fund has increased yearly. In 1889 it reached 41,700%. A collection is made in nearly every chapel and church of every denomination on a certain Sunday in June. In 1889, 1,655 collections were made. The money collected is sent to the Mansion House, and is distributed by the Council of the Sunday Fund, being apportioned on the "needs and merits" of each institution. The fund prepares a form into which all accounts have to be analysed; and if information is deficient, more clear information is required, or a special form of accounts has to be filled up.

"543. They try to arrive at the sum required by the hospital from the public, and this is called "needs." The expenditure is divided under two heads, maintenance and management; maintenance includes all that is necessary for the care and treatment of the patient, including nurses' salaries and annual cleaning. Under management come expenditure in administration, salaries of secretaries, collectors, printing, advertising. Then as the management is extravagant, compared with the maintenance, so is the "merit" estimated.

"544. In some cases secretaries are called for explanations. After explanations, it sometimes occurs that the contribution is refused; four were refused in 1889. Five others did not send their officials to attend and confer with the authorities of the fund. The witness thought that the influence of the Sunday Fund had been usefully exercised to discourage the increase of special hospitals, though no direct steps had been taken with this end in view. To maintain the 1,800 unoccupied beds, he estimated 50,000 l. to 55,000 l. was required.

"545. A hospital established for three years may get on the Hospital Sunday Fund.

Hardy, 1093.

"HOSPITAL SATURDAY FUND.

Acland, 22846.

"546. The Hospital Saturday Fund differs from the Hospital Sunday Fund in that the collections for the latter are made once a year in all churches and places of worship, the clergy advocating its claims from their pulpits. The Saturday Fund attempts to collect small sums from working men weekly, for which purpose collecting sheets are distributed quarterly, ruled for a weekly collection. Where this weekly collection is impracticable, an attempt is made to introduce an annual collection.

22806.

"547. The Saturday Fund was started in 1874 to interest the working class in hospitals, and to get contributions from that class to aid them. It is a working man's fund. It is incorporated under the Companies' Acts as an association not for profit. In 1874 the street collection was 258 l., and the shop collection about 5,000 l.; in 1890, 5,096 l. was collected in the streets; and 15,237 l. in the workshops and similar places. The witness thought that the street collection had about reached its limit, but that the workshop collection had infinite capacity for extending. The largest subscriptions came from the printers, and a small amount is received from clubs.

22812.

"548. The fund is governed by a board of delegates elected in the workships, which is supreme. There are four committees, including a surgical appliance committee elected by the board, each committee consisting of 12 members; and there is, besides, an executive committee composed of the representatives of the other committees and the honorary officers of the fund. The witness thought there were seven or eight actual working men on the executive committee. There are also local committees composed of persons interested in the work of the fund, but not necessarily members of the board of delegates, which are principally engaged in organising the street collection. The committee work is done in the evenings to enable the working men to attend. In 1890 there were 4,301 subscribing firms. No award is made to any institution which is not governed by a committee. The funds are distributed thus: the whole amount to be distributed is divided into three parts, the first, composed of three-fifths of the whole, is set aside and distributed in proportion to the relief afforded by the different institutions; and the other two parts, each consisting of one-fifth of the whole, are distributed in proportion to the economy and efficiency shown by the different institutions. The fund receives letters of recommendation in proportion to grants, sometimes

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on the same scale as ordinary subscribers, sometimes on a special scale. The letters are distributed through the collectors in the workshops.

" 549. No commission is paid, but considerable salaries are paid. The main aim of the fund is to collect small weekly subscriptions from the classes who cannot give considerable sums at one time.

22824

- " 550. The evidence having been summarised in the preceding pages of the Report, it only remains for your Committee to draw their conclusions and to make certain recommendations, taking the subjects in the order in which they occur in the précis.
- "551. Your Committee observe that only when the endowed hospitals wish to interfere with their estates, or to alter the conditions on which they administer charity, can the Charity Commissioners effectually intervene. The practice is that the endowed hospitals usually send their accounts annually to the Charity Commissioners; but the action of the Commissioners is limited to receiving these accounts, and your Committee consider that it is anomalous that the Commissioners receiving these accounts should have no power of audit, interference, or control over the expenditure; and they recommend that the Charity Commissioners' power should be increased in this direction.
- "552. For the building of St. Thomas's Hospital the authorities had to borrow 100,000 L at the rate of 4 per cent., which was afterwards reduced to 3 per cent. St. Thomas's Hospital has 27,000 L invested with the Charity Commissioners, and your Committee considered that the Charity Commissioners would have acted more wisely had they caused the Charity to borrow its own money.
- "553. In the case of the three endowed hospitals, your Committee are of opinion that the system of administration does not compare favourably with that employed at the other general hospitals. In all cases it throws too much power and responsibility into the hands of one individual, the treasurer; though in this respect St. Thomas's Hospital is more modern in its management than the other two. Your Committee especially remarked upon the circumstances set forth on page 5 of this Report, which show from a very unhealthy state, to such an extent that 23 nurses and three ward maids were attacked with diphtheria. And proceeding further with Dr. Thorne's Report, a copy of which appears in the evidence, your Committee consider that had there been a large cammittee of men alive to the responsibilities of their office such a disgraceful state of things would not have been allowed to supervene. It appears in the evidence that there is an official on the staff called the surveyor, in receipt of a salary, but during the three years that he had been in office he had never been called upon to make a thorough examination of the drainage of the hospital; and though a report was called for, it was not a thorough report, the excuse being given that it had to be ready by a certain date, and that there was not time to make it as thorough as it ought to have been. Your Committee observe that St. Bartholomew's is independent of annual subscriptions, and the saving amounts at present to somewhere about 7,000 l. per annum. This lapse of vigilance in regard to their drains is, in the opinion of your Committee, the more inexcusable, owing to the affluent circumstances of this great Charity.
- "554. Your Committee would suggest that in all these endowed hospitals the government of each should be carried on by a system of weekly boards and sub-committees; care being taken that a sufficient number of members are appointed to insure a suitable numerical attendance at each meeting.
- "555. As regards St. Thomas's and Guy's, your Committee greatly regret to remark that owing to the want of funds occasioned by fall of values for the most part in agricultural rents, a certain number of beds are obliged to be kept vacant in each hospital, while others are let to paying patients, thereby failing to fulfil the provisions of the founders of these hospitals, whose intentions appear to have been that they should have been carried on for the sick poor exclusively.

" Remaining Eight General Hospitals with Schools.

- "556. In regard to the eight general hospitals with schools, your Committee recognise them, in conjunction with the three endowed hospitals, as being the 11 great and most important of the voluntary institutions which relieve in a great proportion the requirements of the sick poor.
- "557. The sources of income of the endowed hospitals, and their requirements, are already noted in the foregoing pages of the Report.
- "558. These eight hospitals, as is already shown, depend entirely for their support upon voluntary contributions, excepting here and there some small endowment.
- "559. Their systems of management, which are shown greatly to resemble one another, your Committee consider to be good; and your Committee are much interested to note the enormous amount of work which appears to be well done by the unpaid boards of managers; and, so far as the Committee are able to judge, they appear to exercise great care in the appointment of their medical as well as of their administrative officers.

(93.) b b 2 " 560. Your

- "560. Your Committee desire to remark as to the personal nursing dispute appearing in the evidence on the London Hospital. Your Committee are of opinion that the difficulties alluded to would have been avoided had the executive in charge of the hospital at that time not allowed their authority to lapse into the hands of salaried individuals. In justice, however, to the London Hospital, your Committee wish to add that there is little doubt but that the London Hospital is an admirable Hospital, doing work in a part of London where it confers inestimable benefits upon a very large and a very poor population. They, therefore, think it is deserving of the greatest measure of charitable support.
- "561. Your Committee recognise the advisability, under present circumstances, of maintaining the individuality of these general hospitals, and they consider that the generous rivalry, promoted by the individuality, tends to administrative and medical excellence.

" Out-patients and Dispensaries.

- "562. Your Committee received much information pro and con out-patients. On the one hand were set forth the advantages of large out-patient departments for teaching purposes, and for the relief of the poor, as they are open at all times day and night; and the great advantage they might be as centres for consultative purposes. On the other hand it was urged that unlimited medical relief was the first step towards pauperising large masses of individuals. It was urged by these witnesses that every one should belong to a provident association, and those who had not the means to belong to a provident association could obtain relief from the institutions provided by the Poor Law.
- "563. It was suggested that it might be advisable to map out London into districts; and that an individual leaving one district would therefore leave the provident medical association of such district, and would easily attach himself to the provident medical association of the district of which he was to become an inhabitant. But your Committee, agreeing that such a state of things would be highly desirable if it were practicable, do not see that in London, with its heterogenous and migratory population, such an organisation would be possible under the existing circumstances of free charities.
- "564. It is considered by your Committee that by the abolition of the out-patient departments medical education would be the loser, and further, that by the sending about of the sick from place to place there would be a great possibility of physical injury to the suffering, and that on the whole it must be left to the authority of the hospitals themselves to arrange the organisation of the out-patient department, with the view of rapidly attending to the requirements of the public, of insuring as far as they can that the charities shall not be abused, and in fact to properly carry on the charitable work for which object the voluntary contributions are bestowed.
- "565. Your Committee incline to the opinion that the charities are not abused, nor do they think that it was by any means proved that patients are carelessly treated, or wrong treatment administered by students instead of thoroughly qualified medical practitioners.
- "566. On reviewing the evidence as to the different systems pursued by the different great general hospitals, your Committee think that, on the whole, the system which obtains at St. Thomas's Hospital is perhaps the most convenient and methodical.
- "567. Your Committee would impress upon the managers of general hospitals that inquiries should be made, where experienced officials think there is cause for suspicion, so that the patient should establish a *primâ facie* case for charitable relief.
- "568. Your Committee are by no means convinced that where a special inquiry officer is employed his services are adequate to the requirements, nor does the hospital get the value of the cost he would incur; but they would recommend the authorities to work in as much as possible with the Charity Organisation Society and other institutions for the suppression of mendicity.
- "569. It was not always easy to obtain from witnesses the exact amount of the work of an out-patient department, because the return of new cases only showed about a third of the work done; and it was generally agreed that each patient attended on the average about three times; in this respect the returns given by some hospitals were not reliable. Your Committee, without attaching much importance to the statements as to the reduction of fees of practitioners among the poor by the free work of the hospitals, admit that it is obvious that the competition of the charities would tend to reduce them.
- "570. Medical practitioners should be encouraged as much as possible to take advantage of the out-patient departments as centres for consultative purposes, and, from the evidence of many hospital witnesses and others, this is already done to a certain extent.
- "These latter remarks apply substantially to free and other dispensaries; in the case of dispensaries, the patient should be left in the hands of the medical practitioner, and not necessarily taken into the hospital.

" Distribution of Hospitals.

- "571. Your Committee mark with regret that on the south side of the Thames there is very little hospital accommodation compared with that on the north side.
- "572. St. Thomas's Hospital and Guy's Hospital, already shown to be obliged to close many of their beds to the sick poor, are the only large general hospitals south of the Thames.
- "573. One witness from the south side described the medical relief as lamentably deficient; at the same time it was stated that Lambeth Infirmary was full. Looking to the north side of the Thames, especially in the region of Soho, there is great congestion of hospital accommodation; and your Committee note the statement of one witness of the fact that within one mile of the Middlesex Hospital (Berners-street, Oxford-street), there are over 2,050 hospital beds, as well as 13 dispensaries of various kinds; in fact, that by far the greater proportion of charitable medical relief is on an area of two square miles.
- "574. In addition to this local accommodation for the sick, there is the Marylebone Infirmary, at Notting Hill, where there is accommodation for 650 patients; Paddington Infirmary, 180 beds; and Central London Sick Asylum, 264.
- "575. An idea was put forward for the possible removal of certain hospitals from places where they are not so much required to those localities where the accommodation is deficient. Your Committee cannot regard them as practical, but they would strongly advise that more hospital accommodation is required south of the Thames, and were it possible to find the site, and were philanthropic endeavours to be made for further accommodation for the sick in London, a large General Hospital, say in Camberwell, would no doubt be of extreme value to that crowded district.
- "576. Your Committee do not lose sight of the tendency of individuals to favour some particular hospital, and many instances were given of patients passing four or five hospitals, while on their way from their homes to a particular hospital in which they had confidence. Though your Committee cannot doubt that this is a fact, and that possibly this migratory disposition would not be checked by the building of a large general hospital in Camberwell, they nevertheless strongly adhere to their expressed opinion that more hospital accommodation is necessary.

" Education.

- "577. Your Committee had before them all the Deans of the medical schools, in addition to hearing the opinions from some of the acknowledged heads of the profession, many witnesses put forward views in favour and against central colleges for the teaching of some pre-professional subjects. Your Committee consider it well worthy of consideration whether a useful purpose would not be served by the medical schools in London affiliating themselves to a teaching university or organisation, after the nature of colleges in a university, with the view to the securing first-rate lecturers for the pre-professional subjects which are taught in classes as opposed to clinical instruction.
- "578. As the number of medical students appears annually to be increasing this requirement is becoming more urgent.
- "579. Your Committee observe that a very useful field for medical instruction is at present closed to medical students, namely, the Poor-law infirmaries. It was the opinion of nearly every witness that these infirmaries could be usefully opened for instruction.
- "580. In this your Committee heartily concur. In addition to the large field for instruction they agree with the opinions expressed that the presence of students is to the practitioners stimulating in its effect, and in a certain sense critical; and from the evidence they have received they are convinced that where a system of classes of students is carried out under proper regulations the poor have no objection to numbers (including the practitioners and the students) surrounding their bed-sides.
- "581. Your Committee cannot point to more than three hospitals where female clinical clerks are employed. The Hospital for Children, in Great Ormond-street, Royal Free, and New Hospital for Women witnesses testify to the ability and address with which their duties were performed; and they suggest that each general hospital should employ a certain number of female clinical clerks. They would also recommend that female students should have the advantage of competing at the qualifying examination at the Royal College of Surgeons and Physicians, from which they are now excluded.

" Special Hospitals.

- "582. The case of special hospitals, and the arguments urged for and against this class of hospitals, are summarised in the preceding pages. Hospitals for certain diseases of patients; for example, for incurables and children, do not appear to your Committee to be open to the strictures made on special hospitals.
- "583. Lock hospitals form a separate subject for consideration. Your Committee think that the nature of the disease and the character of the patients make it desirable that they should be treated in separate buildings, or, at all events, in separate wards from other patients. Your Committee have had their attention particularly directed to the fact that the female patients in these hospitals are in the habit of quitting the hospital in a diseased state on the arrival of a ship at port, or on other opportunities, such as the Derby Day, fairs, &c., for pursuing their avocation. Your Committee recommend that the provisions which prevent a patient leaving a hospital when suffering under an infectious disease should be extended to persons labouring under contagious diseases, and in particular to venereal disease.
- "584. Scientific and educational objection has been made to hospitals on the ground that exclusive attention to a particular disease tends to narrow the mind and to induce a specialist to imagine that all complaints are in some measure connected with the disease to which he has devoted so much attention. Your Committee admit that there is a certain tendency in any special study to dwarf the mind, but any such consequence is practically avoided if the practitioner goes through a sufficient course of general hospital and other general practice before be elects to devote himself as a specialist to a particular disease. It is impossible to prevent the natural consequences of the great competition in London to force men into eminence in respect of their special knowledge and familiarity with particular complaints. After all the evidence presented to them it seems to your Committee that the real hostility, so widely shown by the medical profession to special hospitals, renders it the fact that numerous small hospitals for special diseases have been instituted by medical men for the purposes of their own aggrandisement, and that such a course of action leads to the establishment of hospitals where they are not wanted, to waste of money incident to the creation of badly managed and small institutions, and to the deception of the public by inducing them to subscribe to undertakings alleged to be of public benefit, but which are in reality mere schemes for private emolument, and also useless for teaching purposes.
- "585. Your Committee consider that the charge of abuse is substantiated in regard to some small special hospitals. This class of small special hospitals to which your Committee referred, of which examples appear in the Blue Book already furnished to your Lordships, your Committee do not consider of any real benefit either to the sick or to science; and instituted as they appear to be in incommodious buildings, and under unsanitary conditions, your Committee would deprecate the increase of such institutions.
- "586. To put a stop to this practice, it has been suggested that a Government, or partly official, Hospital Licensing Committee should be formed, and that no hospital could be established without a license from such authority.
- "587. There is one special hospital known as the Royal Hospital for Incurables, at Putney, to which allusion is made in the précis. While in receipt of very large support, having a surplus in 1889 of 16,000 l., the authorities of this hospital appear incapable of effecting reforms, and are extremely resentful of external interference.
- "588. From the evidence, your Committee would strongly recommend reforms in this direction: That a resident medical officer should be appointed with entire control, as in the case of the Poor-law infirmaries; That there should be appointed a ladies' committee, as a large majority of the patients are females; that all nurses should be hospital-trained; that the contracts for food, and stores of all kinds, should be by open tender, and that the general supervision by the body, styling themselves the committee, should be greatly increased; and until these reforms have been made your Committee consider the institution is unworthy of support.

" Co-operation.

"589. Your Committee regret to remark that there does not seem to be any genuine wish for co-operation between the various kinds of medical institutions. They are of opinion that much more might be done than is at present done by the hearty co-operation between the special hospitals and general hospitals, between dispensaries of all kinds and general hospitals, and between general practitioners and general hospitals. It would be an early duty of a central board to devise some scheme to further co-operation.

" Nursing.

- "590. The subject of nursing is treated at length on pages 59 to 69. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. Your Committee consider that an eight-hour working day, exclusive of the time for meals, is sufficient for a hospital nurse. In constructing future hospitals care should be taken that sufficient accommodation for nurses should be provided to allow of the nursing being done in three shifts. They would gladly see a three-shift system in vogue at every general hospital at the present day, but they are well aware that, owing to the limited accommodation, in the older buildings, at any rate, amongst London hospitals, such a policy would be impracticable unless the number of patients is materially reduced, or very extensive alterations in construction carried out.
- "591. They would suggest that every nurse in the large and busy hospitals in London should have at least two days off in the month, and two half-days in the week, and one hour in every day; and that the period of holiday should not be less than three weeks; that not less than one full hour should be allowed for dinner; and while, on the whole, the food of the nurses appears to be good, yet, from the nature of the occupation of nurses, special care ought to be exercised that as well as being sufficient in quantity and in quality it should be served in an appetising manner. To bring about this end your Committee are strongly of opinion that at the nurses' dinner one of the head officials of the hospital should preside.
- " 592. Your Committee note with satisfaction the great preponderance of opinion that the health of nurses in London is good.
- " 593. Where the funds of the hospital permit, pensions should be provided for nurses after service of 15 years, whether by the hospital following the example of the London and Guy's, by joining the National Pension Fund for Nurses, or by the hospital for providing a special pension out of its own funds.
- "594. Nurses in the ward should not have their nursing duties increased by doing housemaid's work, such as scrubbing and dusting, and other menial service. For that purpose, as in the case of most hospitals, the class of servant termed 'ward maids' should be employed. While your Committee recognise that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. Your Committee consider that this is a good practice, so long as it is understood that the wards are not denuded of nurses in order to bring funds into the hospital. For this purpose a separate staff should be employed. They are of opinion that the minimum period after which a nurse can be advertised as thoroughly trained is three years; and considering the large amount of money these nurses can earn for the hospital, your Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, appears to be a fair addition to wages they earn from the hospital.
- "595. In regard to male nurses, who appear to be only used in cases of violent patients, with the exception of two hospitals, every care should be exercised to secure the services, if not of qualified men, of thoroughly reliable individuals.
- "596. Nursing in the Poor-law Infirmaries differ in various institutions. Some train their own nurses. In some a large proportion of nurses are hospital trained; and the Committee regret to find that one half of the matrons are not regularly trained nurses. Your Committee are strongly of opinion that all matrons should be trained nurses, that not only all matrons but that all nurses in a Poor-law Infirmary should be hospital trained nurses; they would recommend that no nursing whatever should be done by paupers. Your Committee remark that there is no separate infirmary at Bethnal Green, and they observe with surprise and regret that there appears to be at this institution a regular staff of less than 20 nurses, some of whom are 65 years of age, and that as many as 80 paupers are employed as nurses.
- "597. Your Committee consider that the number of nurses should be increased throughout the infirmaries, and that infirmaries should train their own nurses. This system already exists at one of the largest infirmaries in the Metropolis.

" British Nursing Association.

"598. Your Committee consider that the arguments in favour of the registration of nurses outweigh those against it, and they recommend that the charter desired by two associations should be granted.

" Poor-law Infirmaries.

" 599. On the whole your Committee are inclined to think that the system of organisation which places the resident superintendent in charge of the whole institution is a good one. "600. Your Committee avail themselves of the suggestion of Miss Twining that lady inspectors for infirmaries, especially as regards the nursing department, would be a welcome addition to the staff of the Local Government Board.

"601. While your Committee are of opinion that the new Poor-law infirmaries established since 1868 are well-managed institutions, they think that further accommodation is required, as it was pointed out that a large number of sick poor have to be maintained in the sick wards of certain workhouses. The medical supervision is less efficient in the workhouse, while the nursing is altogether inferior. Your Committee adopt Dr. Bridge's suggestion that the accommodation in infirmaries should be increased so as to take those sick who are now housed in the workhouses. A notable instance exists in the case of the three unions: the Strand, St. Giles's, and St. James's, which have but a single infirmary between them, the London Central Sick Asylum, containing only 264 beds, while Bethnal Green has no infirmary whatever. Your Committee repeat and accentuate the strong representations that have already been addressed by the Local Government Board to the guardians with a view to increasing their sick accommodation, and, moreover, that if the powers of the Local Government Board are insufficient to this end they should be extended.

"602. The want of accommodation for the sick is notable as regards the Whitechapel district, where a state of things revealed shows at times that the Whitechapel infirmary has 10 per cent. more patients than its proper complement. And your Committee draw the same attention to this fact as they have already sone as regards the unions of Bethnal Green and the Strand.

" Hospital Saturday and Sunday Funds.

"603. While your Committee recognise the value of the exertions of the Hospital Saturday and Sunday Funds, they think they would be more valuable were their investigations more searching.

" 604. Your Committee think the public might subscribe more freely, could they believe that by these organisations they were really protected from those hospitals which it was undesirable to support.

"605. The terms "work done" in the Sunday Fund, and "relief afforded" in the Saturday Fund, appear to be a premium on competition for patients; and also a stimulant to get rid of patients before the cure is complete, with a view to show as large as possible a return of patients in the year.

"606. Your Committee are by no means sure that the street collections by the Hospital Saturday Fund are advisable, for it enables many institutions, which it may be undesirable to support, to start street collections of their own on other days than those appointed by the Hospital Saturday Fund.

" Proposed Central Board.

"607. Various proposals for a Central Board are set out on pages cxlii-v, of this Report. Your Committee do not incline absolutely to any one of these proposals. They are of opinion that, as there is no Government grant, the interference of a Government officer for inspection would be unwise, and they think such interference would tend to check the flow of voluntary contributions, and to some extent would relieve the responsibility of the unpaid Boards of Managers.

"608. Your Committee do not think that such a Central Board should be given any statutory powers as regards the formal licensing of any hospital built, or about to be built. They would recommend that the proposed Central Board should be granted a charter to entitle it to receive endowments, legacies, bequests, and contributions for distribution to medical charities, and in order to meet its own necessary expenses; and might be organised in the following way:—

"The various hospitals and dispensaries of all kinds should be grouped.

"The smaller hospitals should be grouped according to the classes of disease which they treat.

"Each general hospital, with or without school, might be considered a group.

"Each group would send one or more delegates to be members of the Central Board.

"The heads of the great Medical Corporations, e. g., the Royal Colleges of Surgeons and Physicians, the Medical Council, and the Society of Apothecaries, might become members of this Central Board.

"The free and part-pay dispensaries might send one member, and the provident dispensaries also one member.

"A table (marked "A") is attached, suggesting details for the formation of such board.

" The Hospital and Saturday and Sunday Fund might send one member.

" The duties of this board might be of the following nature:-

"(1.) To receive annual reports, statements of accounts, and balance sheets, from all hospitals and dispensaries, together with a return of the total number of in-patients, out-patients, and casualty patients.

"(2.) It

- "(2.) It should require that all accounts be audited by competent chartered accountants.
- "(3.) It should arrange that all medical charities should be visited and reported on periodically.
- " (4.) It should publicly report annually to the London County Council, the principal heads of which report might be as follows:—
 - "(A.) A statement as to the pecuniary position of each medical charity, showing the balances brought forward.
 - "(B.) A statement by a competent authority as to the existing sanitary condition and ventilation of each hospital.
 - "(C.) An account of the number of beds in use, the number of beds unoccupied, and the reasons why they are unoccupied. The average daily number of occupied beds, details as to beds for which payment is made, and the number of resident medical staff, resident officers, nurses, and servants.
 - "(D.) A statement as to the method according to which each hospital deals with its out-patients and casualty departments, and the number of each.
 - "(E.) The proposals for the removal of hospitals and dispensaries to places where further hospital or dispensary accommodation is required, the proposals for the establishment of new hospitals, and all other matters of interest relating to the treatment of the sick poor.
 - "(F.) The nursing at hospitals, and the proceedings of nursing associations in the metropolis.
- "(5.) The proposed board should early turn its attention to the possibility of organising medical charity, as to co-operation of medical charities with one another, and the co-operation of medical charity with general charity.

" TABLE A., referred to in previous page.

"Suggested Grouping of Hospitals for Purposes of Representation on a Metropolitan Council of Supervision.

Group of Hospitals, &c.	Number of Beds.	Number of Representatives.	Total Representatives of Groups.
3 Endowed hospitals	1,912	6	hali subscent
8 General, with schools	2,613	10	
9 General, without schools	837	4	
6 Women, and women and children	926	4	20
4 Consumption	511	2	Comments of
2 Dental		l ĩ	
3 Incurables	and hindred	i	T middingstary
2 Cancer	141	1	Princemoir
4 Paralysis and Epilepsy	240	1	
3 Orthopædic	113	1	Company of
2 Seamen and Accidents	308	1	No demanded in the
5 Ophthalmic	197	1	a or annual parties at
5 Throat and Ear	52	1	PanganghaT
7 . 4 Skin and 3 Fistula, &c	112	1	
1'Lock	208	1	
1 London Fever	180	original and an incise	Property 10
* 23,10h 111	132 249	1	
7 Foreign and pay Free and part-pay dispensaries	249	SHE THE PERSON OF	
Provident dispensaries	and the same	i	
			21
General Medical Council		1	
Royal College of Physicians	mellin is in	1	
Royal College of Surgeons		1	
Society of Apothecaries	2 4 10 20	1	
General Practitioners	marketing and the	1	
University for London		1	
Chairman of Committees on Charities of		-	6
London County Council	O Learning Lang.	ero one po hour	St plant of
Sunday Fund		Contract Con	40 11 11
Saturday Fund		1	1 -
Nursing Association	me dilin is by	1	1
the same of the same of the same to the same of the sa	e from Junes were	TOTAL	50

- "609. While this board would not have any direct or legal power for stopping the building of a new hospital, or altering bad systems of organisation in the existing institutions, your Committee think that the fear of adverse comment in the annual report of the board, or omission from recommendation in that report, would be power enough to cause proper administration in hospitals.
- "610. The authority that the board would wield would be moral suasion backed up by the power of the purse, and your Committee think that the board should assist and work in with the Hospital Saturday and Sunday Funds, and in addition to the caution which is exercised by the administrators of those funds no grant should be made to any institution whose application was not endorsed by the central body.
- "611. There can be little doubt that in times of pecuniary difficulties of any individual hospital or group of hospitals appeals to the public would have greater weight were they supported by a body of responsible men who were conversant with the merits and the means of all the medical charities in London.
- "612. The expenses of this board might be defrayed by levying a small percentage on the gross income of each group of hospitals sending a delegate to the board.
- "613. It has been conclusively proved in the evidence that the general hospitals in London are maintained principally by the legacies they receive, and large donations from unexpected quarters. In most cases the subscriptions from annual subscribers do not suffice to pay the wages of the servants and nurses employed in the service of each hospital, to say nothing of the cost of maintenance and administration. It has been authoritatively stated that from 50,000 l. to 55,000 l. per annum are required to maintain the 1,800 or 2,000 vacant beds which are said to exist.
- "614. One endowed hospital is maintained entirely by its endowments, but the two others are so short of funds that many beds are not open to the sick poor.
- "615. Your Committee remark also that the locality of hospitals leaves much to be desired, especially as regards the south and south-east of London.
- "616. In sketching the foregoing outline of a central body, your Committee are desirous of expressing their opinion that some organisation of medical charity is most desirable. They cannot shut their eyes to the possibility that if some such organisation is not established, a day may come when it will be necessary for Hospitals to rely upon municipal subvention, a circumstance which your Committee would most deeply deplore.
- "617. It but remains for your Committee to acknowledge the readiness with which the authorities of the medical charities and of the Poor-law institutions have laid all the information desired before the Committee of Your Lordship's House."

Then it is moved that the said Report be considered.

The same is agreed to.

Paragraphs 1 to 3 are read and agreed to.

Paragraph 4 is read and agreed to, with amendments.

Paragraph 5 is read and agreed to.

Paragraph 6 is read and agreed to, with an amendment.

Paragraphs 7 and 8 are read and agreed to.

Paragraph 9 is read and agreed to, with amendments.

Paragraphs 10 to 16, inclusive, are read and agreed to.

Paragraph 17 is read and agreed to, with amendments.

Paragraph 18 is read and agreed to, with an amendment.

Paragraphs 19 to 38, inclusive, are read and agreed to.

Paragraph 39 is read and agreed to, with an amendment.

Paragraphs 40 to 42, inclusive, are read and agreed to.

Paragraph 43 is read and agreed to, with an amendment.

Paragraphs 44 to 48, inclusive, are read and agreed to.

Paragraphs 49 and 50 are read and agreed to, with an amendment.

Paragraph 51 is read and agreed to.

Paragraph 52 is read and agreed to, with an amendment.

Paragraphs 53 to 60, inclusive, are read and agreed to.

Paragraphs 61 and 62 are postponed.

Paragraph 63 is read and agreed to, with an amendment.

Paragraphs 64 to 66, inclusive, are read and agreed to.

Paragraph 67 is read and agreed to, with an amendment.

Paragraph 68 is postponed.

Paragraphs 69 to 116, inclusive, are read and agreed to.

The following new paragraph is inserted after paragraph 116:-

"About 16 per cent. of the in-patients were stated to be domestic servants, and 10 per Told, 11935-8. cent. of them to be in service when admitted. Their employers are sometimes subscribers, and if not, they very often make a donation, but are not obliged to do so."

Paragraph 117 is read and agreed to, with an amendment.

Paragraphs 118 to 122, inclusive, are read and agreed to.

Paragraph 123 is read and agreed to, with an amendment.

Paragraphs 124 to 127, inclusive, are read and agreed to.

Paragraph 128 is read and agreed to, with an amendment.

Paragraphs 129 to 139, inclusive, are read and agreed to.

Paragraph 140 is omitted.

Paragraphs 141 to 148, inclusive, are read and agreed to.

The following new paragraph is inserted after paragraph 148 :-

"This hospital is in touch with, and sends cases to the Provident Medical Asso- Thies, 15351.

Paragraphs 149 to 154, inclusive, are read and agreed to.

Paragraph 155 is read and agreed to, with an amendment.

Paragraphs 156 to 165, inclusive, are read and agreed to.

Paragraph 166 is postponed.

Paragraphs 167 and 168 are read and agreed to.

Paragraph 169 is read and agreed to, with an amendment.

Paragraphs 170 to 179, inclusive, are read and agreed to.

Paragraph 180 is postponed.

Paragraphs 182 to 188, inclusive, are read and agreed to.

Paragraph 189 is postponed.

Paragraphs 190 to 199, inclusive, are read and agreed to.

Paragraph 200 is read and agreed to, with an amendment.

Paragraphs 201 to 216, inclusive, are read and agreed to.

Paragraph 217 is read and agreed to, with an amendment.

Paragraphs 218 to 232, inclusive, are read and agreed to.

Paragraph 233 is read and agreed to, with an amendment.

Paragraphs 234 to 236, inclusive, are read and agreed to.

Paragraph 237 is read and agreed to, with an amendment.

Paragraph 238 is read and agreed to.

Paragraphs 239 and 240 are read and agreed to, with amendments.

Paragraphs 241 to 244, inclusive, are read and agreed to.

Paragraph 245 is read and agreed to, with an amendment.

Paragraphs 246 to 248, inclusive, are read and agreed to.

Paragraph 249 is read and agreed to, with an amendment.

Paragraphs 250 and 251 are read and agreed to.

Paragraphs 252 to 254, inclusive, are omitted.

Paragraph 255 is read and agreed to.

Paragraph 256 is read and agreed to, with an amendment. Paragraphs 257 to 261, inclusive, are read and agreed to. Paragraph 262 is read and agreed to, with an amendment. Paragraph 263 is read and agreed to, with amendments. Paragraphs 264 to 268, inclusive, are read and agreed to. Paragraph 269 is read and agreed to, with an amendment. Paragraphs 270 and 271 are read and agreed to. Paragraph 272 is read and agreed to, with an amendment. Paragraphs 273 to 279, inclusive, are read and agreed to. Paragraph 280 is omitted. Paragraphs 281 to 284, inclusive, are read and agreed to. Paragraphs 285 and 286 are read and agreed to, with amendments. Paragraph 287 is read and agreed to, with an amendment. Paragraphs 288 and 289 are read and agreed to. Paragraph 290 is omitted. Paragraphs 291 to 293, inclusive, are read and agreed to. Paragraph 294 is read and agreed to, with an amendment. Paragraph 295 is read and agreed to.

Paragraph 296 is read and agreed to, with an amendment. Paragraphs 297 to 307, inclusive, are read and agreed to.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16° Maii, 1892.

LORDS PRESENT:

Earl Cadogan (Lord Privy Seal).
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.

Lord Zouche of Haryngworth. Lord Sudley (Earl of Arran). Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Thursday last are read.

The following Witness is called in and examined on oath, viz.:-Thomas Ryan.

The DRAFT REPORT is then further considered :-

Paragraphs 308 to 310, inclusive, are read and agreed to.

Paragraphs 311 and 312 are omitted.

Paragraph 313 is read and agreed to.

Paragraphs 314 and 315 are read and agreed to, with an amendment.

Paragraphs 316 to 334, inclusive, are read and agreed to.

The following paragraph is inserted after paragraph 334:-

"The kitchen in this hospital is at the top of the building, of which arrangement the secretary highly approved."

Paragraphs 335 to 344, inclusive, are read and agreed to. Paragraph 345 is read and agreed to, with an amendment.

Dobbin, 17532-3.

Paragraphs 346 and 347 are read and agreed to.

Paragraph 348 is omitted.

Paragraphs 349 to 351, inclusive, are read and agreed to.

Paragraph 352 is read and agreed to, with amendments.

Paragraphs 353 to 356, inclusive, are read and agreed to.

Paragraph 357 is read and agreed to, with an amendment.

Paragraphs 358 and 359 are read and agreed to.

Paragraph 360 is omitted.

Paragraphs 361 to 363, inclusive, are read and agreed to.

Paragraphs 364 to 366, inclusive, are postponed.

Paragraphs 367 to 369, inclusive, are read and agreed to.

Paragraphs 370 and 371 are read and agreed to, with an amendment.

Paragraphs 372 and 373 are read and agreed to.

Paragraph 374 is read and agreed to, with an amendment.

Paragraphs 375 to 379, inclusive, are read and agreed to.

Paragraph 382 is inserted after paragraph 379.

Paragraph 380 is read and agreed to, with an amendment.

Paragraphs 381 to 385, inclusive, are read and agreed to.

Paragraph 386 is read and agreed to, with an amendment.

Paragraphs 410 to 416, inclusive, are inserted after paragraph 386.

Paragraph 387 is read and agreed to.

Paragraphs 388 and 389 are read and agreed to, with amendments.

Paragraph 390 is read and agreed to, with an amendment.

Paragraphs 391 to 399, inclusive, are read and agreed to.

Paragraph 400 is read and agreed to, with amendments.

Paragraphs 401 and 402 are read and agreed to.

Paragraph 403 is read and agreed to, with amendments.

Paragraphs 404 to 408, inclusive, are read and agreed to.

Paragraphs 487 to 499, inclusive, are inserted after paragraph 408.

Paragraph 409 is omitted.

Paragraphs 410 to 416, inclusive, are read and agreed to.

The following new paragraph is inserted before paragraph 417:-

"The great improvement in hospital nursing of recent years was testified to by 2551, 2003. 9673-4, 9094-5, several witnesses."

Paragraphs 417 to 423, inclusive, are read and agreed to.

Paragraph 424 is read and agreed to, with an amendment.

Paragraphs 425 and 426 are read and agreed to.

Paragraph 427 is omitted.

Paragraphs 428 to 442, inclusive, are read and agreed to.

Paragraph 443 is omitted.

Paragraphs 444 to 456 are read and agreed to.

Paragraph 457 is read and agreed to, with an amendment.

Paragraphs 458 to 462, inclusive, are read and agreed to.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Luna, 23° Maii, 1892.

LORDS PRESENT :

Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.

Lord Saye and Sele. Lord Clifford of Chudleigh. Lord Sudley (Earl of Arran).

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Monday last are read.

Paragraph 549 is read and agreed to.

The DRAFT REPORT is further considered :-Paragraphs 463 to 478, inclusive, are read and agreed to. Paragraph 479 is read and agreed to, with amendments. Paragraphs 480 and 481 are read and agreed to. Paragraph 482 is read and agreed to, with an amendment. Paragraphs 483 to 488, inclusive, are read and agreed to. Paragraph 489 is read and agreed to, with an amendment. Paragraph 490 is omitted. Paragraphs 491 to 497, inclusive, are read and agreed to. Paragraphs 498 and 499 are read and agreed to, with amendments. Paragraphs 500 to 512, inclusive, are read and agreed to, with amendments. Paragraph 513 is read and agreed to, with an amendment. Paragraphs 514 to 518, inclusive, are read and agreed to. Paragraph 519 is read and agreed to, with an amendment. Paragraphs 520 to 525, inclusive, are read and agreed to. Paragraph 526 is read and agreed to, with an amendment. Paragraphs 527 and 528 are read and agreed to. Paragraph 529 is read and agreed to, with an amendment, Paragraph 530 is omitted. Paragraph 531 is read and agreed to, with an amendment. Paragraph 532 is omitted. Paragraphs 533 to 541, inclusive, are read and agreed to. Paragraphs 542 to 544, inclusive, are read and agreed to, with an amendment. Paragraph 545 is read and agreed to. Paragraphs 546 to 548, inclusive, are read and agreed to, with amendments.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 26° Maii, 1892.

LORDS PRESENT :

Earl of Lauderdale. Earl Cathcart. Lord Zouche of Haryngworth.

Lord Clifford of Chudleigh. Lord Sudley (Earl of Arran). Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of adjournment is read. The Proceedings of Monday last are read.

The DRAFT REPORT is further considered :-Paragraphs 61 and 62 (postponed) are again read and agreed to, with amendments. Paragraph 68 (postponed) is omitted.

The following new paragraphs are inserted after paragraph 164:-

"SAMARITAN FUNDS.

"The administrators of the Samaritan Fund at St. Thomas's send people to con- Walker, 11083-5. valescent homes. The Samaritan Fund is administered by the treasurer and almoners; the witness is their working officer. Patients are helped in various ways from Samaritan Wainwright, 11396. Fund. Patients are sent home in cabs, washing provided, assisted to get clothes, trusses, wooden legs and arms, and to get tools out of pawn.

"The Samaritan Fund at the Middlesex assists destitute patients, providing them with Methado, 12565. tea, butter, and sugar. Provides for sending patients to convalescent homes to which it subscribes. Pays the keep of patients while there, railway journeys there and back, and any other assistance they may require. Funds come from dividends, one ground-rent, and donations. £.110 in debt last year (1890). The Samaritan Fund is Roude, 14165. administered by the chaplain, subject to the finance committee; it helps towards

"At the St. George's, the Samaritan Fund comes from legacies, donations, and invest- Told, 12011-14. ments. In 1889 they spent 60 %. in giving support to families of patients in the hospital, after inquiry by the committee of selection or the chaplain. The fund is disbursed by the board. One-half of balance of the Samaritan Fund is paid over to the convalescent home fund. It defrays expenses of those sent to the seaside, pays for instruments, trusses, spectacles, and glass eyes. Cases are recommended to the board by the 12273-00. chaplain.

"At St. Mary's the secretary manages the Samaritan Fund. There is no absolute Ryan, 14859-83. rule against assisting families while their relatives are in the hospital, but he had not had occasion to do it. The fund is principally used to assist to convalescence, and called the Convalescent Fund. There is a separate account for this fund.

"At the Westminster Hospital the chaplain administers the fund under a Samaritan Quennell, 15153-6. Committee. The fund is not large enough to help families whose relations are in hospital. The money comes from subscriptions, dividends, and an occasional offertory at Westminster Abbey. Subscriptions are made from the fund to one or two convalescent 15237.

"At St. Bartholomew's they have 18,960 l. in Consols. In 1881, 1,235 persons were waterlow, 2503. relieved. They assist towards or provide various kinds of clothing, pay fares, provide 2000. tools to go to work with, surgical appliances, and artificial limbs. Frequent notice is called by the treasurer to the needs of the fund.

"At the Brompton Consumption Hospital the Samaritan Fund is called the Rose Dobbin, 17564. Charity Fund. From this fund washing is paid for those who cannot afford their own, and sometimes sums of money, such as 10 s. or 1 L, are given to patients. There is no convalescent home, but arrangements are made with the London Samaritan Society.

"At University College Hospital the fund is used for making grants to poor patients. Nixon, 18498. These grants are 10 s. or 1 l., or so much per week given to the friends while the breadwinner is in hospital.

(93.)" The c c 4

Nixon, 8313.

"The London have a 'Samaritan Society.' From it poor patients are supplied with tea, sugar, and butter. Very poor patients are supplied with anything they want to go away with.

16999.

Wace, 18649,

227

"There is no Samaritan Society at the Metropolitan Hospital.

"At King's College Hospital there is a Samaritan Fund, with a capital of about 7,000 L, administered by a committee.

"There is a Samaritan Fund at Guy's Hospital. Artificial limbs and other apparatus are provided for from it."

Paragraphs 166 and 180 (postponed) are again read and agreed to, with amendments. Paragraph 189 (postponed) is omitted.

The following new paragraph is inserted after paragraph 363:-

Appendix L.

25395-5

"In 1890 a letter was addressed by the Duke of Portland to the Board, bringing to their notice the 'very general complaints which he heard on all sides about the management' of this institution. The points referred to in the letter are 'food,' want of supervision,' 'management,' and 'general.' Under the last head came 'time for patients' meals,' 'neglect of religious needs of inmates.' The points were replied to seriatim by the secretary, on behalf of the treasurer and the Board, and no further communication being received from the Duke of Portland, the management considered that the replies were satisfactory. One striking discrepancy between the reply of the managers and the evidence given by Mr. Andrew before the Committee is, that whereas the managers stated the meat contracts were open to competition, Mr. Andrew stated that such was not the case. In regard to the complaints and the reply, Mr. Andrew's evidence was that investigation was made. The committee of management went into the matter, as the house committee, on the spot. The evidence of the matron was taken, but the witness could not charge his memory as to others. He did not think it a case where evidence was necessary, and considered that the complaints were fully and fairly dealt with."

Paragraphs 364 to 366, inclusive (postponed), are omitted.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 30° Maii, 1892.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Catheart.
Earl of Kimberley.
Lord Zouche of Haryngworth.

Lord Saye and Sele.

Lord Clifford of Chudleigh.

Lord Sudley (Earl of Arran).

Lord Monkswell.

Lord Thring.

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of Thursday last are read.

The DRAFT REPORT is further considered :-

Paragraphs 550 to 552, inclusive, are read and agreed to.

Paragraphs 553 and 554 are read and agreed to, with amendments.

Paragraph 555 is read and agreed to, with an amendment.

Paragraph 556 is read and agreed to, with amendments.

Paragraphs 557 and 558 are omitted.

Paragraph 559 is read and agreed to.

Paragraph

Paragraph 560 is read, and amended as follows:

"The Committee desire to refer to the personal nursing dispute appearing in the evidence of the London Hospital. The authors of these charges were for some time nurses and probationers in this hospital, some of whom did not remain during the whole period of training, and of whom two, at least, stated grievances of their own which were not confirmed by evidence; and the late chaplain who, for some time before the termination of his connection in that capacity with the hospital, had differences with the

committee both in these matters and also in regard to the performance of his own duties.

"The charges are on the whole, in the opinion of the Committee, not substantiated by the evidence. The evidence in regard to the injury to the health of the 'sisters' appears incoclusive. The Committee consider that the difficulties would have been avoided had the governing Board, in charge of the hospital at that time, not allowed their authority to fall into the hands of salaried officers. In justice, however, to the London Hospital, the Committee wish to add, that it is an admirable hospital, doing work in a part of London where it confers inestimable benefits upon a very large and very poor population. They, therefore, think it is deserving of the greatest measure of charitable support."

It is moved by the Lord Clifford of Chudleigh to insert in line 8 at the beginning of the paragraph the following words :-

" Subject to what is hereinafter stated."

On question :-

Contents.

Earl Spencer. Lord Clifford of Chudleigh. Lord Monkswell.

Not-contents.

Lord Archbishop of Canterbury. Earl of Lauderdale. Earl Cathcart. Earl of Kimberley. Lord Zouche of Haryngworth. Lord Saye and Sele. Lord Sandhurst. Lord Sudley (Earl of Arran). Lord Thring.

It is resolved in the negative. Paragraph 560, as amended, is agreed to.

Paragraph 561 is read and agreed to.

It is proposed by the Lord Sandhurst to insert the following new paragraph after paragraph 561.

"The Committee suggest that the fact of not holding the diplomas of the Royal College of Physicians and Royal College of Surgeons of London should not exclude practitioners who have graduated elsewhere from becoming members of the staffs of the general hospitals in London. At present at only one general hospital, St. Mary's, are there no restrictions. The Committee would gladly see the restrictions removed at the other hospitals in London."

An amendment is moved by the Lord Sudley (Earl of Arran) to insert the following

new paragraph in lieu thereof:—
"With regard to opening up the hospital appointments to medical men who hold the Edinburgh and Dublin diplomas, but who do not hold those of the London Colleges of Physicians and Surgeons, your Committee do not feel justified in recommending that this course should be pursued.

"In the first place they think that to do away with the necessity of passing the London examinations might, to a certain extent, tend to attract too many of the Scotch and Irish medical men to London, and thus deprive Scotland and Ireland of their best men, who

should rather be encouraged to remain in their own countries.

"Your Committee further consider that it might be a somewhat arbitrary and probably ineffective interference with the self-governing powers now possessed by the hospitals, the authorities of which, as appears from the evidence, are not anxious that this change

"Your Committee would prefer to suggest that when passing their medical examinations in Dublin and Edinburgh, students should at the same time be given the opportunity of passing the examinations of the London Colleges of Physicians and Surgeons on the spot. It should be optional for them to do so; but the existence of such a power at the outset of their career would do away with the feeling of humiliation which appears at present to exist amongst medical men educated in Dublin and Edinburgh, if asked to pass a preliminary examination after they have already made a mark in their profession, while the regulations under which the London hospitals allow competitions for their appointments would not be interfered with."

After

After discussion it is resolved in the negative.

The paragraph proposed by the Lord Sandhurst is agreed to.

The following new paragraph is also inserted after paragraph 561 :-

" Convalescent Homes.

"The Committee remark that the accommodation for convalescents in connection with the large hospitals is insufficient, only two or three having convalescent homes attached to them; and that this want is met by the authorities of the hospital subscribing, through the Samaritan Fund, to convalescent homes.

"Owing to the scarcity of accommodation the patients, although not thoroughly cured, are discharged, if well enough to leave the hospital. In some cases the patients find their way to the poor-law infirmaries; in other cases, patients suffering from medical complaints have to be kept for long periods in a hospital, although they would recover more rapidly at a convalescent home in the country. Moreover, these patients have to be provided for in the hospital, to the exclusion of those who would be admitted were beds vacant.

"The Committee avail themselves of this opportunity to direct attention to this need, in the hope that more extensive convalescent accommodation may be provided by philan-

thropic effort."

Paragraphs 562 and 563 are read and agreed to.

Paragraphs 564 and 565 are read and agreed to, with amendments.

The following paragraph is inserted after paragraph 565:-

"The evidence respecting fees appears to show that above the sphere of the poor law there must exist a large section of the population who cannot afford to pay a doctor in the case of long and serious illness, or in the case of a large family."

Paragraphs 566 and 567 are read and agreed to.

Paragraph 568 is omitted.

Paragraphs 569 to 571, inclusive, are read and agreed to, with amendments.

Paragraph 572 is omitted.

Paragraph 573 is read and agreed to, with amendments.

Paragraph 574 is omitted.

Paragraphs 575 to 577, inclusive, are read and agreed to.

Paragraph 578 is omitted.

Paragraph 579 is read and agreed to, with an amendment.

Paragraph 580 is omitted.

Paragraph 581 is read and agreed to, with an amendment.

Paragraphs 582 to 585, inclusive, are read and agreed to.

Paragraph 586 is omitted.

Paragraph 587 is read and agreed to, with amendments.

The following new paragraphs are inserted after paragraph 587:-

" Accounts.

"The Committee observe with satisfaction that, since the opening of this inquiry, committee, comprised of the secretaries of some of the principal London hospitals, has been considering the subject of a uniform basis of accounts, a copy of which appears in Appendix A. to the Report. The Committee are glad to notice that those best acquainted with hospital accounts have recognised the advisability of a uniform system. The Committee consider that, for accuracy, further subdivision on the expenditure side might be advisable; as, for instance, 'firing and lighting;' also 'wines and spirits,' might be tabulated separately. Under Heading VI. it might be well to state, for the information of the public, for whom the 'salaries, wages, and pensions,' as well as 'other salaries, wages, and pensions,' are charged. It might be worth while for the committee of hospital secretaries, if it renews its sittings, to consider whether the totals might be stated on one page, with letters referring to schedules, where the items of expenditure might be set forth in greater detail.

"In the evidence before the Committee mention was made of the difficulty of ascertaining the cost of an out-patient, without which calculation any estimate of the cost 'per bed' is unreliable. The Committee do not think the difficulties insuperable.

The main difficulty appears to be to separate the accounts of the dispensaries into two parts—infirmary and out-patient; this once arranged, the reliable cost per bed might be ascertained. The Committee consider that this difficulty might be met thus: an account might be kept of any drugs supplied for the in-patients; the difference between the total dispensed and the amount supplied to the in-patients would be the amount supplied to the out-patients. The wages of the nurses in the out-patient department, and the wages of the scrubbers, porters, &c., employed could be charged to the out-patient department. The proportion of rates and taxes might be estimated by the proportion which the space allotted to the out-patient department bears to the whole hospital.

" Contracts.

"The Committee consider that all contracts should, as far as possible, be by public tender, according to the practice enforced by the local board in regard to poor-law infirmaries."

Paragraph 588 is omitted.

Paragraph 589 is read and agreed to.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 2º Junii, 1892.

LORDS PRESENT:

Earl Cathcart.

Earl of Kimberley.

Lord Zouche of Haryngworth.

Lord Clifford of Chudleigh.

Lord Sudley (Earl of Arran).
Lord Lamington.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of adjournment is read.

The Proceedings of the Committee of Monday last are read.

The DRAFT REPORT is further considered.

Paragraph 590 is read, and is as follows :-

"The subject of nursing is treated at length on pages 81, 82, and 83. A certain amount of variety exists as to the hours of employment of nurses in the general hospitals in London. Your Committee consider that an eight-hour working day, exclusive of the time for meals, is sufficient for a hospital nurse. In constructing future hospitals care should be taken that sufficient accommodation for nurses should be provided to allow of the nursing being done in three shifts. They would gladly see a three-shift system in vogue at every general hospital at the present day, but they are well aware that, owing to the limited accommodation, in the older buildings, at any rate, amongst London hospitals, such a policy would be impracticable unless the number of patients is materially reduced, or very extensive alterations in construction carried out."

It is moved by the Earl of Kimberley to leave out "an eight-hour day exclusive of the time for meals is sufficient for a hospital nurse," and to insert the following words: "Eight hours' work exclusive of the time for meals is as a rule as much as should be required from nurses in these hospitals."

After discussion, the said amendment is agreed to, and further amendments made. It is then moved by the Earl Cathcart to leave out all the words after "that," in line 3, and to insert the following words: "relief to the nurses should be in the direction of "more hours off duty and extended holidays."

On question that the words proposed to be left out stand part of the paragraph :-

Contents.

Earl of Kimberley.

Lord Clifford of Chudleigh.

Lord Sandhurst.

Lord Lamington.

Lord Monkswell.

Lord Thring.

Not-contents.

Earl Cathcart.

Lord Zouche of Haryngworth.

Lord Sudley (Earl of Arran).

It is resolved in the affirmative.

The paragraph, as amended, is agreed to.

Paragraph 591 is read and agreed to, with amendments.

Paragraph 592 is read and agreed to.

Paragraph 593 is read and agreed to, with an amendment.

Paragraph 594 is read and agreed to, with amendments.

The following new paragraphs are inserted after paragraph 594:-

"While the Committee recognise that the matron must be greatly responsible for the appointment, and dismissal, and general conduct of the nurses, they are strongly of opinion that no absolute power ought to be given to any matron, but that the appointments and dismissals should be made by the chief executive authority of the hospital. It is to be observed that many hospitals send out nurses after a certain period of training, at sums varying from one guinea to three guineas a week to private patients. That these nurses bring considerable addition to the funds of the hospital there can be no doubt. The Committee consider that this is a good practice, but that, to prevent the wards from being denuded of nurses in order to bring funds to the hospital, a separate staff should be employed for this purpose. They are of opinion that the minimum period, after which a nurse can be advertised as thoroughly trained, is three years; and considering the large amount of money these nurses can earn for the hospital, the Committee think that a sliding scale commission on their earnings, mentioned as being in practice at one of the large general hospitals, would be a fair addition to their regular hospital wages."

"It appears that at the London Hospital, in the form of certificate for nurses, certain blanks may be filled up in different ways according to the discretion of the matron. The nursing capabilities and conduct of the nurse may be described respectively as 'excellent' and 'exemplary,' which constitutes a first-class certificate; or, as 'good' in both cases, when the certificate ranks as second-class. It would seem that the latter form is used when the matron is by no means satisfied with a nurse; and the Committee think that words indicative of inferiority should be inserted in all certificates below the best, if, indeed, it is desirable that any such certificate should be issued at all."

Paragraphs 595 and 596 are read and agreed to, with amendments.

Paragraph 597 is read and agreed to.

Paragraph 598 is read, and is as follows:-

" British Nursing Association.

"Your Committee consider that the arguments in favour of the registration of nurses outweigh those against it, and they recommend that the charter desired by two associations should be granted."

It is moved by the Lord Sandhurst that paragraph 598 be agreed to.

On question :-

Contents. Lord Sandhurst. Lord Thring.

Not-contents.

Earl Cathcart. Earl of Kimberley. Lord Zouche of Haryngworth. Lord Clifford of Chudleigh. Lord Sudley (Earl of Arran). Lord Monkswell.

It is resolved in the negative.

Paragraphs 599 to 602, inclusive, are read and agreed to.

Paragraph 603 is omitted.

Paragraphs 604 and 605 are read and agreed to, with an amendment.

Paragraph 606 is omitted.

Paragraph 607 is read and agreed to.

Paragraphs 608 and 609 are read and agreed to, with amendments.

Paragraph 610 is read and agreed to, with an amendment.

Paragraphs 611 and 612 are read and agreed to.

The following paragraph is inserted after paragraph 612:-

"In sketching the foregoing outline of a central body, your Committee are desirous o expressing their opinion that some more satisfactory organisation of medical charity i most desirable. It should always be borne in mind that the establishment of poor-law infirmaries and rate-supported asylums, under the Metropolitan Poor Law Act, 1867, has in great measure altered the relations between the poor and the hospitals, and everything associated with medical charity; and the Committee cannot shut their eyes to the possibility that if some such organisation as they have recommended is not adopted a time may come when it will be necessary for hospitals to have recourse either to Government aid or municipal subventions."

Paragraphs 613 and 614 are read and agreed to.

Paragraphs 615 and 616 are omitted.

Paragraph 617 is read and agreed to.

It is moved that the DRAFT REPORT, as amended, be agreed to.

The same is agreed to.

Ordered, That the Lord in the Chair do make the said Report to the House.

The following paragraph is inserted after paragraph 612 :-

"In sketching the feregoing outline of a central hear, your Committee are desirons or expension, their opinion that some more softlefer or organization of medical charles I most desirable. It should always be borne in mind that the central bounds of proving infirmation and restraupmented are lumin, under the Metagonium Poor Law Act. Leaf, has in great measure altered the relations between the poor and the beginning and overvious associated with medical charles; and the Committee cannot shut their eyes to the possibility that if some such organization as they have recommended is not adapted a time lank committee which will be necessary for bospitals to have recourse cities to Covernment aid or municipal subventions."

Paragraphs 613 and 614 are read and agreed to.

Paraconalis 615 and 616 are maitted.

Paragraph 517 is read and perced to.

It is moved that the DRAFT REPORT, as amended, be agreed to

The same is agreed to

Ordered, That the Lord in the Chair do reake the said Resear to the House

(250)

MINUTES OF EVIDENCE.

MINUTES OF BVIDENCE

Die Lunæ, 16° Maii, 1892.

LORDS PRESENT:

Earl Cadogan (Lord Privy Seal). Earl Spencer. Earl Cathcart. Earl of Kimberley. Lord Sandhurst.

Lord Sudley (Earl of Arran).

Lord Monkswell.

THE LORD SANDHURST IN THE CHAIR.

MR. THOMAS RYAN is re-called; and, having been sworn, is further Examined, as follows:

Chairman.

 You were chairman, were you not, of a committee of the secretaries of the principal hospitals, appointed with a view to seeing whether you could agree to some uniform basis of accounts?—Yes.

2. Will you tell us the result of the proceedings of your committee?—The result was that a very large number of the secretaries of the London hospitals agreed, and having agreed they appointed a committee of their own number to determine the precise form of account. That committee sat, I think, some eight or nine months; they did agree upon a form of accounts and sent it up to the Hospital Sunday Fund, who also agreed. Having done that, they again held a large general meeting of secretaries, and submitted the form which they had prepared, and which the Hospital Sunday Fund had agreed to, which was accepted by the general meeting.

 And has that been adopted by all the hospitals?—I cannot say it has been adopted by all, but it has been adopted by a considerable number.

4. Of course "all" is a large term, but it has been adopted by the principal general hospitals that deal with large funds?—I think the principal ones. I have a note of them here.

5. Have you got any copies of the form?-

6. Will you be so good as to give us one and explain it to us?—Yes (handing in the form). The thing really consists of three documents. The account itself which I have handed in is called "Income and Expenditure Account."

7. That is the one with which we will deal?— Then there is an "Index of Classification," which is to guide people in using it (handing in the same).

Earl Cathcart.

8. That is the glossary?—Yes, if you wish to call it so.

That is how it was referred to before, I think?—Yes. Then there is a "Synopsis of the (93.)

Earl Cathcart-continued.

Index of Classification (handing in the same); that is a sort of general index.

Chairman.

10. Is this form which you have handed in the form of account you have used at St. Mary's for some time?—No, not quite.

11. How does this differ from the form of ordinary hospital accounts?—In principle it does not differ much from many. It would be a very complicated explanation if I were to attempt to make it clear to your Lordships exactly how it differs. I imagine there is not a single account of any hospital in London that is precisely similar to it at the present moment. I have the account here of St. Mary's Hospital as it used to be, and I have it as it is now.

12. I think you showed us that on a former occasion?—Yes, I did; if I were just to read out the principal heads on the expenditure side you might get a general notion of the difference that exists between our old accounts and those of the new model; the old account commences with "provisions," and the new account commences with "provisions," and the new account commences with "provisions;" the old second head was "domestic expenses," that becomes the third head in the new form; "surgery and dispensary" was the third head in the old account, and is the second in the new; then we get a heading called "incidental expenses" in the old form of account, which is entirely done away with as being a senseless sort of heading; it conveys nothing; then, as regards "repairs," you will find repairs thrown in as a sub-head of "establishment charges." You will see from the items I have mentioned that it would be very difficult to compare the two forms.

13. In regard to income is there any difference between the two as to where you put the legacies?—Yes; we put the legacies aside, and call them "extraordinary income;" they are included in our "income and expenditure account," and in that respect this form differs from the form used by many hospitals.

A 2

14. Therefore

Mr. RYAN.

Continued.

Chairman—continued.

14. Therefore in future, if the hospitals adopt this form, a hospital which receives 120,000 l. in legacies in one year will not be able to show what they term a deficit of 3,000 l. or 4,000 l.?

-Certainly not.

15. It does occur at present, does it not, that a hospital could easily receive, say, 100,000 l. in legacies, and yet show on its balance sheet a deficit of expenditure over income of, say, 5,000 l. or more?—According to the practice of certain hospitals, of excluding their legacies from the income and expenditure account, that would

Earl Cathcart.

16. The legacies might be written off; for instance, put to capital account on the other side per contra?-Yes, that would be the proper course to pursue even now.

17. If the legacies were not spent the proper way would be to put so much on the other side per contra to capital account?-Yes, but they

must be shown as income.

18. But you can write off as capital account so much as is not used ?- Exactly. As a matter of fact it would follow the same rule as any other income. If there were a balance on that side you would write off the balance.

Chairman.

19. Do you think this would be a more accurate guide to the public than the old form?

Speaking for the best of the hospitals who adopted a very good form before, I do not think so at all. What I do think is that the general public seem to want a uniform system of accounts, which hospital experts can also see an advantage in; and as the general public wanted it, I think it would have been a great mistake for the hospitals to have declined to give it. That the general public will derive from it all the information they contemplate, I do not believe for a moment, because we all know that the expenditures of the hospitals of London differ very much, owing to the different circumstances in which the institutions are situated; and if the general public think they are going to bring about a general likeness in unlike things by presenting the accounts of them all in a similar form, of course they will be deceived.

Earl Cathcart.

20, I wish to compliment you very much upon what you have done, because I think it is a very good augury that all, or at least the majority, of the hospitals have agreed upon this form of account. You said just now that uniformity of accounts is the essential point

that you have been aiming at?—Yes,
21. Then the essential feature in your new
system is the introduction of the "Glossary"
system?—Yes; or we call it, an "Index of
Classification;" as we imagine, it is hardly what is understood by a glossary; but that is a small

point.

22. Tnat, call it what you will, is the essential feature of your new system ?-Yes, since it will ensure that everybody will carry the same thing to the same title, which was not done before.

23. With regard to the vexed question of the out-patients' department, do you clear that up at

Earl Cathcart—continued.

all?—We took no step in that matter. We have not even cleared up the question of accounts altogether, because it was very much more difficult to induce some hospitals to join in a movement of this kind than it was in the case of some others. We have only done part of it; that is to say, the income and expenditure account. We have not yet settled what a complete set of hospital accounts should consist of.

24. Do you propose on some future occasion to consider the question of the out-patients' department, and what deduction should be made in that department ?- It must be gone into with

other very important questions.

Chairman.

25. You have agreed thus far, have you not, that you have issued a certain sheet with the items of expenditure and the quantities used day by day; taking the various items, such as meat and fish, eggs, butter, and so forth, have not the committee issued a large sheet which is filled up day by day by the hospital authorities themselves, so that a daily record is made up at the end of the week for comparison's sake ?-- I have no knowledge of that.

26. I thought that had been done; but perhaps I have been misinformed ?- I do not think that has been done by my committee, unless I

am forgetting something for the moment.

Earl Cathcart.

27. I understand you intend to go into the matter of the out-patients' department, and to consider what ought to be a fair deduction as an

average ?-Yes.

28. Is the out-patients' department referred to in the glossary at all?-No, it is not. We referred in this account and the Index of Classification to nothing more than the work we had done. We did not think it wise to refer to that which may be done hereafter.

29. I think we had the pleasure on a former occasion of complimenting you on the accounts of St. Mary's Hospital, and it is gratifying to see that you occupy the position of chairman of this committee of secretaries?—I thank you.

Earl Spencer.

30. With regard to this sheet which you have handed in, I observe it is divided under different heads; I presume you have very carefully considered all these matters. One heading is "domestic." I do not know why you call it "domestic." "Domestic" might apply to provisions as well as to "washing" and "cleaning" and so on ?-It would not have very much mattered if we had called them 1, 2, and 3; but if you must name a heading, you must use some word, and we could think of no better. It is the old title of that class of expenditure.

31. I notice you have got further down a heading "extraordinary expenditure," under which you see "repairs"; but I see "repairs" (ordinary) above under "establishment charges." I should have thought, generally speaking, all repairs would have come under ordinary expenditure; how do you distinguish ordinary repairs and extraordinary repairs? -What we mean is this: a hospital might for instance, perhaps, have

Mr. RYAN.

[Continued.

Earl Spencer—continued.

to take up in one year the whole of its drainage system, and spend several thousands of pounds; we should class work of that kind as extraordinary expenditure. Your Lordship is more likely to follow what I am aiming at when I say that the reason that led this extra expenditure to be thrown out in this way was that it is not quite fair to divide up such expenditure occurring but once in a long term of years into the cost per bed for a given year, and therefore it comes about that it is thrown into what may be called extraordinary expenditure, as being an

expenditure that does not occur every year.

32. I should have thought it would have been more of the nature of an improvement than a repair ?-Yes; my example was taken on the spur of the moment and was not the best I could have chosen. You see it sometimes will happen, as happened at St. Mary's a couple of years ago, for the first time since the hospital was built, 40 years ago, that such a work as the repair of the whole of the roof at an expenditure of from 800 L to 900 l. has to be performed; you, have to find a general title that will fit more or less the cases that may arise, and we adopt "extraordinary repairs.'

Earl of Kimberley.

33. Surely the repairs of a roof are ordinary repairs, no matter when they occur?-They would be ordinary repairs, but what I said about their not being fairly chargeable to the cost of a bed for the particular year is the reason why they were thrown into "extraordinary expenditure."

34. Is not that rather in the nature of manipu-

lating the account than giving a just account?

—I suppose it is, but it is not mischievously so.

35. It might be, because it might be very misleading. It is arbitrary to say that a repair is an extraordinary repair when it is merely a repair that occurs from time to time. You might as well say that painting one's house once in three or four years is an extraordinary expenditure, because it only occurs once in three or four years?-If you want to get a correct notion of the annual expenditure, you must either do that or divide up such occasional expenses over a certain number of years fixed.

36. I admit there is a difficulty there as regards getting an average, which is what you are aiming at, I understand?-Entirely.

37. On the other hand, is it not worse to arbitrarily divide it into ordinary and extra-ordinary when, in point of fact, you are going to class what is evidently an ordinary repair under extraordinary repairs in the account, which is not really, after all, an accurate statement ?- I agree it is not precisely accurate; but I think it really has a good effect in the end. I think it not quite unjustifiable to call all expenditure which only occurs, say, once in 10 or 15 years "extraordinary," simply by reason of its infrequency.

38. Referring to No. VI., I see there you have "other salaries and wages," and then under the head of "management" you have "official salaries." Is there a distinction between the two?—Yes. You will observe the expenditure sheet is divided up into A., B., and C. A.

Earl Spencer.

Earl Spencer-continued.

is "maintenance" and B. "administration." Officialsalaries would fall under "administration," and therefore they do not come under Division VI. of Section A., "maintenance."

39. For instance, what would you call the salary of the house surgeon?-The salary of the house surgeon would fall under Division 6, " medical."

40. Would you give me an instance of what salaries would come under "management"?-Secretaries' salaries and the salaries of clerks in the office.

41. Do you not think that salaries of clerks contribute in some degree towards the expenses of maintenance ?- I hardly think we should put them there, unless one went in for hair-splitting, which we hardly think worth while; the great bulk of the work of the clerks employed in the offices falls under the ordinary management

class under B. 42. Do you think if this sheet were sent to all the hospitals, they would easily understand what salaries to put under VI. of Section A., and what under I. of Section B.?-Not without the other documents I have handed in to-day; that is what they are drawn up for; there is a sort of dictionary or glossary for the purpose.

43. Taking another point, the item " commission," what is the meaning of "commission;" is it commission on the collection of subscriptions or commission on the collection of rents?-That would be commission on the collection of subscrip-

44. Then I see "pensions" in two heads; you would explain that, I presume, in the same way as you did salaries?—Precisely.

Earl of Kimberley.

45. Do you anywhere make clear the expense of the management of the estates, or is not that included?-The rule we recommend with regard to estates would be that a separate account should be kept of the estate, and the balance, that is the profit only, brought into the hospital account.

46. Therefore it would not enter into this form

of account?-It would not.

Chairman.

47. I suppose you hope that now, having adopted this form of account, there will be some possibility of comparing the outlay of one hospital with that of another, so as to see whether a hospital is extravagant?—Yes, of comparing the outlay; but a greater expenditure would not necessarily show extravagance, as I pointed out before, because there is a very great difference between hospitals; some hospitals do not supply tea and sugar, for instance. The difficulties of discovering extravagance by a mere inspection of accounts will be very obvious.

Earl of Arran.

48. Would your committee recommend in the case of the repair of a roof such as you have just named that so much should be laid by out of each year's income to meet that expenditure when it arose?—We did not make any such recom-mendation as that. We were very cautious not to stray into the position of mentors to the hospital committees about other matters than the pure question of accounts.

A 3

16 May 1892.]

Mr. RYAN.

Continued.

Earl of Arran-continued.

49. The reason I asked the question was that it seemed to me that if the whole of such a repair was to come out of one year's income it must necessarily be an extraordinary expenditure, whereas if a certain amount were put by out of each year it might be ordinary expenditure though not all expenditure for that year; it would be in fact an ordinary repair?—Yes. You are suggesting one course and we suggested another. There are two ways out of the difficulty, and I am not sure that yours is not perhaps the better.

Lord Monkswell.

50. With regard to this division of extraordinary and ordinary expenditure on repairs, might not it lead to the starving of ordinary repairs; that is to say, they might not do the ordinary repairs year by year, and then, say once in 10 years, they might spend a great deal of money, which would be put down here under "extraordinary repairs," so reducing the cost per bed?—Such a thing is conceivable; but I do not think the committee of a hospital would be influenced by that,

51. They might be unconsciously biassed ?-They might be unconsciously biassed. As a matter of practice, however, they might be more affected by another consideration, and that is that they have not the money every year to do the things. You would be surprised at the erratic kind of way in which repairs and things of that sort have to be done in a hospital because they have not the means at command at the moment that an expensive work becomes necessary.

Chairman.

52. Take, for instance, the case of a hospital having a house carpenter and doing a great deal of its own repairs; under what head would his pay come?—Under "salaries, wages, &c." There is something to be said for putting it under "repairs;" but if you were to go into it I think you would come to the same conclusion that we did, namely, that it is very much better to put it under "salaries;" because if you attempt to classify things very minutely, and say "if a man mends a chair therefore the money paid to him for mending the chair ought to go into 'furniture,' " you would have to go into endless analyses of everything done in the course of the year, and it would be simply hair-splitting and waste of time.

Earl of Kimberley.

53. Should you be satisfied if you had a large estate account privately kept for you and you had the account made up for you in that way?

—I do not know whether your Lordship quite realises the position of a hospital. This carpenter will mend sash lines, would put in windows, mend furniture, and mend fixtures, and he might even do something in the way of plumbing and looking after the W.C.'s, disinfecting wards after infectious cases, &c. He does a number of odd jobs which would fall into different classes. If this suggestion were carried out what you would have to do would be to keep

Earl of Kimberley-continued.

a more or less accurate account of the sums spent on each class of work and divide it up into carpenter, plumber, upholsterer, and a hundred

and one other things.

54. Why so; would they all not be repairs. Assuming the carpenter to do what you have just described, unless he was, as we sometimes hear, a coachman and gardener besides, how could he do anything but repairs?-You are putting aside the point that some secretaries would question whether it would not be better to put repairs to chairs and furniture under "furniture" than under a vague heading like "repairs," which might include repairs to anything; it might be repairs to the structure or repairs to gas and water fittings, or to a hundred and one things.

55. Repairs to the structure alone are what you intend to be understood by "repairs"?—Yes, to the structure, and fixtures are what we intend to be understood. The index points that

56. I cannot say I am satisfied with your answer, because as it seems to me it is nothing but repairs whether it be repairing of a leg of a chair or anything ?- I should be prepared as a hospital secretary to put a repair to the leg of a chair under the head of "furniture."

57. Where is furniture?—You will find furniture under "Domestic," No. 3, renewal of

58. Renewal of furniture does not mean repairs; that is quite clear, is it not. Renewal of furniture, which is very intelligible, means the purchase of furniture to replace furniture ?-You would soon come into this position, as we did, that every minute we wanted to get the dictionary down. We endeavoured to get a common sense way out of the difficulty.

Lord Zouche of Haryngworth.

59. As I understand, the heading "rents" in No. VII., on the income side of this account, means net rents from properties?-Yes.

60. After deducting all charges, that is all agency charges if necessary, and all repairs to properties and every expenditure?—That would be so.

61. Would it not be better instead of "rents" to say "net rents" or "rents" after deducting outgoings?-If you want to make this account by itself a sort of explanatory document, that would be necessary; but we do that in those other documents which attend it. We explain We explain there that this item means net rents.

62. But you do not put the outgoings of the estate on the expenditure side ?—No, because it would not be fair; it has nothing to do with

the maintenance of sick patients.

63. They may be very considerable items; take for instance the income arising from any landed estate?—Yes, we should have to show them in a separate account. Some hospitals would have it, and some would not; but, as I say, it has nothing to do with the maintenance of sick patients, and should not be included in the hospital income and expenditure account.

The Witness is directed to withdraw.

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APPENDIX No. 3 - continued.	
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APPENDIX No. 1.

PAPER handed in by Mr. T. Ryan, 16th May 1892.

INCOME AND EXPENDITURE ACCOUNT.

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APPENDIX No. 1.

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APPENDIX No. 1.

COMMITTEE of HOSPITAL SUNDAY FUND, 22nd December 1891.

Hospital.

Year ending the 31st December 189 .

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INDEX OF CLASSIFICATION.

INTRODUCTION.

In preparing this Index, two courses were open. One was to compile an exhaustive list of every article used in a Hospital, showing the head to which it should be charged; and the other to make a selection of typical articles, the classification of which would form a sufficient guide to the allocation of other items of a similar character. A brief consideration determined the Committee not to adopt the first, partly because such a list would form a considerable volume, but mainly because it is quite unnecessary. Men of experience, such as hospital secretaries are, do not require such a comprehensive and minute guide. In a large number of cases, including nearly all the great items of expenditure, the classification is obvious. It surely cannot be necessary to point out, for example, that mutton and beef should be shown under meat; cream under milk; that cod and oysters are both fish; potatoes, vegetables; note paper, sationery; and the like. These and other facts of the kiud are, therefore, not alluded to. An Index is useful where the classification of an article is open to doubt, or where there are two or more heads—as is not infrequently the case—under each of which an item may, with equal fitness, be placed. It was, therefore, decided to compile an Index on the second plan, the essential feature of which should be to indicate the classification of typical articles, and of those open to doubt.

This object has not been exclusively followed, however. It has been thought better to err on the side of prolixity, than to go to the other extreme at the risk of curtailing the usefulness of the Index. For various reasons, therefore, many items have been inserted which may appear unnecessary, especially at first sight, and this has been done the more freely because it has been thought that they may be of assistance in determining the classification of others, which, in compiling such an Index, the Committee may have

inadvertently omitted.

One point that has been constantly kept in view, as of the greatest practical importance to the acceptability of a uniform system of accounts, especially to the secretaries of small hospitals with no assistants, is that the classification shall entail as little analysis of tradesmen's accounts as possible. Examples of the recognition of this will be found in such articles as bacon and ham, which are not classed as meat, but as cheesemongery; potted meats and potted chicken and game, which are classed as grocery instead of meat, and fish and poultry, respectively; sardines as grocery instead of fish, &c.

An endeavour has been made to mention classes of items instead of a host of items themselves. Thus instead of printing a large part of an ironmonger's price list, the term kitchen utensils, triplicated by the entries, cooking utensils, and utensils cooking, is employed; the gridiron, the fryingpan, and the saucepan, etc., etc., not being particularised.

Few items appertaining to surgery and dispensary will be found, for the reason that the six sub-heads of this class are so descriptive that there can be little difficulty in the allocation of items. Indeed, in many cases, especially in the larger institutions, the class of goods obtained from different firms is often so distinct as to admit of the classification of the whole bill as it stands under one or other of the sub-heads in the account. This remark would not, perhaps, apply to some of the smaller institutions, where all the dispensary stores may be obtained from the same house, and even in the larger institutions there would be occasional slight overlapping, but broadly speaking the statement is correct.

In addition to the index, the expenditure side of the form of account has been annotated, giving against each sub-head a general idea of the articles which should be included under it. It is confidently believed that a reference to this synopsis and to the index will immediately solve any question as to classification which may arise in the preparation of accounts.

Items.	Main-Heads.	Sub-Heads.
Advertisements: Appeal	Finance Miscellaneous expenditure Management Surgery and dispensary ditto - ditto - ditto - ditto - ditto - Strablishment charges Finance Surgery and dispensary	Appeals. Printing, &c. Advertisements. Instruments and appliances. Wine and spirits. Renewal of furniture. Sundries. ditto. Annual cleaning. Festival. Drugs, chemicals, &c.

Architect's fees for inspection of	Salaries and wages -		Other salaries and wages.
buildings, &e.	Section 11 Section 1	78	can wood police contra
Arrowroot	Provisions	-	Grocery.
Artificial limbs	Surgery and dispensary		Instruments and appliances.
Ashpan	Domestic	-3	Renewal of furniture.
Auditors' fees	Management -	-	Auditors' fee.
Awnings	Domestic		Renewal of furniture.
Bacon and ham Bandages and all kinds of mate-	Provisions Surgery and dispensary -	-	Butter, cheese, &c. Dressings, bandages, &c.
rial used for making. Barley	Provisions		Green
Barometer	Domestic		Grocery. Renewal of furniture.
Baskets	- ditto	- 1	- ditto - ditto
Baskets (tool)	Establishment charges -	-	Repairs.
Baskets (tool) Bath, foot	Domestic	- 1	Renewal of furniture.
Bath brick	- ditto	-	Cleaning and chandlery.
Bath fittings	Establishment charges -		Repairs.
Baths, portable	Domestic	40	Renewal of farniture.
Bath, vapour apparatus	Surgery and dispensary	-	Instruments and appliances.
Battery, electric, for patients'	- ditto ditto -	-	- ditto ditto.
treatment.	Domestion of the offerent	-	
Battery, electric, for hells -	Domestic	-	Christian In Christian
Beating carpets	- ditto	-	Cleaning and chandlery.
Bedding	- ditto		Bedding and linen.
Bedding, cleaning, dressing, and	- ditto	-	- ditto.
renovation of.	- ditto		Renewal of Comit
Bedsteads Bed-tables and rests			Renewal of furniture.
Bed-tables and rests Beds and pillows, air and water	Surgery and dispensary -		- ditto - ditto.
Beef fluid, tea, extract, &c	Provisions		Instruments and appliances, Meat.
Beer	- ditto		Malt liquors.
Beer allowance	- ditto	-	- ditto.
Beer-tap	Domestic	-	Hardware, crockery, &c.
Bed linen, blankets, &c	- ditto	-	Bedding and linen.
Beeswax Bells	- ditto	-	Cleaning and chandlery.
	Establishment charges -	-	Repairs.
Belts, abdominal, &c	Surgery and dispensary -	-	Instruments and appliances,
Benzine	Domestic -	-	Cleaning and chandlery.
Biscuits	Provisions	-	Grocery.
Blacking Black lead	Domestic	-	Cleaning and chandlery.
Black lead Blanc mange	- ditto		- ditto ditto. Grocery.
Blinds, and repairs to	Domestic		Renewal of furniture.
Blisters	Surgery and dispensary	-	Sundries.
Bloater paste	Provisions	-	Grocery.
Blue for laundry	Doniestic	-	Washing.
Board wages	Salaries, wages, &c	-	Other salaries and wages,
Boiler composition	Establishment charges -		Repairs.
Boiler insurance	- ditto ditto -		Insurance.
Boiler for kitchen	Extraordinary expenditure	-	Repairs.
Boilers, repairs to	Establishment charges -	-	- ditto.
Books of reference	Management		Printing and stationery.
Boots, surgical, for patients -	Surgery and dispensary -		Instruments and appliances.
Bottled fruits	Provisions	-	Butter, cheese, &c.
Bread baskets	Domestic		Renewal of furniture.
Bread platter	- ditto	-	- ditto ditto.
Bronchitis kettle	Surgery and dispensary -		Instruments and appliances.
Brooms and brushes	Domestic	-	Hardware, crockery, &c.
Buckets	- ditto	-	- ditto ditto.
Builders' charges, for new works	Extraordinary expenditure	-	Building improvements.
Builders' charges, for repairs of	ditto ditto	-	Repairs.
exceptional character and	The state of the s		annihine
Costliness.	Fatablishment shows	90	Engines, consulting lot line
Builders' charges, for ordinary	Establishment charges -	-	- ditto.
repairs. Builders' materials	- ditto ditto -		- ditto.
Burials	Miscellaneous expenses -		- ditto. Sundries.
Durinto	Adiscendiations expenses .		or contention made in the
Cake	Provisions		Bread.
Calico	Domestic	-	Bedding and linen.
Candles	- ditto	-	Fuel and lighting.
Candlestick	- ditto		Hardware, crockery, &c.
Candiconer			
Cards (bed and diet) Cards and papers, prescription -	Miscellaneous	-	Printing and stationery.

Items	Main-Heads.		Sub-Heads.
Carpenters' tools and materials,	Establishment charges -	*0	Repairs.
e.g., wood, nails, screws,	Astablishment charges -	20	trobaries to mot a postigary
varnish, glue, &c.			-ox (simpling
Carpet beating	Domestic	-	Cleaning and chandlery.
	- ditto	3	Renewal of furniture.
Carpets, rugs, mats, linoleum, &c. Carriage of parcels	- ditto	50	Sundries.
Carriage of parcels -		3	THE RESERVE OF THE PARTY OF THE
Case books and case papers -	Miscellaneous expenses -		Printing and stationery.
Chamber utensils	Domestic	-	Hardware, crockery, &c.
Chamois leather	- ditto -	-	Cleaning and chandlery.
Chandeliers and gaseliers -	- ditto	70	Renewal of furniture.
Chapel furniture	- ditto	-	- ditto ditto.
Charts (temperature)	Miscellaneous expenses -		Printing and stationery.
Chimney sweeping	Domestic	-	Cleaning and chandlery.
China, glass, and earthenware -	- ditto	-	Hardware, crockery, &c.
Christmas boxes	- ditto		Sundries.
Cinder sifter	- ditto	-	Renewal of furniture.
Cleaning materials, such as	- ditto	-	Cleaning and chandlery.
hearthstone, bath brick, whiting,	Emphishment clarge -		- Sucht Stuff
emery powder, house flannel,	Domestik .		Sallis portable
&c. elle bas discherent	Paretry and dispersion		Both, sanour appearance
Clinical thermometers	Surgery and dispensary -	30	Instruments and appliances.
Clothes for employés	Domestic	-	Uniforms.
Clothes for patients (if not	- ditto -	-	Sundries.
charged to the Samaritan	to a continue		- statemen voltages
fund),	- outil -		and the same of the same
Clothes (nurses, porters, &c.) -	- ditto	60	Uniforms.
Coal and coke	- ditto	-	Fuel and lighting.
Coal bunker	- ditto	-	Renewal of furniture.
Coal scuttle	- ditto		- ditto ditto.
Collector's salary	Management		Official salaries.
Commission	- ditto		Commission.
Commission on M.O. or P.O.O.	- ditto		Sundries.
Confectionery	Provisions		Bread.
Cooking utensils			Hardware, crockery, &c.
Copying press	Domestic	-	Renewal of furniture.
	- ditto	-	
Cotton for sewing	- ditto	-	Bedding and linen.
Crockery (household)	- ditto	-	Hardware, crockery, &c.
Crutches for patients	Surgery and dispensary -	-	Instruments and appliances.
Curtains	Domestic	15	Renewal of furniture.
Curtains for beds	- ditto - m-	-	Bedding and linen.
Cutlery	- ditto ni-sourcel	-	Hardware, crockery, &c.
D:	or the order	20	Did the second states
Diet cards or papers	Miscellaneous expenses - Finance	-	Printing and stationery.
Dinner, festival	Finance -	-	Festival.
Disinfectants	Surgery and dispensary -	-	Drugs, chemicals, disinfec
D' L'	- homework	2.	ants, &c.
Dispensary sundries—as labels,	- ditto ditto -	-	Sundries.
jars, bottles, corks, funnels,		- 1	Board wager -
mortars, pill machines, mea-		-	Honistenson and the second
sures, sugar, starch, tar, lard,		-	Hoster autumnum
scales, spatulas, knives, &c.		-	Boiler for kitchen
Dissecting gloves	- ditto ditto -	-	- ditto.
Dress material	Domestic		Uniforms. Dressings, bandages, &c.
Dressings (all materials used for)	Surgery and dispensary -	-	Dressings, bandages, &c.
Dusters	Domestic		Bedding and linen.
Dustpans	- ditto	-	Hardware, crockery, &c.
- Honewal of fermitore.		-	a - storied beariff
Earthenware	- ditto	-	- ditto ditto.
Elastic stockings	Surgery and dispensary -	-	Instruments and appliances,
Electric apparatus for patients'	Surgery and dispensary -		Instruments and appliances
treatment.	en'y and any and	-	1
Emery paper	Domestic	100	Cleaning and chandlery.
Engine room and boiler house	Establishment charges -	1.	Repairs.
sundries.	Total Course	The	Saffarania las insulate
Engineer, consulting, for inspec-	Salaries, wages, &c	-	Other salaries and wages.
tion of machinery, &c.	Catarres, wages, ect.	-	
	Fatablishment shows	13	Repairs.
Engineers' tools and materials,	Establishment charges -	-	
e.g., piping, cocks, elbows, gas			Buildier' materials
burners, washers, cotton waste,		711	- slarinii
oil, lard, tallow, asbestos pack-			
ing, red and white lead, &c.	- discording t	*	Culting 1
Entertainments for patients -	Domestic		Sundries.
Essences of meat	Provisions		Meat.
Essences (for kitchen) Evergreens for decorations -	- ditto	-	Grocery. Sundries.

Items.	Main-Heads.	Sub-Heads.
Extracts of meat	Provisions	Meat.
Eye shades	Surgery and dispensary	Instruments and appliances.
Fares (secretary, clerks, collectors).	Management	Sundries.
Fares, other	Domestic	- ditto.
Fenders	- ditto	Renewal of furniture.
Fire insurance	Establishment charges	Insurance.
Fire-irons	Domestic	Renewal of furniture.
Firing Flannel, fomentation	- ditto	Fuel and lighting. Dressings, bandages, &c.
Flowers for decorations -	Domestic	Sundries.
Funerals	Miscellaneous expenses	- ditto.
Furniture for new buildings -	Extraordinary expenditure -	Furniture.
Game, all kinds	Provisions	Fish, poultry, &c.
Games, for patients Gas	Domestic	Sundries. Fuel and lighting.
Gas fittings	Establishment charges	Repairs.
Gas governors	Domestic	Fuel and lighting.
Gauze for dressings Glass paper for household	Surgery and dispensary	Dressings, bandages, &c. Cleaning and chandlery.
Glass, window	Establishment charges	Repairs.
Glassware for household	Domestic	Hardware, crockery, &c.
Gluten bread Gratuities (see salaries and wages)	Provisions	Bread.
Grounds, keeping in order -	Establishment charges	Garden.
Guarantee premium	Management	Sundries.
Haberdashery	Domestic	Bedding and linen.
Hair for beds	- ditto	- ditto - ditto. Renewal of furniture.
Handbells	Provisions	Bread.
Honey	- ditto	Grocery.
Housemaid's boxes Huckaback towelling	Domestic	Hardware, crockery, &c. Bedding and linen.
Inhalers	Surgery and dispensary	Instruments and appliances.
Instruments, surgical	- ditto ditto	- ditto ditto.
Ironmongery	Domestic -	Hardware, crockery, &c.
Jams, jellies, &c	Provisions	Grocery.
Kettle, bronchitis	Surgery and dispensary	Instruments and appliances.
Kitchen cloths Kitchen utensils	Domestic	Bedding and linen.
Knife board	- ditto	Hardware, crockery, &c.
Knife cleaning machine	- ditto	Hardware, &c.
Lactometer	Domestic	Sundries.
Ladder	- ditto	Renewal of furniture.
Lamps	- ditto	- ditto - ditto.
Lamp oil	- ditto	Fuel and lighting. Butter, cheese, &c.
Laundry machinery, fittings and appliances, repairs to.	Domestic	Washing.
Law charges	Management	Law charges.
Lectures for nurses, fees for	Should be written off against	shoots, investory books, store
lecturers.	fees paid by nurses for train-	namesbury aslood 2000000
arib	ing, the balance of which should appear on income side of account.	order books.
Leeches	Surgery and dispensary	Sundries.
Lemon juice Lentils	- ditto ditto	- ditto.
Lift, repairs to	Provisions	Grocery. Repairs.
Lighting, e.g., gas, electric, oil,	Domestic	Fuel and lighting.
candles, &c.	Northithment charges	visalbao etima
Limb, artificial	Surgery and dispensary	Instruments and appliances. Sundries.
Linen basket	Domestic	Renewal of furniture.
Linen press	- ditto	- ditto - ditto.
Linseed	Surgery and dispensary - Establishment charges -	Sundries. Repairs.
Renewal or turnibure	Establishment charges	rechange the control of

Items.	Main-Heads.	Sub-Heads.
Machine, sewing	Domestic	Renewal of furniture.
Machinery, laundry, repairs to -	- ditto	Washing.
Machinery, other, repairs to -	Establishment charges	Repairs.
Mackintosh for operations -	Surgery and dispensary	Sundries.
Mackintosh sheeting	Domestic	Bedding.
Mangle	- ditto	Washing.
Marking ink	- ditto	Sundries.
Matches	- ditto	Fuel and lighting.
Material for nurses' dresses -	- ditto	Uniforms.
Meat extracts and essences -	Provisions	Meat.
Medical officer's fees	Salaries and wages	Medical.
Medicinal waters	Surgery and dispensary	Ice and mineral waters.
Medicines	ditto	Drugs, chemicals, &c.
Midwife, fees of	Salaries and wages	Nursing.
Mineral waters	Surgery and dispensary	Ice and mineral waters.
Napkins, table	Domestic	Bedding and linen.
Newspapers for office	Management	Printing and stationery.
Nurses' uniforms, including	Domestic	Uniforms.
every article of dress supplied	00110	The state of the s
for nurses by the institution.	Angular mondentained	Spirite on a
THE WORLD HAVE BODY	oriented -	Single-party of the same of th
Oatmeal	Provisions	Bread.
Oil for lamps	Domestic	Fuel and lighting.
Oil, lubricating	Establishment charges	Repairs.
THE RESIDENCE OF THE PARTY OF T	- Superior	- Dignathur of Associate
Pails	Domestic	Hardware, crockery, &c.
Pensions and gratuities	The chargeability of pensions	The state of the s
Ambund 1	to management or mainten-	Parallo De Sunday Sunday
	ance should be determined	Charles of the later of the lat
	by the course previously	Company
	followed with respect to the	Name of the last o
	salary of the person in ques-	Paral - Paral
	tion, e.g., if the salary was	The state of the s
	charged to management, the	The state of the s
	pension should also be so	The state of the s
and president settlement	charged.	Clay Congression of the Congress
Pensions, official staff	Management	Learn Co. man appropriate
Pensions, other	Salaries, wages, &c	property of the second of the
Photographs of patients	Surgery and dispensary -	Sundries.
Pickles and sauces	Previsions ·	Grocery.
Plants for garden	Establishment charges	Garden.
Plaster of Paris	Surgery and dispensary	Dressings, bandages, &c.
Postage, not official or appeal;	Miscellaneous	Printing, stationery, &c.
as letters and telegrams to	Samuel of the Land Street of the	The second section of the second section is
patients' friends, correspond-	Domestic	industrially advoicementali
ence with tradesmen, with	and the second	Single of what and att
nurses and servants, &c.		C - Innot aller
Potted meat, &c	Provisions	Grocery.
Power of attorney	Management	Law charges.
Prescription papers, &c	Miscellaneous expenses	Printing and stationery.
Preserved meats	Provisions	Bring and stationary
Printing and stationery for	Miscellaneous expenses	Printing and stationery.
wards, for steward's depart-	The same of the sa	Lo none
ment, housekeeping depart-	Perceptions of property	lies.
ment, matron's department,	Thomas of the same	na sprint producery fruings and
with the pens, ink, &c., used		
in those departments, e. g.	Manuscraph -	- morely was
temperature charts, diet	resident To sales on the Deside in	sellings for entropy tous for
sheets, inventory books, stores	with the same and love must	- Citrottel
account books, tradesmen's	faids to security all and	British British British
order books.	Management	- ditto
Printing and stationery, office -	Management	ditto.
Rabbits	Provisions	Fish, poultry, &c.
Registers of patients	Miscellaneous expenses	Printing and stationery.
Removal of patients; fares for	Domestic	Sundries.
(unless paid by Samaritan	Permitte amond eligible	- or enterior of
	Domestin	ghing, ag., gist, electric, cil.
Fund). Repairs, ordinary	Establishment charges	Repairs.
Repairs extraordinary	Establishment charges Extraordinary expenditure -	- ditto.
Repairs, extraordinary		Printing and stationery.
Report, annual, printing of	Management	Grocery.
Rice	The second secon	Sundries.
Room for meetings, hire of - Rugs for beds -	Management	Bedding and linen.
ATT BY	- ditto	Renewal of furniture.
Rugs for floor covering	- ditto	trenewat of furniture.

Items.	Main-Heads.	Sub-Heads.
Safe	Domestic	- Renewal of furniture.
Salaries and Wages:-	- oitmenti	0.00
Secretary		- Official salaries.
Chaplain	Salaries, wages, &c	- Other salaries and wages.
Matron	- ditto	- Nursing.
Medical officers	- ditto	- Medical.
Clerks	Management	- Official salaries.
Steward	Salaries, wages, &c	Other salaries and wages. - ditto.
ar accorde per	ditto	- Unitio.
Nurses	ditto	- ditto.
Dispenser	ditto	- Dispensing.
Porters	ditto	- Other salaries and wages,
Needlewoman	ditto	ditto.
Theatre attendant	ditto	- Medical.
Mechanics	ditto	- Other salaries and wages.
Collectors' salary	Management	- Official salaries.
Collectors' commission -	- ditto	- Commission.
Barber	Salaries and wages -	- Other salaries and wages.
Bath attendant	ditto	ditto.
Domestic servants, e.g.,	ditto	ditto.
cooks, housemaids, ward-	JERNAS TO THE LOW TO S	No. of the last of
maids, scrubbers.		The second secon
Gardener	Establishment charges -	- Garden.
Laundresses and laundry-	Domestie	- Washing.
men.		
Charwomen	Salaries and wages -	- Other salarie; and wages.
Salt	Provisions	- Grocery.
Sand	Domestic	- Cleaning and chandlery.
Sandpaper	- ditto	- ditto - ditto.
Sardines	Provisions	- Grocery.
Sauces	- ditto	ditto.
Scales, household	Domestic	- Renewal of furniture.
Shot for fracture extension -	Surgery and dispensary	- Sundries.
Solicitor's fees	Management	- Law charges.
Soap for household	Domestic	 Cleaning and chandlery. Washing.
Soap and soda for laundry -	- ditto	
Soda for domestic work	Provisions	- Cleaning and chandlery Grocery.
Speaking tubes	Establishment charges -	- Repairs.
Spirits and wine, as solvents,	Surgery and dispensary -	Drugs.
&c., for drugs.	cargory and dispensary	
Spirits of wine, for tinctures,	- ditto - ditto -	ditto.
liniments, &c.		
Splints	- ditto - ditto -	. Instruments and appliances.
Sponges, for surgical use -		- Sundries.
Sponges, for household use -		- Cleaning and chandlery.
Sprays	Surgery and dispensary	- Instruments and appliances.
Starch	D	- Washing.
Stretcher		- Renewal of furniture.
Subscription boxes		- Sundries.
Subscriptions to other institutions		- ditto.
Sweeping chimneys	Domestic	- Cleaning and chandlery.
P. II I	Silver Section 1	0.10
Table linen	- ditto	- Bedding and linen.
Table, operating		- Renewal of furniture.
Tapers	- ditto	- Fuel and lighting.
rea		- Grocery.
relephone		Sundries.
Thermometers, not clinical		Renewal of furniture.
Tools, carpenters', engineers', &c.,	Establishment charges -	- Repairs.
&c. Fowels	Domestic	Radding and lines
Travelling expenses. See Fares.	Domestic	- Bedding and linen.
Trays	Domestic	Renewal of furniture.
Furpentine for dispensary -	A CONTRACTOR AND	Drugs, chemicals, &c.
Turpentine for household pur-	Laboratory and the control of the co	Cleaning and chandlery.
poses.	Domestic .	oreaning and chandlery.
The state of the s		
Uniforms, porters', nurses', &c.	- ditto	- Uniforms.
Utensils	in the proposed on the committee of the	Hardware, crockery, &c.
Utensils (china and earthenware)	CONTRACTOR OF THE PARTY OF THE	- Hardware, crockery, brushes,
notes of the section of the section of	and and an arrangements	&c.
Vaccine points and tubes -	Surgery and disease	Sundries.
		A .
Vinegar	Provisions	

Items.	Main-Heads.		Sub-Heads.	
Wages. See Salaries and Wages.	Dominsto		Sufa	
Washing	Domestic	-	Washing.	
Washing materials, soap, soda, starch, &c., used in laundry.	- ditto	-	- ditto.	
Waters (medicinal)	Surgery and dispensary -		Drugs, chemicals, disinfect- ants, &c.	
Weighing machines for wards -	Domestic		Renewal of furniture.	
Weighing machines for house- hold purposes.	- ditto	-	- ditto - ditto.	
Wills, extracts from	Management		Sundries.	
Winding clocks	Domestic	-	- ditto.	
Wine and spirits	Surgery and dispensary -		Wine and spirits.	
Wine and spirits, as solvents, &c., for drugs.			Drugs, chemicals, disinfect- ants, &c.	

Private and Confidential.—Revision of 7th December 1891.]

SYNOPSIS of the INDEX of CLASSIFICATION.

Control Control	- manufic terminal lightfull
Heads of Charge.	Examples of Classification.
and the base of the testing of the second	the state of the second second
MAINTENANCE:	
Provisions:	The state of the s
Meat	- Meat Essences and Extracts.
201 1 Th 1 A	- Game, Rabbits.
The second secon	- Bacon, Ham.
	bet for fraction expended - between said dispersion -
MORAL COLUMN COL	· I see a supply and a second a supply and a supply a supply a supply a supply a supply a supply and a supply a supp
	- Oatmeal, Hominy, Cake, Gluten Bread.
	- Potted Meats, Sardines, Preserves, Biscuits.
1 of grantes	- Fruit.
Malt Liquors -	- Beer Allowance.
Consessed Dispersery	Marking to be a second control of the second
Surgery and Dispensary:	C. C
Drugs, Chemicals, Disinfect	
ants, &c.	ments, tinctures, &c.
Dressings, Bandages, &c.	Specially Purchases Contains Astifairl Limbs
Instruments and Appliances Ice and Mineral Waters	- Spectacles, Eyeshades, Crutches, Artificial Limbs.
4444	anners for household use
Sundries	- Articles not falling under any of above Heads.
and the same and t	The same of the sa
Domestic:	Charles of the same of the same
Renewal of Furniture -	 Carpets and Rugs, Curtains, Fire Extinguishing Apparatus Lamps, Sewing Machines, Weighing Machines.
Bedding and Linen -	 Table Linen, Towels, Dusters, Toilet Covers, Tea Cloths Haberdashery, and renovation and cleaning of Bedding.
Hardware, Crockery, Brushes	
&c.	Moulds, Feeders, Porringers, and other Ward Utensils.
Washing -	- This presents exceptional difficulties in the case of thos
	Institutions doing their own washing, for while laundry
	men's and laundresses' wages, and such materials as soan soda, blue, starch, &c., can be accurately charged, it i
	impossible to do so with the water, except a separate mete
	be fixed for the purpose, or with the coal, unless a separate
	cellar is set apart. Moreover, in the case of a steam
	laundry, the proportion of wear and tear of machinery. o
	engineers' wages, &c., chargeable to washing, would-
	where the machinery performs other operations beside
	washing-be impossible to determine with accuracy
	Estimating the figure is an unsatisfactory expedient, as
	every computer will proceed probably on different lines
	therefore, it is believed that the best plan to follow is to
	put down only those things which can be accurately
Cleaning and Chandlery	charged Chimney Sweeping, Carpet Beating, Window Cleaning
Cleaning and Chandlery	Cleaning Materials, as House Flannel, Bath Brick
	Furniture Polish, Soap, &c., except for Laundry.

Heads of Charge.	Examples of Classification.
Maintenance continued	
Maintenance—continued.	
Domestic—continued.	
Water	
Fuel and Lighting	Matches, Tapers, Lamp Oil, Candles, Firing.
Uniforms	All Clothing, or Material for Clothing, supplied to Nurses Porters, Servents or others, except Patients.
Sundries	Articles not falling under any of above heads, as Carriage of Parcels, Fares of Employés, Marking Ink, Christma
Establishment Charges:	Boxes, &c.
Rates and Taxes	THE COURS WESTERN DAY OF THE PROPERTY SHOULD BE TO SHOULD
Rent	Configuration with amorphism and the thought and the transfer
Insurance	Code Indiana Plant Code & C. W. H. W.
Garden	Garden Implements, Plants, Gravel, &c., for Walks, Wage of Gardener.
Annual Cleaning	Todala Malais (Table 1 Martin de Barrier
Repairs	Includes Mechanics' Tools and Materials, the Repair (no replacing) of large Fittings of all kinds, as Stoves Kitcheners, &c., and the Repair and Renewal of such as
Salaries, Wages, &c. :	Gas Fittings, Locks, Door Handles, &c.
Medical	
Dispensing	our the of the first service of the sound of the own supplies
Nursing	all manufactured and the second secon
Other Salaries and Wages -	Board Wages.
Pensions	The state of the s
Miscellaneous Expenses:	
Printing, Postage, Stationery and Advertisements.	Forms, Books and Stationery, &c., for Ward and Domestic Purposes, as Prescription Cards, Diet Sheets, &c., Main tenance Postage (Steward's Department, &c.), Advertise ments (Contracts, &c.).
Sundries	Funerals, Post-mortem Examinations.
DMINISTRATION:	and the state of the second state of the second limited
Management:	the man have been been promised a line of the said agreement
	Constantal Department
Official Salaries Commission	Secretarial Department. Whether paid to Secretary, Clerks, Collectors, or others.
Pensions	Secretarial Department.
Printing and Stationery -	Except Appeals and Maintenance Printing, as above, and including Annual Report.
Postage and Telegrams -	Except Appeals and Maintenance Postage.
Advertisements	Except Appeals and Maintenance Advertisements.
Law Charges	
Interest on Loan	management of training continue in the reservoir of
Auditors' Fee	the state of the little of the
Sundries	Fares, Secretary's Department, Commission on P.O.O.'s &c., Extracts from Wills, Hire of Rooms for Meetings
Finance:	Subscription Boxes.
Appeals Festival	Including Advertisements, Postage, and all Expenses. All Expenses attending Festival.
Total Ordinary Expenditure	ined to the second and the Royal Co
Extraordinary Expenditure:	Columb to estage to along all and the same of
Building Improvements and Additions.	Additions and Alterations to Drains, &c.
Repairs	Repairs exceptional as to extent and expense, not executed yearly.

APPENDIX No. 2.

STATEMENT presented to the Select Committee of the House of Lords on Metropolitan Hospitals.

The Council of the Irish Medical Schools' and Graduates' Association craves permission to point out the injustice and inexpediency of certain bye-laws which are in force at many English hospitals, and in consequence of which fellows and members of the Irish College of Physiciaus, and fellows of the Irish College of Surgeons, are excluded from competition for most of the higher English hospital appointments. These bye-laws provide that all candidates for medical vacancies in the hospitals must possess the diploma of fellow or member of the Royal College of Physicians, London, in addition to the degree of M.D. of a British university, and that candidates for surgical posts must have the diploma of fellow of the Royal College of Surgeons of England.*

If these bye-laws remain in force throughout England, Irish higher degrees and

If these bye-laws remain in force throughout England, Irish higher degrees and diplomas will not be of use to anyone wishing to advance in his profession in this country; and the effect of this public depreciation of the higher Irish qualifications in medicine and surgery of necessity tends to lower the status and value of all Irish qualifications.

In this and in other respects their maintenance tends to defeat the purpose of the Medical Act of 1858, which, in providing for a uniform and efficient standard of education, contemplated the abolition of the old monopolies, and the establishment in their place of equal authority amongst the licensing bodies. Such equality is fully implied by the regulations of the General Medical Council, and the parents and guardians of youth are led to believe in its existence. The places chosen for the education of the latter are determined by convenience, and without misgiving as to subsequent disadvantages. The guarantees of the State are accepted without question, and it is only when the course of study is completed, and his resources probably exhausted, that the medical man finds himself marked out by irresponsible bye-laws as a member of an inferior caste, and, whatever his merits and attainments, debarred from seeking the highest privileges of his profession, or condemned for life to a particular locality.

As the bye-laws referred to also exclude all Scotch graduates and diplomates, these

observations apply equally to Scotland.

While the Irish Medical Schools' and Graduates' Association takes action in this matter, specially on behalf of its members and in the cause of Irish medical education, the question has obviously a much wider scope, and involves the interests of all university

graduates, whether English, Irish, or Scotch.

If it could be proved that the higher diplomas of the colleges of physicians and surgeons of Ireland can be obtained on less secure guarantees of capacity on the part of their diplomates than those qualified in the English colleges, or that they were conferred with less stringent enactments for the maintenance of the honour and dignity of the medical profession, there would then doubtless be tangible ground for the refusal of hospital boards in England to permit Irizh diplomates to compete for posts of responsibility in English institutions.

But an appeal to facts may be made to refute such an allegation.

The regulations to be complied with for the diplomas of member and fellow of the Irish College of Physicians and fellow of the Royal College of Surgeons in Ireland are open to every one to compare with those for the corresponding English licences, as also the rules governing the mode of practice of the diplomates. It will be found that the Irish enactments are quite as strict, and the ground of study covered quite as extensive; while, in one most important particular, the latitude allowed to fellows of the English College of Surgeons to dispense medicines, provided they do so "in the due exercise or practice of their profession as apothecaries," is denied to Irish fellows, who are thereby debarred from availing themselves of what must prove a most unworthy, if not lucrative, addition to the English fellow's calling. The membership of the Irish College of Physicians and the fellowship of the Irish College of Surgeons are only obtained after strict examination, while the fellowship of the College of Physicians, like that of the English one, is conferred by election, on the ground of distinguished merit and high professional standing; and is, consequently, quite as good a guarantee of professional conduct as that of the English college. (The regulations of the Colleges of Physicians and Surgeons of Ireland are appended to this statement in parallel columns with those of the English colleges.) This statement is furnished in a separate document.

The highest positions in the public services have been frequently held by Irish and Scotch diplomates, who have had no English degrees or diplomas. All over the British empire, in naval and military hospitals and in active service in the field, Irish diplomates

have

Those holding English diplomas, who elect to practise in Ireland, have no such barriers placed in the way of their seeking Irish hospital appointments.

have filled, and are filling, most responsible positions of trust of the highest importance to the State. In a large number of colonial hospitals and schools they hold foremost places as teachers or operators. The records of the competitive examinations, both in the home and Indian naval and military medical services, can be adduced as proof that the Irish schools have sent many of the most distinguished candidates to compete for these

coveted posts.*

The work done in Irish hospitals, and in the great medical schools of Ireland, has been achieved, and is being carried on, by men who have never obtained English qualifications. Some of the most illustrious names in British medicine and surgery are associated with these schools. We might instance Richard Graves, one of the foremost physicians of his day in any country, whom the eminent Trousseau ranked as one of the greatest clinical teachers" of the time; the original thinkers, Stokes and Corrigan, who have left an imperishable fame as clinical investigators; the famous roll of Dublin obstetricians, workers in a school resorted to by students of various nationalities for the past hundred years, and still yielding to no other in maintaining its proud traditions: the familiar names of Bellingham, Marsh, Colles, Harrison, Robert Smith, and a host of other well-known surgical workers, all educated in the Dublin schools of anatomy and surgery. It would be invidious to point to any special names of living physicians, surgeons, and teachers in the Irish medical schools and hospitals, but it may be well to refer to the fact that in the year 1887 many of the English leaders in medicine and surgery visited the Irish metropolis when the British Medical Association was entertained there, and thus had an opportunity of seeing the facilities for education both in hospitals and schools which Dublin possesses. At that meeting this system of exclusion was openly challenged, at the instance of Sir Thomas Crawford, K.C.B., Director General of the Army Medical Department, then President of the Irish Medical Schools' and Graduates' Association, and a Resolution, condemning it, was passed by an overwhelming majority; so that, at the present moment, the British Medical Association stands strongly opposed to the principle of refusing recognition to the higher Irish and Scotch qualifications by hospital authorities in England:

"This Association is of opinion that the diplomates of Irish and Scotch Universities and Corporations should possess the same privileges, in respect of public appointments, as are enjoyed by the diplomates of the other division of the United Kingdom."

If it could be urged that the bye-laws in question were universally in force, the plea of custom would have some cogency, but this is far from being the case. Of 268 of the principal hospitals in England more than one-half admit Irish and Scotch diplomates on an equal footing with their English brethren, and amongst the metropolitan hospitals having schools attached, St. Mary's and the Westminster afford a bright example of tolerance and enlightenment. Within the last year also the governors of the Bristol General Hospital have lent an ear to the representations of this association and repealed the obnoxious rule. In these and other English hospitals, where the bye-law does not exist, it has never been said that their duties are discharged less efficiently by Irish physicians and surgeons than by their English colleagues, while in the practice of their profession amongst the outside public, if the test of professional success in life is applied, Irish and Scotch diplomates are, in many of the large English centres, the most successful practitioners, and hold responsible public offices.

The fact that these expressive bye-laws exist sufficiently proves the need for their removal, since it implies that without them the governing bodies would be tempted to enlarge the field for selection. This is a consummation to be desired by everyone who has at heart not only the interests of the hospitals as institutions for the relief of the sick and suffering, but who in a liberal and progressive spirit is also desirous of advancing the science of medicine and the art of surgery. By such restrictions as those complained of, which narrow the field of selection and necessarily exclude a large number of highly qualified candidates, it is certain that an injustice must occasionally be done to the institutions affected, while men who might advance medicine or surgery by original research or otherwise, are debarred from the opportunity of so doing, through their

exclusion from clinical work in the hospital ward.

It is assumed that the colleges exercise a salutary control in the matter of the professional ethics of their higher diplomates, and that such control to be efficient must be local; that consequently English charitable institutions, by restricting the selection of their officers to the members and fellows of the London colleges, secure the advantages of a professional censorship. If it be admitted that this consideration has some weight in the case of the College of Physicians, we would urge that it may safely be left to the governing bodies to estimate the necessity and to appraise the advantage at its proper value in each case. We would point out further, that the English College of Surgeons has no pretensions to this moral influence, and in the case of its fellows, such an advantage cannot be supposed to exist.

It is very necessary to distinguish between exclusion from competition, such as we complain of, and a failure from any cause to secure a due proportion of honorary appointments. The latter we do not fear, the former is an anomaly without parallel in the body

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Or The fellowship of the Royal College of Surgeons in Ireland is accepted by the Medical Department of Her Majesty's Army as an equivalent substitute for the examination required to be passed by surgeons of the Army Medical Staff previous to promotion to higher rank.

politic or social. It carries with it a stigma of unworthiness, and besides that, it is contrary to the public interest; it tells severely upon the fortunes of individuals, marking them out as belonging to an inferior grade, and seriously injuring them in their private

practice.

We have endeavoured, with an open mind, to discern and to discuss the possible grounds upon which this anomaly might be based, and we are driven to the conclusion formulated by the Council of the British Medical Association, and adopted by the general meeting which took place at Bournemouth in July 1891, that "the exclusion of persons holding qualifications, which in the profession are known to be of the highest possible character, was probably owing to the ignorance of those who originally drafted the rules, and probably the restrictions are maintained for a similar reason."

E. D. Mapother, M.D., Fellow (late President) R.C.S.I., Chairman.

11, Chandos-street, W., 3 March 1892. James Cagney, M.A., M.D., M.R.C.P. (Lond.), Honorary Secretary.

							APPENDIX, No.	3.					
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APPENDED TO REPORT FROM SELECT COMMETTER ON METHOPOLITAN HOSPITALA, &c.

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APPENDIX TO REPORT FROM MERCIT COMMITTEE OF METEOPORTER EMPITALS, &c.

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	APPENDIX TO REPORT FROM SELECT COMMITTER ON METROPOLITAN MOSPITALS, &c.	
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Fr. Marris		Not. Con face and property of the second pro	I Milital Septembries 1 Person of them 1 Person 1 Person 1 Domes 1 Domes 1 Domes	364. 364. 364.	Tweet and helping Boar is explicit Boar is explicit weether is not precising in out		1 Chaples	Suggery Enable	So officially served have a contract to the co	41,000 peak, 41,000 mek.	#200 Ju 60	made by the Engineer The Strang and Finance Committee is responsible for the ageinst year-bine of the Hoppini. It co- cerns wants on the ac-	Matequisian Fire Irigade requirely suspects the fire appearable and combusts a five forces. There are I

E.—General Hospitals with Schools in the Metropolis.—Notes with regard to the Medical Schools.—Endowed and Voluntary General Hospitals.

HOSPITAL	MANAGEMENT OF SCHOOL And the tenure upon which it boilts in pressive.	DMAX	No. of Students.	No. of New Entries in 1800.	Students' Fore for the Full Carrienbure.	Income.	Espinor.	Payment of Lecturers.	Peyment of Cunical Truckers	Maximum and Minimum Amount Received by Lectures in one year.	The total amount paid to the Lecturers and Clinical Teachers in 1890.	Money (if any) paid by the School to the Hospital.	Money (if any) poid by the Hospital to the Satissel.	Any Pour Demanded from Decrees or Clocks.	Residential Callege.
Sy, Bartheloupe's	School Committee con- sists of all permanen Tueshers. Also a Eu- cipline Committee. Which is a Sub-Com- mittee of the School which is a Sub-Com- siste of the Lectures for the Session and cretials commission Monhers. The built- ings until the the pro- line of the School and Commission of the School are no corupted during the pleasure of the Gareeraway of the Hospital.	she is Henorary S-costary of the School, acts as Dean; the office does not exist by that mame in this	1890.	cutries to a	£138 12a if paid to instal-	About £14,000.		Each Lecture environ a show of the School For, estimated streeting to like sensirily, and the nature of the work dime by him.	the Free renired, the	one Lecturer or Tracher was about £000 and the minimum about £500	gross, Lecturers, Tutters, and Demon-	tope by the Hospital		Clinical obvikablys are from 40 In- palients' densors are from Other Dynastrablys can be obtained as payment.	
ST TEOMAS'S	Committee of Medical and Surgical Officers.	G. H. Makine.	430	107	£231.5s.	About £8,500	About £3.001	After deducting expenses from income, two-thirds of the remainder in devided among the Lectures is proportion to the actual locus of work, done by each.	peners from moome, one-third of the re-	by any one Lecturer, who is also a Clinical Tracker, is about \$240, and the minimum is	No information given on this point.	Ness	Hospital pays cortain Scholarships from Trust memorys.	Note.	No. There is a Starlents' Club, where they can larch and disc.
Orr's	Medical and Suppleal Staff and Lectures, with the Treasure as Chairman.	De E. C. Perry.	About 500.	164	gm is	£11,000	£4,000.	Shoot Jaco, shorth-represent an electrical and formed into an electrical state. Any Localization control to low more blacks, a recording to low Localization and the number of Projects according.	have shares allotted	Maximom sum received by say one Lecture to 33 Source; the mi- sission is half a Sour- Lin 1850 the Shano was equal to £30.	Alest 79/00.	it on new informal	Huspitel paid 2010, 6c. 5d. in the year 1880 50 toward the School Buildings and Museum.	From.	Accommodation for \$22 Students. However, we see the process of the first
Testhibates	School of Medicine Committee constant of the Treasure, 9 Georgeons of the Hospital, the Physicians and Surgeons of the Hospital, and 1 Lecturer, not a Medical Officer of the Hospital. The School payers to the Hospital.	Dq. W. H. Allehin.	100	31	£103,	Average for the last 5 years £1,800.	Average for the last 5 years £913.	The School Fees are dirigid into Shores after the expresse are deducted, and the Lecturers get Shares associate in the sales assigned to their Shares associate in the sales assigned to their sales and the sales of Supress attacking the course.	vertising, and certain	The maximum sam paid to a Loctarur who is also a Cladeal Tricker of Ello; the minimum is a few pumeas only.	No information V grown on this guise.	The School page renf., £100, to the Hospitel.	The Hospital granted a loan of £0.835 to the School for its site and building. The roat of the site and building was £15.83, but £0.000 was raised by a special appeal, and £1,000 was given by the Lecturers.	Free	Nit
fr. Geograp's		Dy. Thomas Whip- ham,	140	90	£12).	g4,50010 £3,000.	£2,000.	Some by salary , some by proportion	of the free.	Maximum sum paid to may one Lecture is £100. The minimum is £30.	62,430.	The Achiesi pays rent to the Hospital,	The Hospital grants some rooms to the School free of year.	Pres-	Not Referencest Room and a Smoking Room in the School for Students.
Lossos	College Beard, which consists of an equal seasher of Medical men and Manshers of the Haspital House Committee. The College pays rent to the Hospital.	The Warden is Mr. Munry Soutt,	460	54 Full, 30 Special.	£190.	About £0,500.	About £3,500.	From Fees.	From Fort.	£3,400 the maximum, and £2,400 the mind- mens. This represents the amount received by Lectures in the College, and all the Clinical Trachers. A separate Tracher is required by the Lious- ing bedlies for nearly enery analysis.	£2,469 12s.	The College pays seen to the Hospital. In 1889 the amount was £464, 164, 104.	a year and the College	Pros.	NL Students Club for, Insoh and diener.

E.--General Hospitals with Schools in the Metropolis. - Notes with regard to the Medical Schools. - Endowed and Voluntary General Hospitals. - continued.

HOSPITAL	MANAGEMENT OF SCHOOL And the tracer upon which it holds its premiers.	DEAN.	Na, of Studenta.	No. of New Entries in 1890.	Students' Fees for the Full Corriculum.	Income.	Espe	19168	Payment of Lecturers.	Payment of Clinical Teachers.	Maximum and Minimum Amount Received by Lecturers in one Year.	The total amount paid to the Lectures and Clinical Tranbers in 1800.	Money (if any) paid by the School to the Hospital.	Money (if any) paid by the Hospital to the School.	Any Fees Demanded from Dressers or Cityles.	Residential College.
Mindlesex	Under the control of the Hospital; the School Committee supervises the interac- tion and discipline of the Stelenius. The permittee be- long to the Hospital.	Mr. A. Pearce Gould.	About 360.	127	£100.	£5,000.	22.0	000	After the management expenses are deducted from the School Free, the Batter is disable use 000 Mane, 200 of whole go to the Lectures, who have to pay the cost of their Lectures, who have to pay the cost of their Lectures.	School Free, after pay- ing management ex- penses, is divided into 600 Shares, 240 of which are distributed among the 3 Senior	that any one Locturer	C3,600.	per cred on money advanced to it by the Hospital, and pays off	The Hospital advanced money to the School. It pris annually £36 LTS to the Library, and £13 for a point, it also keeps the School buildings in repair,	Pero.	Accommodation for 3 Students, The Series Students, The Series Students, The Series Students of a Series And Students of Series a Students, Club, is the School.
Свандо Ском	No information plans on this point. The School pays reat to the Hespital.	Mr. Stanley Boyd.	228	82	For a general course, £04.10s. if paid in one came or £365 if if paid in 5 in- stalments. For a dental course, £56 if in one sam, or £62 if in Tiestalments.	£4,070.	No info pites o point.	ernation on the	Each Erchery is poid the amount that his par- million of the parameter of the control of number of Stateste attracting the course, less two-df-his for the expense.	pital practice or Citional testion, less one-dish for expenses, is divided into #2	Lecturer would get would be, so the average, \$110 for the Winter Season, and \$50 would be the minimum som given.	No information given on this point,	One-fifth, total receipts of School fees for rest.	Ground rest and taxes. Governors' gold modal, &c.	Free.	Nid.
ENIVERSITY COLLEGE .	postment of the Col-	Schufer, F.R.s., is Dean of the Faculty of Medicine	906	100	£126.	£7.567.	No safe gitten palas.	ermution on this	The trenty-disk part of the green amount of fees (representing the difference between possible (representing the difference between possible content of the property of the pr	Two-thirds of the free for Hospital practice.	The mentioners sum paid to a Lecturer in about £430 a year, and the meatment is £10 10.	£5,603 6s.	The School pays over to the Hospital the Clian- cal few of the Students.	Note.	Free.	Not.
Kim's Certon	This School is only a Bryartment of the Gology, and is there- fore exampel by the Console of the Cologe, whose property it is.	of Medicine.	200	Average No. of new entries 35	fine the ed. or fitt 7s ed., including Preliminary Science.	About £0.700.	About	£1,700. 1	The whole of the Students Free, are paid to the 3s, who deducts one-forest towards the expense of et- the remaining approach being charged to the green Of the remaining approach of the product of the Factories, the creaming machine (less the rea- of) the Republic to the Chainel Teachers, the Factories, the creamining machine (less the rea- of) the Hespitals in paid to the Chainel Teachers.	he Medical Department, al funds of the College. are divided among the	£1,001. (since 1882.)	No information given on this point.	The Medical Department contributes out of the fee (240 per annew, which is paid to the parish of St. Clement's Dance, as perpetual rest for a portion of the Hospital.	None	Free.	Accommodation for 14 Students. The terms are from 200 to 200 for the academical year. This includes dance in the College Hall.
M Mary's	Medical School Com- mittee; it consists of the Medical and Sur- gical Staff, and some Medical men who are Governors of the Has- pital see appointed by the Hospital Beard. The premises be long to the School.		200	32	£120.	Average for 7 years, £4,500. In the year 1888-89 the Income was £5,500.		£3,450.	Some Lectures are yaid fixed Salaries. The same employed in this master is about £1,100.	Nv.	The maximum sam paid to a Locturer is about g100.	None in 1890. Usually \$2,000 is divided.	The School pars inherest on a Jean of £11,800, granted by the Hospi- tal at the rate of 4 per cent.	loan of £11,000 to the	Proc.	Two houses are used as a Residential College. The terms are 50 guiness for the nea- denical year. This includes all expenses of residence, with the exception of washing and bedreom fires.

F. -General Hospitals without Schools in the Metropolis.--Notes respecting their System of Government,

NAME.	FOUNDED.	100	TATS.		сомм	ITTEES.			60	VERNORS.	SAMARITAN.	MEDICAL AND SURGICAL STAFF.	
		Armed.	Special.	Management	House.	Finance.	Medical Council.	Qualificat	ion of.	Privileges of.	FUND.	Qualification and Election of.	INSTRUCTION.
BOVAL PARK	. 1020	This meeting is advertised as a page of the page of th	moned at any time by the Committee of Man- agement if requisitioned by 10 Governors, 14 days' notice must be given.	The Committee of Management conside of 20 Georgeon. It must be quarterly and proteins the Tale queens in 3. The Tanagement Character of Committee, and Committee of all Committees.	siats of 12 members of the Committee of Man- agement; it meets every werk and conducts the ordinary work of the	meets every week, generally before the Weekly Beard, and checks all accounts. The quorum is 2.	composed of 3 Pharma- centical Chemists, not accessable Garantees	nors, and d 10 guiness sum are I	ideory of	Special Courts.	got. os. 5d. were expended in 1890, chiefy in giving Considerent aid to patient, serving the Season of Sea	Phylicides or Anistant-Phylicides and be Follow to Members of the Royal College of Phylicides, London, Surgeons and Reval College of Services of Services and Reval College of Services of	for Women zeco re their clinical in
MILES MOROPHIE	1783 as a Dispensary, 1883 as a Hospital.	smalls in Jame 1 2 days"	may be summoned by the majority present at any Monthly or Medical Committee, specially	General Commettee consists of 50 Diversors, detected by the Annual No. 19 annual by the Medical St. 19 annual St.	observed by the General Committee, consists of 9 members of the latter hedy. It members form a quorum. It meets at least once a week and carries on the usual routine work of the Hospital.	Meeting of Governors, and comests of five Go- vernors not being mem- bers of the Monthly Committee. It audits all the accounts. 2	the Charity form the Medical Committee, with power to elect any Governor or other person as Honorary Member. 3	guines are nors, and d 10 guiness	Gover- imora of age Life	are entitled to have I putient on the medical	Sameriton Food.	Physicises man be Fellows or Members of the Boyal College of Physicians of Landon, Medicine of any College of Physicians of Landon, Medicine of any Coleverty of the Landon, Medicine (Misses, Colleges, Colleges of Medica, (Misses, and be Fellows or of Leadon, Edinburgh, or Dablin, and Internations of the Rayal College of Leadon, Edinburgh, or Dablin, and Landonius of the Rayal College of Colleges of the Rayal Colleges of Colleges of the Rayal Colleges of Spirits. They are decided by the General Committee, and retter at Olypara of Spirits.	361,
GIENT NOMERINA CENTRAL.	1600	annually in February, 10 days' notice at least is to be given by adver- tionment or circular to each Governor. It re-	temeral Council can be convened at any time by the Committee of Man- agement; or upon the requisition in writing of at least 20 Governors, the usual notice bring	The Committee of Management consists of not less than 25 Gaymone and 2 representatives marked 11 units monthly in marked 11 units monthly in administrative the general affairs and flowle of the Hospital.	the General Committee, including the two repre- sentatives of the Medical	of the General Committee. It mosts at least once a month to expense and appreciae all the accounts of the Hospital, Ar. 3 members from	is composed of the Honorary Medical Staff. It determines its own- times of meeting, and appoints its own Nerve- tary and two recovereds.	Governors, subscribers guiness and are August	Annual of 3	to vote at the meetings of the General Council.	There is a Ladies' Association consisted with the Bou- pital, so collect funds for three perspects: the general purposes; the general purposes warrian. In 1800 £60 St. 11d. were defrayed by the Association for Samuellan purposes.	Figure must means the degree of M.D. or M.B., obtained by examinate on at a flightch University, and must be F.R.C.P. or M.B. of M.B. of M.B. of M.B. of M.B. of Figure 1. Or of England, They are elected, by the Committee of Manterment, and they must consult for Manterment, and they must service us the full Nuff.	and.
Matropalitan	1436	The Governors meet on- smally about March, 10 days' assiste of the meet- ing most be given through the meeting over 1 mounts the meeting of an obser- tation of an obser- tation of a page 1 days of the meeting of a meeting pages. 7 Gertrane form a quorum	be summoned by the President, by the Treasurer, or by the Committee, at the serious request of and less than	The Committee of Management contain of not less than 12 nor have than 12 nor have than 12 nor have than 13 nor have the Annual Meeting, in addition to the President, Destroy the Meetins and Supplies, and Saff, who are members of the Committee orders of the Committee orders of the Committee from a quarter. If users outs a month and II users outs a month and III users outs and in the III users outs and in the III users outs and its outside the III users outs and its outside the III users outs and III users outs an	sists of 7 mosters of the Committee of Manage- went. It meets every week and conducts the routine work of the Hospital. 3 members	appointed by the Com-	The Medical Committee is computed of all the members of the personness Staff. It meets when required, and consults on the medical business of the Hespital. It appoints a Desig Sub-Committee.	Subscribers guiste are nors. Dono guiness are Generales.	General a of 10	Life Governors have 2 years on all coronines. Subscribers of 1 gaines have 1 years about 1 years about 1 years and 1 years of 1 years and 1 years of 1 years and 1 years of 1 ye	This Hospital has no reparate Samaritan Fund.	Physicians and Aminian's Physicians must be Tollows or Members of the Reyal Col- lege of Physician, London, and Genharden by the General Medical Consult. Separa- nel American Separation of American and American Separation and American and American Separation of Physician and American Separation (Physician and American Separation (Physician and American Separation (Physician American Separation (Physician Explaint) and an of copaged in general process. They are elected by the Com- mittee of Management, and must retire at G2 years at age.	NA,

F.-General Hospitals without Schools in the Metropolis, -Notes respecting their System of Government-continued.

NAME	FOUNDED.	con	RTS.			COMMITT	RES.		gov	ERNORS.	SAMARITAN FUND.	MEDICAL AND SURGICAL STAFF.	ENSTRUCTION.
		Annal	Special.	Management,	16	PAR.	Finance.	Medical Council.	Qualification of.	Printings of	70.50	Qualifications and Elections of.	
WANT LORDON	1606	the Governors are held in February and August for the transaction of general business. Notice	can be summoned upon a requisition signed by six numbers of the Com- mittee of Management, notice being given in	The Committee of Management cannot of the Provided, Very Probability, Treation, Tensorers, Tensorer	morts werk the control matter of conducts work of 2 manufacts	e Committee ly, and, under led the Com- Management, the routine She Hospital. Teem a qua-	The Planoe Countities and has before to while; and has before it all the account of the Helping clurks them: and plane; them thefore the Heune Committee for the Helping Countities for approved. 3 members form a quoren.	been of the Henceury Stoff. It meets when	Subscribers of 1 guines, are Govern- ners, and descen of 10 guiness are Life Governors.	Garenner and Life Germanner are not their the remains and 8 mile galation named by for each gainer subscription or 10 general distriction, or may recommend the part of the patient in the 1 st. 1 of 18 sub-patients.	\$1, 18t has been expended in 1990, leaving a balance evolut of \$216.8s, 84.	Physician and Amindred Physicians much large of Physicians of Lendon, and must and provider as Apotherance. Suggests and provider as Apotherance. Suggests one of the Reyal Caclings of Sergests one of the Reyal Caclings of Sergests are of the Reyal Caclings of Sergests and the Reyal Caclings of Sergests and the Reyal Caclings of Sergests and Sergests of Caclings of Sergests are Sergest by the Committee of Manage- net Sergests of Caclings of Manage- tee of Caclings of Sergests and to the retiring ag-	Pupils accompany the members of the ist of their visits, sed the cener in the Haspitan ser frequently made use of at mestage, Society, which take place mouthly at the Haspital.
бълсокданда [*] Ізонтичног, Тоттакжам.	1863	The management of the Institution is under a Director and a Lody Superintendent, who not under a Council and Trustees.	Nii,	The object of the Inoceation is the Indiang of Christian women In orrer as Denoments, i.e., as weeking, inching, and nursing sisters, but who shall not be val- ject to any obligation or now of collibery.		NV.	Nd.	Mr.	No information ple	un on these points.	This Invitation has no separate Samuri- tan Fund.	The Molecal Officers are proposed by the Director, elected by the Medical Staff, and confineed by the Council.	The Deaconcess are instructed in hands, ing. Physiology, Anatomy, and the or lines of Surgery during the wister months
Lespon Tenronance	1873	Meeting takes place in the first six months in the year. Notice of the	ings may be covered at any time, on the order of a General Meeting of the Generalers, or of the Board, or upon a written requisition signed by 25 Generales. 7 days'	The Board of Management is composed of 12 Governors, also are total abstrainers, cherical by the Garcian Mercing of Governors. The State Marcing of Governors. The mass A foreign are left at 12 marcine from the property of the state of the allies of the Highest	No mention House Co	is made of a	No mention is made of a Tenner Committee, The Tenner Committee, The Tenner Committee, The Tenner Committee, Tenner Tenner Committee, Tenner All moneys. The 2 stud fore, his total ab- ationers, are elevand annually.	Officers shall be ex- officer a standing Mode- ed Committee, and most from time to time and	I guines and donors of Dr guines in one year are Generales. Donors of 20 guiness	Generator can recommend I in patient and 6 cat- patients such year for patients such year I gaines or disastion of 10 gainess and can be present and vote of all General Kertings.	£41. 6a. 10d. were expended. Invited the work with a balance rest of £13. 11a. 3d.	The Physicians must be Doctors of Medi- cincial one of the Universities of the control one of the Universities of the College of Psychological Confine, and hold a mightable qualification in Surgery. The College of Surgery of Surgery of Louisian in Surgery of the University of Louisian in Surgery of the University of Louisian Surgery of the University of Pseudo- ton Surgery of the University of Louisian Surgery of the University of Louisian Louisian Surgery of the Surgery of the Surgery of the Surgery of University of the Surgery of the Surgery of University of the Surgery of the Surgery of the University of Louisian Surgery of the	Nil
Lendon Howestathic	1849	and Subscribers takes place in April; notice to be given by subdir or	tional business, and also on a requisition signed by not less than 5 Germoners. The usual notice to be given.	Governors, or subscribers of nor	posed of the Board, the Board, the gener the Hospit	ily; it is com- timembers of and conducts all business of	There is no Pinnane Com- mittee, but a Sub-Pres. naver is appointed, where delay is no oliga receipts for the demandance and subscription. In the Humphal finds, check all the pinnane and the con- located as a statement of the receipts and ex- positions of the Land- totton from the be- ginning of the current pointing	sists of such mombers of the British Human- pathic Society as may be appointed by the Board. Do daty is to movine the Board, when called upon to do so, is all matters relating to the modified addition of	guiness or upwards is an Austral Goods- nor, and revy doors	Governors and Lift Governors are smalled to have 3 in-pulsant somewhat have 3 in-pulsant somewhat and and que insultant source, who were a state of the Hampsal, and also to 3 state, who were considered as the state of the Hampsal, and I were.	£17. 2s. 4d. may dishused in the year coulong March. 31, 1800, having a b dates credit of £1, 58s. 4d. This Hospital has a Con- vidence of Home of its own at Early boarse.	by the Board of Management on the re- commendation of the Medical Council, the applicationals being subject to co-dimension by the Governors and Sub-cohere at the Annual General Meeting. No retiring age	Instruction is given at the heddels, as I ; the Oct patient D portune. The force, he are paid one of a special first of the partial state of the patient D portune. The force, he are paid one of a special first first paid to the Loc patient. The total amount paid to the Loc patient. Chimical Teachers in 1809 w. 216, but.
Sarta West Longue	1828	in Tebruary or March, of which notice is given by circular and to every Generous 7 days pro- viously. The Report and Balancesshore of the last	Committee of Manage most whenever they think fit, or on the written requisition of not less than 10 Governous. Notice must be given as for Annual Greene	more than 24 stretch members who are Georgeors, in addition to Newbers or afficie. The general assungment of the affairs of the Hospital in tested in the Com- mittee 2 security of which	the Commander of the Co	Conmittee I menbers of dister of Mun- in solition to the from the homelites. It is into to form, general super- caver the Bos- sembers form a	counts of a Benther, appointed by the Com- milter of Management. It meets at least one a month, and examines all seconds, and reports thereon to the Com- nition of Management, persons to directions to directions.	cai Staff form a Medical Committee, which meets every meets. They con- ider and rep et upon the medical afficies of the Institution. They non- mate our of their number to be their delegate on the Committee of Management, 3 men.	guines annually is eligible to be a Go- vernor, and a denor of 5 princes is eli-	A Generate subscribing I gaines has the privilege of recommending 4 conjudents around a few patients around 1 of gains and Life Generates as recommend 1 in-patients and 4 out-patients.	£12. 13s. 3d. pore up-al in giving re- lief to £1 cores in 1859. Serving: a balance core in the Goorge Stage? Somerism Fund of £39. 2s. 4d.	Every Physician and American Provisions Uniform the Uniform the Uniform Conference of Un	No.

										G	General/		coals in	n the Metropolis -Notes			to the	feds, Wards, Patier	ta, &r.										
						5831						VARSE.	1			THE PERSON			A	No.			STEPPENSON.					Annual and to Forest	
NAME OF BRIDGISH	Total Manager of Bells	Total Section (a. Sin	Total Vanis	Surrey Number Surrey States Surrey States States States States States	The same	Coal of Company Set Stationary Services on Se	Frenchey of ed Northead	Yegher Sugar	Fresher for Aprile Size	Number Tenados	Number of Juping	Number of Wards Seafur of Brits in early, and Employed States to park Ward by Day and by Wards	100	Sec. of State, 1	Sagment Special from	West To Supplies and of Projects	What are the transport to the transport	Elect State The Control of Contr	2004 2004 2004 2004 2004	2 Act Suppose of Sup- processor Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsupos Subsubsubsubs Subsubsubs Subsubsubs Subsubsubs Subs S	100	Total Pages Consoly attended in con-	Council for partiest. Chancely Februar, Sold States of the coloring in	Represent Lines Delegation to	No.	What to the free Charge of 1	Amount From Only patients in Land Contracts in Land	After all the find policies and Colombia Departments	Aprilla of bilations
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I.— Special Hospitals in the Metropolis.—II. Notes respecting their System of Government.

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COMMITTEES

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APPENDIX TO REPORT FROM SELECT COMMITTEE OF METDOPOLITAN HOSPITALS, So.

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REPORT FROM SELECT COMMITTEE ON MATE

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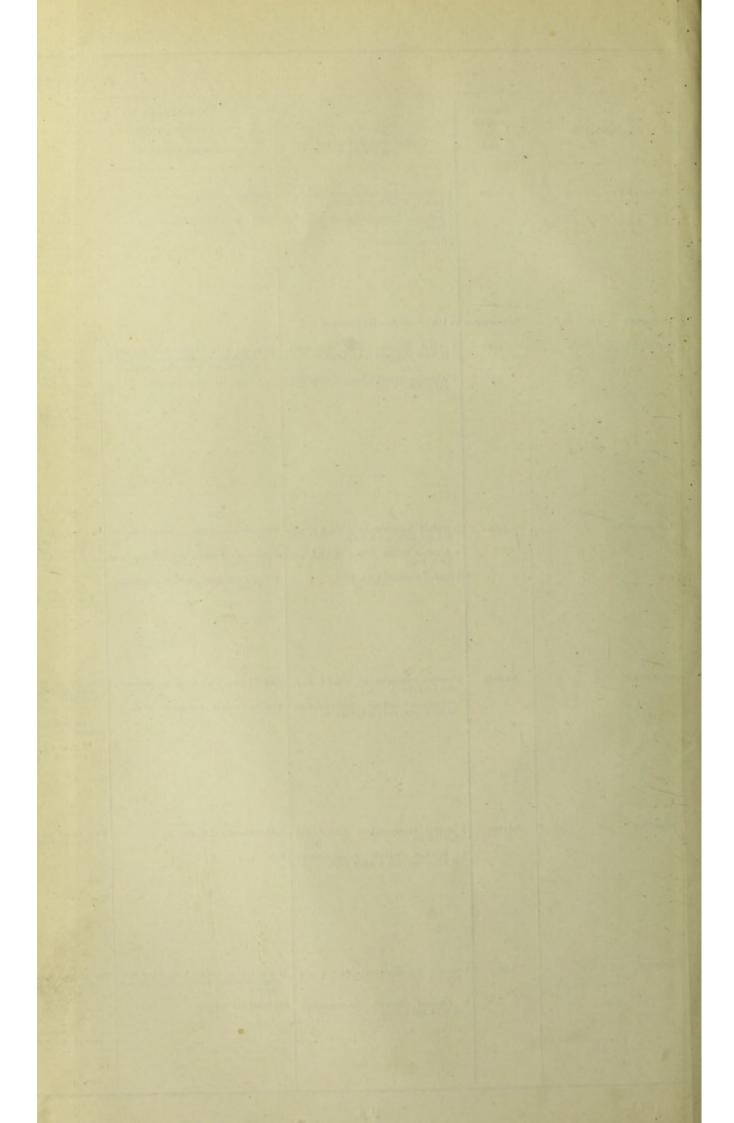
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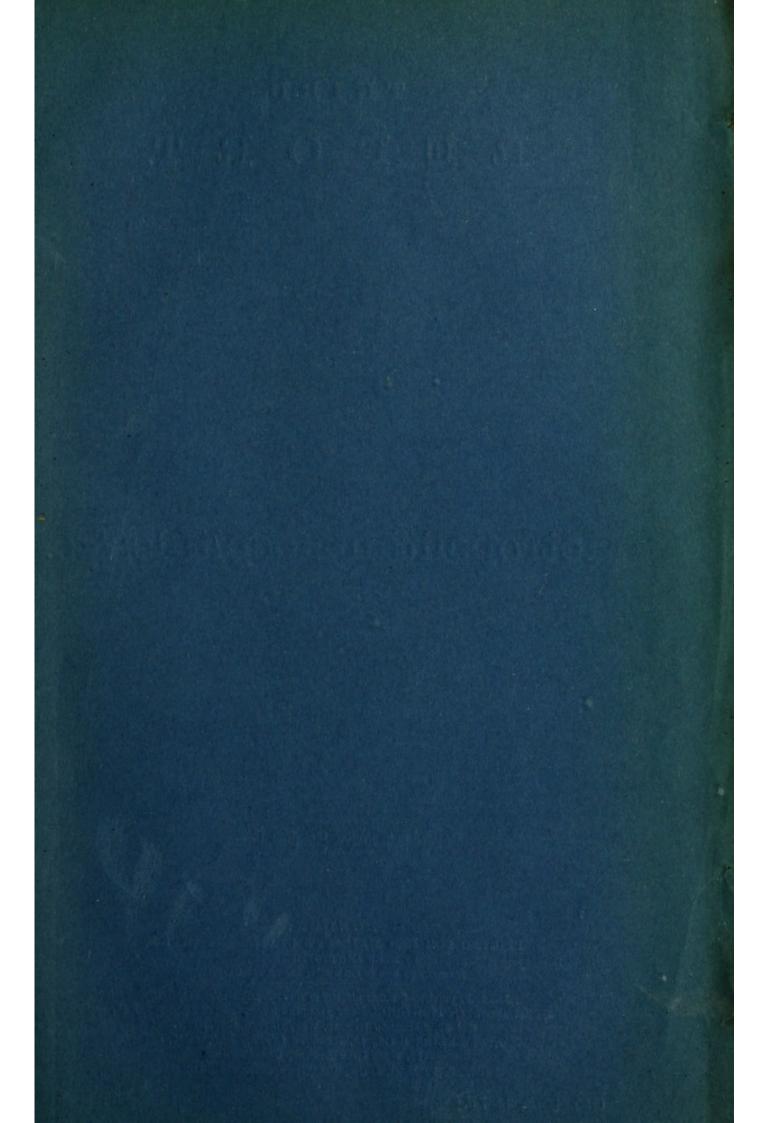
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Metropolitan Hospitals, &c.

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