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. / Ordered, by the House of Commons, to be printed, 15 August 1890.

Contributors

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Royal College of Physicians of London

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Brought from the Lords, 5 August 1890.

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.

Ordered, by The House of Commons, *to be Printed,*
15 *August* 1890.

LONDON:
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and HODGES, FIGGIS, and Co., 104, Grafton-street, Dublin.

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REPORT.

BY THE SELECT COMMITTEE appointed to inquire with regard to all HOSPITALS and PROVIDENT and other PUBLIC DISPENSARIES and CHARITABLE INSTITUTIONS within the Metropolitan Area for the care and treatment of the SICK POOR which possess real property or invested personal property, in the nature of endowment, of a permanent or temporary nature; and to receive, if the Committee think fit, evidence tendered by the authorities of voluntary institutions for like purposes, or with their consent, in relation to such institutions: And, further, to inquire and report what amount of accommodation for the sick is provided by rate, and as to the management thereof; and to Report thereon to the HOUSE.

ORDERED TO REPORT,

THAT the Committee have met, and have considered the subject referred to them, and have examined numerous Witnesses; and have directed the Minutes of Evidence taken before them, together with an Appendix, to be laid before your Lordships; and they beg to recommend that the Committee be re-appointed in the next Session.

31st July 1890.

ORDER OF REFERENCE.

Die Lunæ, 28° *Aprilis*, 1890.

METROPOLITAN HOSPITALS, &c.

Moved, That a Select Committee be appointed to inquire with regard to all hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area for the care and treatment of the sick poor which possess real property or invested personal property, in the nature of endowment, of a permanent or temporary nature; and to receive, if the Committee think fit, evidence tendered by the authorities of voluntary institutions for like purposes, or with their consent, in relation to such institutions: And further, to inquire and report what amount of accommodation for the sick is provided by rate, and as to the management thereof; and that the witnesses before the said Select Committee be examined on oath; agreed to (The Lord Sandhurst):

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 Clifford of Chudleigh.
Lord Sandhurst.
Lord Fermanagh (*Earl of Erne*).
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The Committee to meet on Thursday next, at Three o'clock, and to appoint their own Chairman.

Die Lunæ, 5° *Maii*, 1890.

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 until further order.

Die Lunæ, 12° *Maii*, 1890.

Ordered, That the Select Committee have power to direct that copies of the evidence be delivered to such persons as they shall think fit.

Die Veneris, 6° *Junii*, 1890.

The Lord Saye and Sele added to the Select Committee.

PETITIONS.

Petitions that the inquiry of the Select Committee may be extended so as to embrace the provincial medical charities; of British Medical Association (29° Aprilis); of Members of the Medical Profession signing (4) (9° Junii); of Members of the Medical Profession at Liverpool (16° Junii); of Members of the Medical Profession signing (19° Junii); read, and referred to the Select Committee.

LORDS PRESENT, AND MINUTES OF THE PROCEEDINGS AT EACH SITTING OF THE COMMITTEE.

Die Jovis, 1° *Maii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Lamington.
Lord Monkswell.
Lord Thring.

The Order of Reference is 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.

The course of proceeding is considered.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 5° *Maii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Lamington.
Lord Sudley (*E. 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 following Witness is called in, and is examined, on oath, viz.: Lieutenant Colonel *Montefiore*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 8° *Maii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Fermanagh (*E. Erne*).
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *J. C. Steele*, Esq., M.D., and *Timothy Holmes*, Esq, F.R.C.S.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 12° *Maii*, 1890.

LORDS PRESENT:

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 Clifford of Chudleigh.
Lord Fermanagh (*E. Erne*).
Lord Lamington.
Lord Sudley (*E. 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 is examined on oath, viz.: *H. Nelson Hardy*, Esq., F.R.C.S., Edin., and M.R.C.S., Eng.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 15° *Maii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Fermanagh (*E. Erne*).
Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *William Bousfield*, Esq., and Lieutenant Colonel *Montefiore* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 19° *Maii*, 1890.

LORDS PRESENT:

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 Fermanagh (*E. Erne*).
Lord Lamington.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Hugh Woods*, Esq., M.D., and Sir *Edmund Hay Currie*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 22° *Maii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Winchilsea and Nottingham.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Lamington.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *W. Bruce Clarke*, Esq., F.R.C.S., and Sir *Morell Mackenzie*, M.D.

Ordered, That the Committee be adjourned till Monday, the 9th of June, at Twelve o'clock.

Die Lunæ, 9° *Junii*, 1890.

LORDS PRESENT:

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 Clifford of Chudleigh.
Lord Saye and Sele.
Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of the 22nd of May last, are read.

The following Witness is called in, and is examined on oath, viz.: Sir *Sydney H. Waterlow*, Bart.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 12° *Junii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.	Lord Clifford of Chudleigh.
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (*E. Arran*).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are further examined on oath, viz.: Sir *Sydney Waterlow*, Bart., and *J. C. Steele*, Esq., M.D.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 16° *Junii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.	Lord Saye and Sele.
Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Spencer.	Lord Lamington.
Earl Cathcart.	Lord Sudley (*E. Arran*).
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Sir *Edmund Hay Currie* (further examination), and Sir *Henry Longley*, K.C.B.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 19° *Junii*, 1890.

LORDS PRESENT:

Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Cathcart.	Lord Lamington.
Lord Zouche of Haryngworth.	Lord Monkswell.
Lord Saye and Sele.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Cottenham Farmer*, Esq., M.R.C.S., *F. H. Corbyn*, Esq., M.R.C.S., and *Lennox Browne*, Esq., F.R.C.S., Edin., M.R.C.S., Eng.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 23° *Junii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Spencer.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Lamington.
Lord Sudley (*E. 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 following Witnesses are called in, and are examined on oath, viz.: Rev. *S. D. Bhabha*, M.D., Brussels, and F.P.S., Glasgow, and *B. E. Brodhurst*, Esq., F.R.C.S.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 26° *Junii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).
Earl of Winchilsea and Nottingham.
Earl Spencer.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Fermanagh (*E. Erne*).
Lord Lamington.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *H. Selfe Bennett*, Esq., M.B., M.R.C.S., *W. Sinclair Thomson*, Esq., M.D., *J. W. Kay*, Esq., M.R.C.S., *Lennox Browne*, Esq., F.R.C.S., Edin., M.R.C.S., Eng. (further examination), and Mr. *J. F. Garioch*.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 30° *Junii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sudley (*E. Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Friday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Miss *E. M. Yatman*, Miss *Mary Raymond*, Miss *Violet Dickinson*, Miss *D. J. Page*, and Rev. *R. H. T. Valentine*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 3° *Julii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Zouche of Haryngworth.
Earl of Lauderdale.	Lord Saye and Sele.
Earl Spencer.	Lord Lamington.
Earl Cathcart.	Lord Sudley (*E. Arran*).
Earl of Kimberley.	Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Rev. *R. H. T. Valentine* (further examination), Miss *E. M. Yatman* (further examination), Miss *Homersham*, Miss *Mary Raymond* (further examination), and *G. Q. Roberts*, Esq.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 7° *Julii*, 1890.

LORDS PRESENT:

Earl of Lauderdale.	Lord Saye and Sele.
Earl Spencer.	Lord Clifford of Chudleigh.
Earl Cathcart.	Lord Sudley (*E. Arran*).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *G. Q. Roberts*, Esq. (further examination), and Miss *Lückes*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 10° *Julii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Clifford of Chudleigh.
Earl of Lauderdale.	Lord Saye and Sele.
Earl Spencer.	Lord Lamington.
Earl Cathcart.	Lord Sudley (*E. Arran*).
Earl of Kimberley.	Lord Monkswell.
Lord Zouche of Haryngworth.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witness is called in, and is examined on oath, viz.: Miss *Lückes* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 14° *Julii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.	Lord Zouche of Haryngworth.
Earl of Lauderdale.	Lord Clifford of Chudleigh.
Earl Spencer.	Lord Sudley (*E. Arran*).
Earl Cathcart.	Lord Thring.
Earl of Kimberley.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *F. C. Carr-Gomm*, Esq., Miss *E. A. Manley*, *F. J. Wethered*, Esq., M.D., Rev. *C. W. A. Brooke*, and Miss *Lückes* (further examination).

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 17° *Julii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.	Lord Zouche of Haryngworth.
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (*E. Arran*).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Rev. *H. T. Valentine* (further examination), *G. Q. Roberts*, Esq. (further examination), *Raheem Buksh*, Esq., M.R.C.S., Mrs. *C. Perry*, *Samuel Fenwick*, Esq., M.D., St. Andrews and Durham, F.R.C.P., London, *Frederick Treves*, Esq., F.R.C.S., and Miss *Louise Waters*.

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 21° *Julii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Sandhurst.
Earl of Lauderdale.	Lord Lamington.
Earl Spencer.	Lord Sudley (*E. Arran*).
Earl Cathcart.	Lord Monkswell.
Earl of Kimberley.	Lord Thring.
Lord Zouche of Haryngworth.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Miss *M. B. Mackey*, Miss *Yatman* (further examination), Miss *Lückes* (further examination), *William John Nixon*, Esq.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 24° *Julii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Lord Saye and Sele.
Earl of Lauderdale.	Lord Sudley (*E. Arran*).
Earl Spencer.	Lord Monkswell.
Earl Cathcart.	Lord Thring.
Earl of Kimberley.	

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *G. Q. Roberts*, Esq., (further examination), *John Henry Buxton*, Esq., *W. J. Nixon*, Esq. (further examination), and Miss *Lückes* (further examination).

Ordered, That the Committee be adjourned till Monday next, at Twelve o'clock.

Die Lunæ, 28° *Julii*, 1890.

LORDS PRESENT:

Earl Cadogan (*Lord Privy Seal*).	Earl of Kimberley.
Earl Spencer.	Lord Monkswell.
Earl Cathcart.	Lord Thring.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Thursday last are read.

The following Witnesses are called in, and are examined on oath, viz.: *Stephen Mackenzie*, Esq., M.D., *Munro Scott*, Esq., *William John Nixon*, Esq. (further examination), *W. C. Homersham*, Esq., Miss *E. M. Mansel*, *A. W. Lacey*, Esq., and Miss *M. L. Sprigg*.

Ordered, That the Committee be adjourned till Thursday next, at Twelve o'clock.

Die Jovis, 31° *Julii*, 1890.

LORDS PRESENT:

Earl Cathcart.	Lord Sudley (*E. Arran*).
Earl of Kimberley.	Lord Monkswell.

The LORD SANDHURST in the Chair.

The Order of Adjournment is read.

The Proceedings of Monday last are read.

The following Witnesses are called in, and are examined on oath, viz.: Mrs. *Ethel Gordon Fenwick*, and Sir *Andrew Clark*, Bart., M.D.

A Draft Report is laid before the Committee, and agreed to (*vide* the Report).

Ordered, That the Lord in the Chair do make the said Report to the House.

MINUTES OF EVIDENCE.

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Die Lunæ, 5° Maii, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

Lieut. Colonel EMANUEL MONTEFIORE, R.A., is called in; and, having been sworn, is Examined, as follows:

Chairman.

1. You are the Organising Secretary of the Medical Committee of the Charity Organisation Society, are you not?—I am one of the secretaries appointed to inquire into the medical affairs, giving advice to the Medical Committee of the Charity Organisation Society.

2. Could you tell me shortly what the Charity Organisation body is?—As its name implies, it is a society for organising charity. Its objects are: To improve the condition of the poor, by propagating sound principles and views in regard to the administration of charity; by promoting the co-operation of charitable institutions for the furtherance of their common work; by discussing practical questions connected with the work of the Society, the reform of charitable administration generally, and methods of promoting thrift and self-dependence. Those are generally the objects.

3. That being the case, you consider it the duty of that body to undertake an inquiry such as we are now proceeding with?—Yes; previously many bodies had promoted inquiry in every way.

4. Has this subject ever been mooted by the Colleges of Physicians and Surgeons?—No, to the best of my belief it has not.

5. But there was some organisation with reference to this subject organised by Sir Rutherford Alcock, I think?—Yes; I think it was a body of professional men who petitioned the British Medical Association, and that body sent a memorial to the Home Secretary of the time, to try and obtain a Royal Commission to inquire into the Medical Charities.

6. But no inquiry took place?—No.

7. Now could you, to commence with, give us a list of the various different methods of relief; there are, hospitals, &c.; taking first what are

Chairman—continued.

known as endowed hospitals, general hospitals with schools and without schools?—The three hospitals which are generally called the endowed hospitals are St. Bartholomew's Hospital, Guy's Hospital, and St. Thomas's Hospital. They are in every sense general hospitals. They derive their funds from landed property as well as from benefactions so called from their governors, who as a rule pay so much money; but this money as a rule is invested and in the hands of the Charity Commissioners. They are very large hospitals, and they are entirely for general diseases. St. Bartholomew's was founded in the year 1122, and has 750 beds; St. Thomas's founded in 1207, has 572 beds; and Guy's founded in 1721, has 690 beds. There are then general hospitals with schools attached to them. They are (in addition to the three already named) the Westminster, St. George's, the London, the Middlesex, the Charing Cross, University College, King's College, and St. Mary's. The in-patients of those 11 general hospitals in 1887 numbered 44,364, and the out-patients 551,663. There are other general hospitals, eight in number, which have no schools attached to them; they are the Royal Free; the Miller Memorial, Greenwich; the Great Northern; Central: the Metropolitan; the West London at Hammersmith; the hospital at Tottenham; the London Temperance, and the North-west London Hospital.

8. Now with regard to the general hospitals, the endowed hospitals, St. Bartholomew's, St. Thomas's, and Guy's, I believe, till latterly, did not apply for funds to the public?—They did not till latterly.

9. Then owing to the depreciation of land and other causes, Guy's did make an appeal for 100,000 *l.*, which I believe it got?—Yes.

10. As regards the other general hospitals they

Chairman—continued.

they subsist entirely upon the money that they get from the public, possibly with some small endowment; is that so?—It is so.

11. Then there is another class of hospital besides these, called the special hospitals?—Yes; there is a class called the special hospitals; there is a large number of special hospitals.

12. I think if you give us the number that would do; you need not go through the whole list?—There are 67 special hospitals.

13. How do you define a special hospital?—A special hospital is a hospital for the treatment of a special disease, or a hospital where the treatment is of a special character; or, again, where it is only for one class of people. That is my idea of a special hospital; I do not know at all that it is anybody else's.

14. As regards general hospitals they are for every possible sort of disease, with the exception of infectious diseases, are they not?—Yes.

15. They do not take in fever and small-pox cases, and so on?—No; they may have infectious blocks where any case becoming infectious in the wards, such as erysipelas, or cases of that sort, have to be placed for the time until they can be removed to the infectious hospital.

16. But there is another hospital called the London Fever Hospital?—Yes.

17. Is it a rate-supported one?—No; a charitable institution.

18. Then, again, I think patients pay there, do they not?—Yes.

Lord *Thring.*

19. Not all of them?—No, there are some beds that are free; they admit paying-patients in that hospital.

Lord *Clifford of Chudleigh.*

20. Do you include the Fever Hospital under the 67 special hospitals?—Yes, the one fever hospital; the London Fever Hospital.

Chairman.

21. Then, in addition to all these hospitals, there are a very large number of dispensaries?—Yes, there are 39 free or part-pay dispensaries. What we call the voluntary ones are those where admission is obtained, either with or without letters; in the part-pay dispensaries the admission may be by a letter and payment, or by payment alone. The term "part-pay" is used, because only a small sum is probably charged, not the whole cost of the patient's treatment.

22. Then, into the bargain, there are provident dispensaries, are there not?—There are provident dispensaries.

23. Are those universally spread over London, or only in places?—They chiefly exist in the outskirts of London.

24. That would lead one to suppose that they thrive best where there is no general hospital?—Quite so.

Lord *Thring.*

25. What is the difference between a hospital and a dispensary?—The hospital as a rule is a place of treatment for in-patients, the dispensary only for out-patients; and the hospitals in the Metropolis do not send doctors to visit the patients in their own homes; but at the dispensaries that is done; so that if a person applying at a dispensary be sufficiently unwell not to be able to attend at the dispensary he is visited at his home.

Lord *Thring*—continued.

26. But there are no in-patients in the dispensary?—No.

Lord *Zouche of Haryngworth.*

27. The provident dispensaries are apart from the 39 free and part-pay dispensaries which you have mentioned?—Yes, they are apart from the 39. We made out in 1887 that there were 35 provident dispensaries. I should like to add that the numbers I am giving here may have been added to since this report was brought out in 1887, and there may have been other dispensaries whose reports we have not been able to receive; but there are certainly these numbers and there may be more.

Chairman.

28. You say that no hospital sends out doctors to attend patients in their own homes?—None that I know of.

29. You may take it I think that in some cases, that is in midwifery cases, they do send out?—Yes, the midwifery cases are quite apart.

30. That is merely an exception to the rule?—Yes, it is quite an exception to the rule.

31. Then, in addition to the dispensaries and the special hospitals, and the general hospitals, you have the Poor Law relief?—Yes.

32. How many Poor Law infirmaries are there?—There are 27 Poor Law infirmaries.

33. And how many Poor Law dispensaries?—There are 44 Poor Law dispensaries; at least, there were in 1887.

Lord *Thring.*

34. What is the difference between the provident dispensary and the 39 free or part-pay dispensaries?—The provident dispensary is one where the patient pays a fixed sum, a small sum, week by week or month by month, whether in health or sickness; it is an assurance for the time of sickness.

Earl *Cathcart.*

35. It is what they call in the country a sick club?—Exactly.

Lord Archbishop of Canterbury.

36. Do they go on paying when they are sick?—I believe so; the payments are very small.

Earl of *Lauderdale.*

37. And in return for that payment they receive their medicines free, do they not?—In some cases free, in other cases they pay a penny for a prescription. There are different rules in the provident dispensaries themselves; they vary as to that. In some they give the medicine gratuitously after the subscription has been regularly paid; and in others they have to pay a penny for a prescription; that is to say, for the medicine included in the prescription.

38. Then

Chairman.

38. Then we may take it in this way I think: that the whole of the hospital relief is free; that is to say, no payment is received with the exception of certain paying wards which are beyond the reach of the poor?—In special hospitals there is payment very generally.

39. But in the general hospitals, I mean?—With regard to the general hospitals of London there are exceptions in the general wards of some of the hospitals. St. Bartholomew's is entirely free; at St. Thomas's they have the St. Thomas's Home where a better class of patients are treated and where they pay fixed sums, rather high sums per week. They also have beds in the general wards of St. Thomas's where the patients pay a guinea a week; at Guy's they have wards, or rather cubicles partitioned off in large wards, for patients who pay as much as three guineas a week; and they have again, as in St. Thomas's in the general wards, beds for which the patients pay one guinea per week, and they have within the last few years instituted a payment of threepence for the out-patient department for a week's medicine.

40. But the other hospitals, like the Middlesex, and other general hospitals, are free altogether, are they not?—Some few of them have wards for paying patients, but not many.

41. I was referring rather more to the out-patient department?—All the general hospitals are entirely free in the out-patient department.

Lord *Clifford of Chudleigh.*

42. But I do not quite understand that answer because you said just now that at Guy's they pay threepence for a week's medicine?—Yes; I should have said that with the exception of Guy's all the general hospitals are entirely free in the out-patient department.

Chairman.

43. Then we may also include, may we not, in this medical relief a number of working men's organizations, other than the provident dispensaries?—Quite so. There are many clubs and many lodges of the various friendly societies where a man on a small payment can obtain medical advice but, as a rule, it does not apply to his wife or family. There are all over London many clubs or friendly societies and slate and other clubs.

44. Will you define the meaning of the term "Slate Club"?—A slate club is a sharing-out club, where, for some particular cause or other, the members pay money into the club, it may be for medical treatment, or for out of work payment it may be, and at the end of the year they share out whatever they have got left.

45. I believe in some of those clubs, instead of giving medical assistance they give money, sick-pay?—They do in a large number of them.

46. with this result, that a man may belong to two sick clubs and then very likely go into the ward of a general hospital and be treated for nothing?—Quite so.

47. Then, taking all this large amount of medical relief at the general hospitals, at the special hospitals, at the free dispensaries and pro-

Chairman—continued.

vident dispensaries, by the Poor Law, and other sources of relief, do you and your society consider that the medical relief is sufficient in the Metropolis?—We think that the institutions are very much congested; that is to say that they are all in one spot, more or less. In further evidence that I have to give I should be able to produce maps which would show where the different hospitals are, and that Greater London is unprovided with hospitals; that the greater part of the hospitals are in the centre of London within two miles of Charing Cross, so that people have to come very long distances to these hospitals.

48. Of course we may take it, roundly, that the funds at present available for general hospitals, other than the endowed hospitals, are quite inadequate to the requirements of the case?—So far that they are constantly appealing to the Hospital Sunday Fund, who have all the reports of these hospitals every year, and who have reported within the last few years that it would require a further sum of 100,000 *l.* a year to keep the hospitals fully maintained.

49. And they base that statement, I suppose, upon the fact that there are a great number of beds vacant for want of funds in various hospitals?—Sir Sidney Waterlow has said that there are 2,000 odd beds vacant, 2,035, I think, is the number he gave.

50. Do you consider that a fair estimate?—I am not quite sure that proper allowance has been made for what one may call the necessities of a hospital. No hospital, unless it be more or less of an asylum, could be always full; you might have cases of accidents brought, and you would be obliged to keep a certain number of beds empty in order to be prepared to take in these accident cases. And again, you must have certain beds for cases such as I have mentioned, or cases where particular nursing is required, isolation wards, as they are commonly called; and there are many other reasons why a certain number of beds must be kept empty. For cleaning purposes one ward must be left comparatively empty, so as to put other people in while another ward is being cleaned. It would be very disastrous to close one of the large hospitals for cleaning purposes entirely; and therefore, I believe, it is done in that way. Not being thoroughly conversant with the interior economy of all the hospitals it is impossible for me to say; but, I believe, that is the rule.

51. Do you conside that the general admission of patients to general hospitals is very much abused; by which, I mean that many people go to hospitals who could pay themselves, and also that many people go to hospitals who ought to be in the workhouse infirmaries?—That is our belief, more especially in the out-patient department. The out-patient department of a hospital and the in-patient department of a hospital are very different; the in-patient department of a hospital is for those very serious cases that can be better operated on, and medically attended in cases of serious illness in a hospital; and, therefore, the abuse can never be so great if the admission is entirely (not as it is now very much on the letters of governors, who are not medical men),

on

Chairman—continued.

on the dictum of the medical officers; they would say, for instance, if the admission were on that principle, "This case is very grave and must be brought in." And then another reason is that the larger and more important hospitals, those with schools, must have these grave cases to teach their students from; but in regard to the out-patient departments of late years crowds of people as, we consider, have gone to these departments with trifling ailments; they have thus caused enormous crowds to gather together, and it has militated against the professional advice being what it should be, we believe, as the time is not long enough for the medical men or the surgeons to see all the cases that flock to them daily. I have in the paper before me taken point by point the defects in the various hospitals which we laid before your Lordships in our petition, and if you would allow me I would refer now to them. The defects are stated in the memorandum before the Committee.

52. I think, perhaps, it might be convenient if you would read your statement?—On the latter part of page 4 of the memorandum before you these defects are stated. But before going further, I should like to be allowed to say that the society which I have the honour to represent is most anxious that it should be known that the petition which they presented was intended to be in no way hostile to the hospitals, which they consider glorious institutions of this country, and they wish to do nothing that would affect them; on the contrary, they hope that by their action your Lordships will see your way to recommend some improvement in their organisation that will make them even more useful than they now are; and it is also sincerely their wish that they should still be continued on that glorious system of voluntary contributions, and in no way placed on the rates. I mention that as I am sorry to hear that there is some sort of rumour that it is the wish of the society to place the hospitals on the rates. I wish to assure your Lordships that that is not at all the wish of the society. The first defect which we pointed out in our petition was: "The promiscuous congregation in out-patient departments (a) of large crowds of persons; (b) who, in most instances, are suffering from slight ailments, for which skilled hospital treatment is quite unnecessary, is a constant hindrance to medical instruction; (c) increases the discomfort and pain of those who are suffering from severe maladies, and occasions much vexatious and endless waiting." With regard to "(a) large crowds of persons in out-patient departments," I have constantly visited hospitals in the metropolis, and have found in the out-patient departments of the larger, general, and special hospitals such crowds waiting, and the halls or rooms, large rooms, quite full. Thus, to mention an instance which struck me specially at the time, in June 1884, when the charge of 3*d.* for drugs was introduced at Guy's; I remember seeing the hall quite full; and it was remarked to me that, before the 3*d.* charge, it used to be even fuller, full to overflowing. There is similarly a very large crowd at St. Bartholomew's. The same could be said of the Ophthalmic Hospital at Moorfields, which is sometimes enormously overcrowded. But it is hardly fair to cite these instances only when so many could be mentioned. The returns of out-patients tell the same tale. Thus at St. Bartholomew's in 1887, the out-patients in the casualty out-patient department numbered 150,828. Allowing four visits as an average to each out-patient, and excluding Sundays, this would represent about 1,933 out-patients a day. If three visits be allowed to each out-patient they number as many as 1,450 a day. At King's College, at which the out-patients are much fewer, viz., 17,248, the average attendance per day, at three or four attendances per out-patient, would be 165 or 221. In the latter instance, and generally in estimating the number of out-patients who pay second and subsequent visits, it is difficult to separate casualty cases, which may be dealt with once and for all, and out-patient cases which would probably be treated several times The out-patient departments are generally open for about an hour in the day for the admission of patients. When the hour is past no more patients are received, and those who have been admitted are seen in the course of the next two or three hours, and sometimes even later. Passing now to "(b) out-patients in most instances are suffering from slight ailments for which skilled hospital treatment is quite unnecessary, and which are a constant hindrance to medical instruction." This is a question rather for a medical man than myself, but I would submit the following evidence, which no doubt many members of the out-patient medical staff of London hospitals would confirm. Thus Dr. Gilbart Smith, physician of the London Hospital, says in a paper on the Administration of Hospitals (1882). "The administration of this [The Out-patient Department] is rendered more difficult by the increasing number of patients that flock to the waiting halls, a large proportion of which consist of trivial cases that might with advantage be treated elsewhere. Many of these are habitual frequenters of the out-patient room, who have acquired a morbid taste for medicine, and go from hospital to hospital, from year to year." Mr. T. Holmes, late surgeon to St. George's Hospital, Sir Edward Sievking, Consultant Physician at St. Mary's Hospital, and many others share this view. It is supported also by the report of a strong sub-committee of medical men, composed of Dr. Meadows, Dr. Austie, Mr. Gant, Mr. Christopher Heath, and Mr. Teevan. The committee of which this was a sub-committee, and of which Sir William Ferguson was chairman, reported in 1870. (The evils, it will be seen, have long been recognised.) Their words are, "The sub-committee have arrived at the conclusion that a very large proportion of the out-patients of general hospitals (variously estimated at from three-fifths to nine-tenths of the whole) consists of trivial cases which do not require any special skill, and might be properly left in the hands of ordinary medical men. An inordinate number of trivial cases wastes the time of the consultee, wearies the attention of the student, and fosters a habit of hasty diagnosis, and careless observation, which tend to erroneous and inefficient

Chairman—continued.

efficient treatment. In fact, out-patient work, as generally conducted, neither conduces to the sound advancement of professional knowledge, nor to the advantage either of the students or the public." At a large general hospital I timed the cases in the casualty department (this is in the casualty department connected with the out-patient department). The medical officer in the first twenty minutes which I noted, dealt with 46 cases; in the second, 48; in the third, 42; making a total of 136 in the hour, which is less than 30 seconds for each patient. The next sub-head is (c) The crowd, &c., "increases the discomfort and pain of those who are suffering from severe maladies, and occasions much vexatious and needless waiting." The best statement on this point would be a description of what may ordinarily be seen in an out-patient department. Persons are admitted into a waiting-room or hall, and placed so as to see a medical officer in turn. Various plans for arranging this are adopted. Sometimes there is a fixed maze or zig-zag; sometimes benches are placed in a similar form, upon which each patient as he comes takes his place. The patients are then, in many hospitals, seen first by the house surgeon or physician, or by a medical officer specially appointed for inspecting all patients that enter the hospital. By some such officer the cases are roughly sifted from a medical or surgical point of view. Some are given a letter to see the assistant physician or surgeon on duty, others are given papers to see the house surgeon or physician on duty, others are passed on to the surgery or casualty department to receive a dose of medicine or some slight bandage or dressing. Of these many wish to see the assistant physician or surgeon, and will wait for hours in the hope of doing so. This process of sifting takes a very long time, often two hours. Admitted to the several rooms, the patients wait for the physicians or surgeons on duty, and then take their turn to be seen. A patient suffering from acute illness might thus often remain in the crowd and bustle of the admission hall and out-patient's rooms for three or four hours. Around them would be patients who had previously been at the hospital, and who might be comparatively well. There would be also mothers with their children brought to the hospital, sometimes because they are ill, sometimes because the mother is ill and cannot leave them at home. There are persons in all stages of illness. For those who require refreshment, tea, coffee, &c. are often provided at low charges. There is much evidence of the "vexatious and needless waiting." The Islington committee of the Charity Organisation Society report amongst recent cases the following:—A. "Mother said she should like to take Walter to No. 1 hospital."

53. Which is No. 1?—I do not name those hospitals; I do not know whether your Lordships wish me to give the names?

54. Yes, if you please?—No. 1 hospital here represents the Great Ormond-street hospital for children; "Mother said she should like to take Walter to No. 1 hospital." I used to get a letter myself by going at 8.30 a.m. and waiting till 3 p.m. B. "Waited all the afternoon at the No. 2 hospital," (which represents the Great Northern Central Hospital) "for a certificate to be signed, and then was told it was too late." C. "Mother neglected to take child to No. 1 hospital" (the Great Ormond-street Hospital) "about an instrument, because of the long delay in the waiting-room." Another of our district committees, Camberwell, reports the following cases:—D. "says she took her child twice a week for three weeks, and received no attention. At first, stayed from 9 a.m. to 5 p.m. Later, she found it was no good staying on, and left after the doctor made his rounds between 12 and 2." (There was no hospital stated there in the evidence sent me.) E. "Waited from 9 a.m. to 8 p.m. before being attended to." F. "Waited from 2 p.m. to 8 p.m." G. "Waited from 11 to 3, and then the surgeon refused to examine the child; she took it to the infirmary." "I am told that it is common to have to wait from 9 a.m. to 5 p.m. at the No. 3 hospital" (which represents the Evelina Hospital). "Complaints as to waiting four hours at No. 4. hospital (St. Thomas's), and a long time at No. 5 hospital (that is Brompton, the hospital for consumption)." The Marylebone committee said that this waiting "is so inevitable in the circumstances and so much a matter of common notoriety as scarcely to need re-statement." Two cases of the evil results of the present system may be mentioned. The first comes from the Poplar committee, "Instances of the evils attendant on the long waiting in crowded rooms are of constant occurrence, not the least being the sometimes trying ordeal of prolonged close proximity to persons suffering from disfiguring or other unpleasant complaints. In one case coming under the committee's notice bad management in this department almost cost the patient her life" (the hospital is not stated). "She was sent by a private practitioner to one of the general hospitals for treatment by an eminent obstetrician. Just as she was to have been examined, surgeon and students were called off to a more urgent and more interesting case, and she was kept waiting for two hours with no covering beyond a light dressing-gown. When the surgeon at length reappeared, the patient, as may easily be imagined, was hardly in a fit state to undergo what even under ordinary circumstances would have been a painful examination. A serious attack of inflammation of the lungs followed." The Paddington committee furnished the second case. They say: "One case, as an example: a man suffering from a fracture of the ribs, applied three days running for admission into a hospital, being told each time to come again; and pneumonia was brought on chiefly by the exertion of walking backwards and forwards." The long delay is a constant cause of complaint amongst the poor. Another point worthy of mention is the occurrence of infectious cases in crowded out-patient rooms. I believe that such cases are not infrequent; and of late I have noticed that some of the hospitals have adopted the plan of appointing a trained nurse to inspect all patients on their entry. By way of illustration, I may mention two cases that struck me particularly, and which suggest the very great necessity of care, especially while our out-patient departments are managed as they are at present

Chairman—continued.

present. At one large hospital, the London Hospital, a case of a man, who had been sitting in the crowded waiting-room of the out-patient department, was reported to one of the assistant physicians by the porter as having a suspicious looking skin disease. The physician went out and returned, saying to his students "Come along boys; here is a chance; you do not often get a case of small-pox."

55. Was this a case within your own personal observation?—This was a case that came under my personal observation. (In those days those infectious hospitals were not opened to the students in any way, and really the students, as I think medical men will tell you, had very little chance of diagnosing small-pox and scarlet fever and other infectious cases.) The man was put in one corner of the waiting-room, and carbolic was freely sprinkled around him. I afterwards heard a sad sequel to this. One of the students, a very promising young man, caught the disease, and died. Since that time a wooden shed has been erected in the waiting-room, where cases which might be infectious are placed. At another hospital (Guy's), a woman with two children, who were suffering from whooping-cough, was seated in the midst of other patients, amongst whom were several children. She had come in between 11 and 12, and was still there when I left the hospital at 3.30. I spoke to a nurse about her. She said that she would certainly not be seen by the assistant physician for some time longer. A third, my own case, I would mention in addition. I visited an out-patient department of a large general hospital (Bartholomew's) to consult the surgeon (I may say it was the orthopædic department) with regard to surgical apparatus that had been provided for a boy. The patients had assembled some time before I entered the hospital, and on my calling the boy by name he came and talked to me. Our conversation was interrupted by the house surgeon, who said, "That boy ought not to be here, he has the measles." The boy's mother declared that she thought he was convalescent. In a fortnight after this I had the measles myself.

56. That concludes that portion of the subject?—That is only in reference to one of the defects, that relating to the out-patient departments.

57. Will you go on to the next point?—The second defect is: "The (*a*) indiscriminate admission to the benefits of hospitals and dispensaries (*b*) tempts many who could pay for medical relief to become occasional recipients of charity, and by degrees habitual paupers." "Indiscriminate admission" is the first point. Admission to out-patient departments of the general hospitals is with or without letter. But in any case admission is easily obtained. At special hospitals admission is sometimes free, but more usually it is by letter, or by letter and payment with regard to the letter and free system; it is admitted by almost every writer on the subject that the holders of letters do not discriminate as to the persons to whom they have given them. On the letters themselves, in the case of some hospitals, are warnings to the subscribers that more care

Chairman—continued.

should be exercised on this point. A further evil of the system is, that it creates more applications for relief than the institutions can properly meet with the resources at their disposal. We have evidence from our St. James's committee of a case very much in point; evidence relating to a certain dispensary, the sources of which did not permit them to attend sufficiently well to the number of people sent to them by letter.

58. I think we will not go into the dispensaries now, and therefore that will come better afterwards when we go into that subject?—The next point is the payment system. The pay system, as will be seen from the amounts paid by patients, tends to injure the general practitioner by underselling him. The inquiry at most hospitals is very perfunctory, and does not show whether or not the patient could pay a general practitioner. There is also no uniformity in the payments. Thus, at two children's hospitals, the North Eastern and the Victoria: at one, the North Eastern, there is a payment of 4 *d.* at the first visit and 3 *d.* a week afterwards; at the other, the Victoria Hospital for Children, out-patients pay 1 *s.* at the first visit and 3 *d.* a visit afterwards for a month, when again another 1 *s.* must be paid, and so on. At two hospitals for women, the New Hospital and the Chelsea Hospital, at one the out-patients pay 6 *d.* the first visit and 2 *d.* for every succeeding weekly visit for two months, when they again have to pay the 6 *d.*; at the latter, out-patients without a letter, pay 6 *d.* a visit.

59. That payment is only made by the out-patient, not by the in-patient?—I am at present entirely touching on the out-patient. Thus, alike on the free, the letter, or the pay-and-letter system, admission is indiscriminate. If further evidence of the indiscriminate nature of the admission to hospitals and dispensaries is necessary, the overlapping of the work of these institutions is evidence of it. Thus we find in different parts of London: The Islington committee write that a woman "was treated for six weeks at the City-road Chest Hospital, in June 1889. In November 1889 she went to the Brompton Hospital for three months. In march 1890 she went to the Incurable Home" (St. John's and St. Elizabeth's). In another case the patient was for four months, between the years of 1888 and 1889, at an "invalid asylum;" from thence she went to the Convalescent Homes of St. Andrew's, at Folkestone and Southend; in February 1890 she was in the Hospital for Consumption in the City-road for a month, then in the Brompton Hospital for six weeks, when the doctor said she was suffering from weakness, and there was no organic mischief. Camberwell reports: "In one case the patient attended at St. Thomas's Hospital for a swelled knee, and at the same time he was out-patient at St. Bartholomew's for a tumour in his side. One morning, being too late at St. Bartholomew's, he went on to Guy's." St. Marylebone reports: "The instances in which patients change from one institution to another, because they did not seem to do them much good, are too common to attract much attention. A very distinct case of overlapping occurred some time ago. A girl had, from different sources, two rather costly instruments provided. One of these was

seen

Chairman—continued.

seen by our agant laid aside at her home, and the mother informed him that the hospital surgeon told her daughter she was lucky to get two." Bethnal Green reports: "We may say that frequently in Bethnal Green people change their hospital or dispensary during one illness. When their letter is run out for one, they get a letter for another. A member of committee reports that he has come across cases in which people who are being treated by the parish doctor are also being treated at a hospital." A surgical instrument case is quoted: "A man applied to us recently for a surgical apparatus for a child. The certificate was signed by a surgeon of the London Hospital. On reference to our case papers we found that we had, in co-operation with the Samaritan Society of the National Hospital for Epilepsy and Paralysis, provided an instrument for the same child not a year before, at a cost of 3*l.* 6*s.* 6*d.* upon the order of a doctor of that hospital. The apparatus had been broken and thrown aside. We asked the surgeon at the other hospital to examine it, and he reported that, with certain repairs, it would do very well." The Battersea committee quote a case in which a man who was provided with an artificial leg from one society was dissatisfied with it, and applied to another. "While begging for letters, he was referred to us. He asked us to get him a leg, and it was only by chance that we ascertained that he had a leg lying unused at home which fitted him all right, but was not elaborate enough to suit him." Then the (*b*) sub-head of this heading is, the tendency of the present system of medical relief to pauperise applicants. The evidence consists (1) of statements of the experience of persons engaged in charitable work among the poor; (2) of persons engaged in Poor Law administration; (3) of medical men. (1) The honorary secretary of the Whitechapel committee of the Society writes: "The system at force in most hospitals no doubt encourages the poor to look to chance for the relief of their ailments. Hence it weakens the inducement to belong to sick clubs or provident dispensaries, and generally tends to undermine independence of spirit and thrift." The secretary of the Newington committee, a Poor Law guardian, and well acquainted with the condition of the poor in that district, writes that "there can be no doubt that persons who can and should pay receive gratuitous treatment at hospitals." The secretary of the St. Saviour's committee, who has for the past four or five years lived in the district, which he knows intimately, says that "The present system is frequently a cause of pauperism. The majority of the people in this district can afford to pay their own doctor, but they use the medical charities, and are beginning to consider free medical treatment as a right." The secretaries of several committees, *e.g.*, Mile End, St. George-in-the-East, remark on the general assumption that everyone has a right to free medical medical assistance. The latter says that, combined with this assumption, "we have cases where no money is coming in, and there are no means whatever, in which the people employ a paid doctor because they like him." At Bethnal

Chairman—continued.

Green we have the opinion that "the system is very demoralising." A case is quoted in which "we were recently asked, upon the certificate of a doctor at the London Hospital, to provide a surgical instrument of which the cost is small. Upon inquiry it appeared that the income of the family was between 2*l.* and 3*l.* a week, and there was no distress. It was suggested to the wife (the husband being in work) that, under the circumstances, they might pay the amount themselves. She admitted, without hesitation, that they could do so, and said she only came to us because the doctor had sent her." Other committees could cite many similar cases. From Lewisham the hon. secretary writes that undoubtedly the out-patient system is a cause of pauperism. "A very considerable number of letters from the Royal Kent Dispensary" (which is in that district or in the Greenwich district, near Lewisham) "used formerly to be given to applicants by the committee after investigation. Investigations showed that these applicants were not in a position to pay the ordinary medical fee. There was, however, no alternative between this and the gratuitous aid from the Royal Kent Dispensary. In October 1880 the self-supporting dispensary was formed" (which was on provident lines). "I found that in the following year (1881–2) 51 letters from the Royal Kent Dispensary were given to the Charity Organisation Society's applicants; in 1882-3, only 19; in 1883–4, 13; in 1884–5, 12; in 1885–6, 0; in 1886–7, 1; in 1887–8, 1; and in 1888–9, 0. We may fairly infer that the majority of these people had joined the self-supporting dispensary, and that they were both able and willing to pay the small fee when opportunity was given. The self supporting dispensary is the only dispensary or club" (in that district, of course, it means) "which includes children. In 1888–9 there were 993 children (under 14 years of age) on the books out of a total of 2,045 members. In the face of this evidence a gratuitous dispensary has just been opened in Lee." We then go on to (2). The evidence of persons engaged in Poor Law administration. The evidence on this point would naturally be obtained from persons directly concerned in Poor Law administration. But it may be noted, that the Poor Law Commissioners, about the year 1840, advocated the granting of Poor Law medical relief on loan, in order to avoid its pauperising tendency. This practice, however, is seldom adopted, though some most competent Poor Law administrators are strongly in favour of it at the present time. As to (3), evidence on this point from medical men, Sir Rutterford Alcock (in a paper read before the Social Science Association in 1882–3) said, that "of the many evils, abuses, and defects attending the administration of medical relief in the metropolis, I doubt if there be any one more injurious in its effects than this. The whole system is converted into a means of pauperising the working classes, and a large number of those immediately above them, little shopkeepers and tradesmen, and others in receipt of small incomes." Dr. Nankivell, formerly Senior Physician to the Torquay Consumptive Hospital,

Chairman—continued.

and well known for his advocacy of provident dispensaries, in 1881, writes that "gratuitous medical attendance" is often "the first step towards dependence on others, the patient is allured to become a mendicant to other charitable institutions, and is ultimately driven by the loss of industry and spirit of independence, and the attendant vices of such a state, to the dire necessity of parochial relief. It is scarcely possible to over-estimate the injury, the moral and physical degeneration, thus thoughtlessly inflicted on that large stratum of society, between the pauper and those capable of individually supplying their own material wants." The Sub Committee on General Hospitals, whose report in 1870 has been referred to above, say that they regard "it as quite impossible to expect any radical improvement in the out-patient departments of our hospitals so long as it is affirmed that an artisan cannot afford to pay anything for medical asssistance. There is, at present, no satisfactory machinery by which this can be done. Even when the married working-man is industrious and provident, and receiving fair wages, say 1 *l.* 10 *s.* a week, he is certain to be embarrassed by illness. The expensiveness of two or more cases of scarlet-fever, with perhaps a death and funeral, will hamper him for years, if not completely ruin him. But it is certain that the gift of medical advice and medicine at hospitals has failed to prove the unalloyed boon it might have been supposed to be. The workman has too often learnt at the hospital the first lesson of dependence. He begins by taking physic, and then food, for charity. The very facilities of obtaining gratuitous hospital relief tempt him to think little of the obligation, and the time and skill of the staff are thereby cheapened and despised."

60. Have you ever known any medical gentlemen, either surgeons or physicians, who advocated the abolition of the out-patient department?—I have heard many say so in the way of altering the form, but there are some who would have it abolished altogether, but I think they are very few.

61. Have you ever thought how it could be possible to descriminate between patients of various classes; as to those who could pay and those who could not?—I propose, with your permission, to continue giving the evidence, which I have here, in connection with these defects, and then I thought, if you would permit me, I would offer some suggestions which our society have drawn up, having formed a special committee on this subject, to lay before your Lordships, if I might be allowed to give it in that order.

Lord *Lamington.*

62. Could you say why it is that these people prefer to go to the hospitals, instead of claiming relief from the Poor Law medical authorities, if they can do it without being paupers?—I think there is no doubt that the advice which they get at the hospitals, even such as it is now under the circumstances, is very often better than they would get from the parish doctor. It may be for that reason; but I think they do not like it to be known that they go to the parish doctor, if they can advoid it.

Lord *Lamington*—continued.

63. They can do that without being paupers?—Yes, in the one way only, that they still can vote; but I think in all other ways they become so. But on this point I am speaking entirely without knowledge; I am not well up in the Poor Law; but I imagine they are paupers.

64. There was an Act passed three years ago, the effect of which is that they can get that medical relief without being paupers?—I remember that it did pass, but I did not know that they were not nominally paupers, although they were entitled to the vote.

Lord *Thring.*

65. Would it not be enough to say that they are considered by their fellow workmen to be paupers, whatever the Act of Parliament may say?—I think so.

Lord *Lamington.*

66. I want to ask a question about what you said as to the infectious cases. You are aware of the Notification of Infectious Diseases Act of last year?—I think my evidence rather tended to this, that there was no way of finding out, as they came, whether they were infectious. When once they were found out, they would be dealt with.

67. They have to notify to the doctor now?—They have to notify most distinctly; but the thing is that these cases creep in when they come in large crowds before they are observed, and while they are still in these large crowd. When they are observed they are put into the proper places and the ambulance at once sent for and they are sent off.

Earl *Cathcart.*

68. You mentioned that you had maps showing the distribution of the various medical charities?—Yes, that will come in further on; I have one map here, which was made out by Mr. Nelson Hardy, a general practitioner, which he made out in a paper which he compiled on the out-patient department, what they called a "Jubilee Essay." Mr. George Sturge, who is now dead, gave a prize, I think a money prize, to whoever wrote the best essay on the subject; and this prize was awarded to Mr. Nelson Hardy. In his paper he gave such a map as I have alluded to; and many years ago, our society, the Charity Organisation Society, compiled a map which I have not brought with me, but which I could send for at any moment, to show you not only where the hospitals of that day but the provident and other dispensaries were located.

Lord *Zouche of Haryngworth.*

69. About the provident dispensaries; I suppose the provident dispensaries and the sick clubs act very much on the same lines, do they not; they are practically very much the same thing?—Through their sick clubs the friendly societies give money when an artizan is ill, and they may provide a medical man to give advice to the members on an extra payment. At Hammersmith and Fulham, they have sick clubs which are really provident

Lord *Zouche of Haryngworth*—continued.

provident dispensaries, but they have a very low scale of fees; they do not try and make them self-supporting. I think the aim and object of the provident dispensary is that the working mens' contributions should make them self-supporting.

70. Then who may belong to the provident dispensary; does it depend upon residence in the locality?—Well-conducted provident dispensaries would distinctly have a wage limit; some have not, and therefore they have in their turn created as much abuse in that way as the hospitals have, as we consider, in theirs. Due discrimination not having been used, they take away from the general practitioner the patients that should go to him, in exactly the same way as we consider the hospitals do. We hope that you will have evidence placed before you on the subject from people more conversant with provident dispensaries than I am; though I have known something of them for many years.

Lord *Monkswell.*

71. You put it forward as unfair that a man who gets sick-pay should go to a hospital and be treated for nothing though he gets pay from his club or society; but may you not look at it in one point of view as more loss of work-pay than money to pay for the doctor?—I said it in answer to a question of the Chairman; I think I did not give it in evidence. In answer to the Chairman, I said that I thought it might act unfairly, and I think that there again is another reason why discrimination should be exercised in all these cases. There might be a case of a man who has nobody whatsoever dependent on him, and in that case I should think that the money coming in to him should go to the hospital or to the people who were treating him: but if he has people dependent on him, I should think it should be for somebody who received and studied his particular case to say, if any, what amount should go to the hospital, or to the person treating him, and what amount should be still kept for the family to support them and keep them off the rates during the man's illness.

72. You said that at Guy's they charged 3 *d.* a week for out-patients; do they exact that payment in all cases, however destitute the person may be?—No; they refer the cases to the committees in the different districts of our society, who if a man is found unable to pay, have his ticket or paper stamped "free."

73. And is that the case at other places where they pay, such as the Victoria Hospital?—Not that I am aware of now; I think it is entirely conducted by inquiry in the hospital alone.

Lord *Clifford of Chudleigh.*

74. And if a patient pays the 3 *d.*, I presume they make no further inquiry?—None.

Earl *Spencer.*

75. These charges made by various hospitals I suppose were made in order to overcome some of the evils of the out-patient system?—Yes.

76. Were they successful in diminishing the number of improper cases coming to the hospital?—At so many of the hospitals the charges are below the low prices of the medical men in their district, that I think they do not very much lower the number of out-patients.

Earl *Spencer*—continued.

77. But taking that particular hospital do they not lower the number there?—At Guy's I think they have decidedly diminished it.

78. They have fewer in proportion than at those hospitals that are quite free?—I should imagine that they have, but not to any very great extent. But I think evidence will be coming forward from the hospital itself on that particular point.

79. I thought that you, as an observer, might have noticed whether any hospital had been successful in that way in diminishing the number?—I think that it certainly at first lowered the numbers very materially, but I rather fancy they are rising again in number.

Chairman.

80. On that point while the payment might reduce the number of out-patients, was it not also demanded from a desire to provide the hospital with funds?—It was at Guy's. They required funds very badly indeed, their land having depreciated very much in value.

81. Then I understand from you that going to the parish doctor whether it does actually make a person a pauper or not is avoided by the people because they consider that it casts the slur of pauperism on them?—Exactly.

82. What occurs in the workhouse infirmary if a man goes there who has sick-pay?—They have a full system of inquiry through their relieving officers and that money at once goes on to the rates to pay for his maintenance if he has nobody to support; but if any of this money can keep his family off the rates it goes at once to that purpose, and he is treated free.

83. What is the next heading?—The next heading that I have amongst the defects is this: "The provision of gratuitous medical relief to large numbers of persons both as in and out-patients, without inquiry or any sufficient regulation, is, as investigation shows, a serious obstacle to the promotion of provident institutions, at which medical treatment can be secured by small periodical payments." Inquiry in regard to the social status of those who are members of provident dispensaries shows that they are of the same class as that which attends the hospitals; and *vice versâ*, inquiries at hospitals show that there are many patients attending hospitals who might belong to provident dispensaries. The following is a note of an inquiry made by Dr. Ford Anderson in 1874; it is quite applicable at the present time:—The statistics quoted by Dr. Ford Anderson may be thus summarised; he took 100 cases of provident dispensary patients, as they happened to come, and found the total wages in the 100 families which they represented, 120 *l.* 2 *s.* 8 *d.* per week, giving an average per family of 1 *l.* 4 *s.* 0¼ *d.* Of these 100 heads of families, 50 were small tradesmen, mechanics, or skilled workmen, earning on the average 1 *l.* 9 *s.* a week; 27 were labourers, earning 1 *l.* 1 *s.* 10 *d.* a week; and the remaining 23 were widows, laundresses, or domestic servants, earning on an average 15 *s.* 6 *d.* a week. Again, he took 100 instances of free dispensary cases

Chairman—continued.

furnished from the books of the Holloway and North Islington Free Dispensary, as they came and found that the total earnings of the 100 amounted to 111 *l.* 12 *s.* giving a weekly average of 1 *s.* 2 *s.* 8 *d.* Of these 100, 49 were small tradesmen or mechanics, earning 1 *l.* 6 *s.* 3 *d.* a week; 23 were labourers, earning 1 *l.* 0 *s.* 6 *d.*; and 28 were labourers, earning 17 *s.* 4 *d.* a week. From a comparison of these two sets of cases, it would would appear: (1.) That the better class of workmen and artisans avoid the free dispensaries, and (2.) That it is impossible for persons earning so moderate a wage as 15 *s.* a week to belong to provident dispensaries. The 1 *d.* a week paid by adults, and the ½ *d.* a week (or less) for children, are cheerfully contributed to render the family independent of gratuitous medical attendance, and are much less than the value of the time spent in seeking governors' letters, and in waiting till their cases are called at the free dispensaries." The following is a note of an inquiry made in 1874 by the Charity Organisation Society in regard to the Royal Free Hospital. It, too may be taken as fairly typical: Out of 641 cases, it was found that 12 could afford to pay a private practitioner, 231 could afford to subscribe to a provident dispensary, 169 were suitable applicants for free medical relief, 57 should rather have been relieved by the Poor Law, 103 gave false addresses, and about 69 sufficient information could not be obtained. Other witnesses will bear out my evidence on this point. From district committees of the society, we learn as follows: St. James's Soho, says, "people can obtain advise so easily, free, from the number of free dispensaries, and also letters for hospitals in this district, that there is little encouragement for them to belong to provident dispensaries." St. Marylebone says: "Many of our applicants could perfectly well belong to a genuine provident dispensary, were they convinced of its value. Such institutions, however, have practically no chance of obtaining a footing, while the facilities for procuring gratuitous relief remain as they are at present. So long as the hospitals and free dispensaries give the assistance, and advice of such good medical men, the provident institutions stand no chance." Clerkenwell says: "I am told that six medical men have started a system of attending patients, when required, at their homes and otherwise, for a regular payment of 6 *d.* a week. Two provident dispensaries were started here; both failed. Free dispensaries are too large and hospitals too near for provident dispensaries to flourish easily." Bethnal Green says: "Free dispensaries and the low fees charged by local medical practitioners make provident dispensaries almost impossible. The medical treatment has come too much to be looked upon as a right." District committees of the Charity Organisation Society in all parts of London report to the same effect. That finishes that third head.

Earl of *Kimberley.*

84. What distinction do you draw between cases which ought to be treated in hospitals or dispensaries without any payment, and cases which are properly those which should be dealt with by the Poor Law?—Are you talking of the out-patient department?

Earl of *Kimberley*—continued.

85. Yes?—I think in those cases where a man can pay and where the treatment of the physician or surgeon will enable him in a comparatively short time to resume work and become self supporting, he ought certainly not to be put on the rates; but where the case becomes such that he will never be able to support his family again I do not think that charity should be burdened with that case.

86. Might I ask you what your reason is for that distinction; why should a man who is likely to be able to return quickly to his work, be relieved in one way and the other man in the other way?—I should say that charity would be well spent in keeping the man off the rates, because, to a certain extent, it lowers that man in his own estimation and in the estimation of those around him if he goes on the rates; and I think that charity is well dispensed in every way if it can by propping up people, giving them, I may say, backbone, enable them to support themselves and families and keep off the rates.

87. Do you put it entirely on what I may call the moral reason; that it is desirable to keep a man off the rates, if you can, by giving him temporary assistance?—Yes.

Earl *Cathcart.*

88. Is there any reason to suppose that people in the receipt of out-door relief go to the dispensaries and hospitals for medical assistance?—I think it has been proved that they do in many cases. At some hospitals the question is put to them: "Are you receiving out-door relief?" and then, if so, they are not treated after the first treatment.

89. But suppose they give an untruthful answer?—There is no way of checking it.

Chairman.

90. I suppose in many hospitals no question is asked at all?—If they come with a governor's letter no question is asked whatsoever; and I think at some hospitals even without a governor's letter no question is asked.

Earl *Spencer.*

91. I suppose in London the boards of guardians do not subscribe, themselves, to the hospitals in order to have the right to give letters?—No, they do not; I never heard of a case.

Lord Archbishop of Canterbury.

92. What is the weekly payment to a provident institution?—The weekly payment in the case of the Metropolitan Provident Medical Association is that a single man pays one penny a week; that a married man, a man and his wife, would pay 10 *d.* a month; and that each child under 14 would pay 3 *d.* a month. It is a penny a week for a man, an adult; then a monthly payment for a man and his wife is 10 *d.*

93. It would be 4 *d.* a month for himself?—It would be 4 *d.* a month for himself; if he was alone, a single man, he would pay 4 *d.* a month; the two combined would be 10 *d.*, and each child

of

Lord Archbishop of Canterbury—continued.

of 14 up to the number of four children in a family would have to pay 3 *d.* a month; so that the maximum payment for a man with any number of children would be 1 *s.* 10 *d.* a month.

94. And that was why you objected if, I understood you, to the local medical man undertaking to visit the family for a payment of 6 *d.* a week, that is less than the provident institutions would require?—No, I did not quite put it in that way.

95. Did I misunderstand you; I thought you said that in one district six medical men were going round visiting families for 6 *d.* a week?—Yes, but I do not think the provident institutions have any objection to that, it is a matter of free trade; their prices are driven down because of the gratuitous charities round them, and if the provident dispensaries are not well conducted, they also must drive down the fees of the medical men. But I maintain that if the provident dispensaries in which these fees are charged were conducted with a strict inquiry as to the means of the people that make use of them, they would not drive down the local practitioner's fee; the local practitioners would come in to those dispensaries, they would get a certainty of their money, and they would have no fear of their bills being unpaid.

96. But they are able, you have told us, to procure a medical man for 6 *d.* a week, whereas they would have to pay 1 *s.* 10 *d.* a month to the provident dispensary?—The other would be 2 *s.* a month; the provident dispensary would be less.

97. A very little less?—A very little less.

98. But then if there is that very small payment made to the medical man, is not that a case of the provident dispensary driving down the fee of the medical man?—I do not think it does, because I take it that this Clerkenwell committee who have quoted this plan here do not think that it will do because the two provident dispensaries which were started they say have both failed; and it then goes on to say, "Free dispensaries are too large and hospitals too near for provident dispensaries to flourish easily." I take it rather that the Clerkenwell committee meant to say that though they have started this plan it would not answer, in their opinion.

Lord *Thring*.

99. With regard to the qualifications of a medical man at a large hospital or a large dispensary, or even a dispensary of moderate size, it would supply better medical men, would it not, than a man would get from belonging to a sick club or still more by going to a medical man to whom he would pay 6 *d.* a week?—Distinctly so they get very much better attendance at those places. The gentlemen who attend at the hospitals are very superior; but the question is, how much time these gentlemen can devote to the different cases they receive.

100. I do not say that that can be avoided; but it struck me that I would rather have one minute of a first-rate man ten minutes of a fourth-rate man. Can that be avoided in any way now?—I do not think it can under the present system because it is only the length of time that they can give these large number of cases that come; but they certainly are very superior men that attend the hospital.

Lord *Thring*—continued.

101. Then if you come to operations?—That is quite different.

102. Surely you must remember that the poor man can be much better operated upon in a hospital than he could be operated upon at home by an inferior doctor?—The whole of this evidence that I have given is entirely as to out-patients. I agree, and I am sure the society agrees with your Lordships that the case of the in-patient is entirely different. Of course we do consider that a certain amount of investigation would do a great deal of good to the patients where the cases could be referred to general charity, and where when the man leaves a hospital he could be looked after, and his wife and family kept off the rates; but there is no doubt that persons taken in to the hospital, people with comparatively large incomes, 50 *l.* or 60 *l.* or 120 *l.* a year, cannot afford to have operations performed in their own homes as they are performed by charity in these different institutions.

103. I am not trying to contradict your evidence; but that must be the case; in serious operations you would not condemn a man for going into a hospital though he might be comparatively rich; take a clergyman, for instance; he might go in for a serious operation without doing any wrong?—Yes, admissions to the wards of the hospital are quite apart from all these defects I have been speaking of. I have not touched upon anything of that sort.

Chairman.

104. About these provident dispensaries, is there any sliding scale of charge; supposing one man earns one pound a week, and another, three pounds, is there a scale in proportion?—There is one dispensary, the Battersea Provident Dispensary, an extremely well-conducted dispensary, which has a sliding scale; has two separate wage limits, and two separate scales of fees according to the earnings of the man and family.

Earl of *Lauderdale.*

105. Then with regard to men attending provident dispensaries the payments that they make not only provide for medical advice, but for medicine as well, do they not?—In some cases they have to pay a penny extra on each prescription.

106. In the case of these medical men that take a payment of sixpence a week, they do not furnish medicine?—No, but somewhere in my evidence it comes out the fees of the medical men have been driven down to so low that in one district there are medical men who will provide three visits and three bottles of medicine for a shilling, that is in Bethnal Green.

107. Therefore, practically, the charge is very nearly the same?—But the great idea of the provident dispensaries really was to take the poor people out of the hands of these gentlemen; that is the low class of practitioners. They might do much harm to the poor I should imagine in every way, and they cannot possibly do them good; because no men could attend at those fees unless they had enormous numbers to make it pay;

Earl of *Lauderdale*—continued.

pay; and therefore the numbers come in again in the same way as in the hospitals. It is a very difficult matter on which to arrive at the truth, but it is a fact that they are being driven down, and I think that many medical gentlemen will tender evidence to that effect.

Lord Archbishop of Canterbury.

108. You mentioned that a large number of applicants give false addresses; how do you interpret that; do you suppose that the people are better off than they seem to be?—They do not wish their cases to be inquired into and have given false addresses.

109. Is the reason why they do not wish their cases inquired into because they are better off than they have represented themselves as being?—I should imagine that is so. It is the same sort of thing in Manchester, where they have a system of inquiry between the Provident Society, which is a species of Charity Organisation Society, and the large hospitals there; they have cases referred to the society from the hospitals, and in many of their returns you see so many cases of false addresses.

Chairman.

110. Will you proceed with your next point?—The fourth heading of defects is, "hospitals and free dispensaries, as at present administered, usually offer no special advantages to those artizans and labourers who have combined to make provision against times of sickness, and there is no recognised relation between these hospitals, and dispensaries, and provident institutions." The only relation which at present can be said to exist between hospitals and free dispensaries and provident working-class organisations for the relief of sickness is the purchase of letters by some friendly societies at general and special hospitals, more particularly at the University College and London hospitals. Thus, at the former, there is what is called a people's contribution fund, and at the latter large contributions are received from friendly and other societies. Attempts have, however, been made to create such a relation between hospitals and working-class organisations as is above suggested. Thus, in 1887 a large committee of hospital and general practitioners and laymen, of which I was a member, was appointed at a conference convened by the Metropolitan Provident Medical Association to consider how the rules of the provident dispensaries could be modified so as to promote co-operation in the out-patient departments. The committee, after many sittings, reported that the hospitals were, it would seem, unwilling to come into any agreement with them, and accordingly further negotiations were dropped. Recently, however, the Metropolitan Provident Medical Association has opened branch dispensaries, one in the Whitechapel-road, directly opposite the London Hospital, and another in the Bethnal Green district, which is comparatively near the same hospital. Its object is to provide facilities if the hospital authorities be willing to modify their present system of out-patient relief. The difficulty of establishing provident dispensaries in the neighbourhood of general hospitals is shown

Chairman—continued.

by the fact that whereas at Lewisham where there is but one hospital, and that not in the immediate neighbourhood, there are three provident dispensaries. A similar remark would apply to Hampstead, while at St. Marylebone the centre of many hospitals, except one on the verge of the district, no such provident dispensary exists. In spite of this fact, it appears that in the several unions of the metropolis the clubs or lodges of friendly societies which supply medical relief are very numerous. Thus, in a part of the parish of Camberwell (excluding Nunhead and Dulwich) there are 26 such clubs or lodges, and four slate clubs. In Fulham and Hammersmith there are 15 clubs or lodges, and two sick clubs, besides private clubs attached to large places of business, and slate clubs. These clubs do not usually give medical relief to the wives and families of members; and, so far as the members themselves are concerned, payments towards medical relief are often optional; thus the Camberwell committee quotes a case (No. 9,770) of a man who might have had free medical treatment on payment to his club of 4*s.* quarterly, but preferred to incur a heavy bill from a local doctor, which he finally asked the committee to pay for him. Thus the club system itself is set aside, in view of other available medical relief, or out of disregard to thrift. In several districts there appear to be medical clubs for women. The Hammersmith and Fulham sick clubs have 1,500 and 2,000 members (heads of families); they pay 2*d.* a week. Compare this, a very low fee, by which it is almost impossible that a general practitioner could be properly paid for his work, with (1) the following note from St. Pancras: "Mr. C—— is supposed to have the largest private practice amongst the poor, and he charges 1*s.* per week for advice and medicine, and 2*s.* per week to those who can afford it." (2) The following from Bethnal Green: "The usual charge at the cheaper private dispensaries is 1*s.* for three attendances, which includes three bottles of medicine." It would thus appear that not only is there no relation between the hospital or dispensary and provident institutions, but the provident institutions are themselves competing, in some instances unfairly, with the general practitioner. On the other hand, there are, in most parts of London, good *nuclei* for the provision, on provident lines, of medical aid to men, women, and children, if the competition of free medical relief were removed, and if the provident institutions were fairly organised for the purpose. That finishes that head.

111. For that 2*d.* a week which you mentioned, I do not understand whether the whole family has medical attendance or only the man himself?—I read that 2*d.* a week for the whole family; it distinctly puts "heads of families." Then defect No. (5) is: "There is no clear and definite division of work between voluntary hospitals and dispensaries and Poor Law infirmaries and dispensaries, but the former deal with cases which might more properly be left to the Poor Law, and the latter with cases which from their medical interest or special requirements, or from the character and circumstances of the patient, might more properly be treated in charitable institutions." It is often noticed that

cases

Chairman—continued.

cases that leave hospitals go to infirmaries. One committee of the society (our Camberwell committee) writes: "We find that many of what we should call Poor Law cases attend the hospitals, and being practically destitute have not the food or comfort at home necessary to supplement properly the medical treatment that they are receiving. It is common for one member of a family to be treated at a hospital and another by the parish doctor or in the Poor Law infirmary, or for the same individual to be now in hospital, now in the infirmary." From a return kindly supplied to me by the medical superintendent of the St. Saviour's Union Infirmary, I find that out of 152 patients who died in the first quarter of 1890, 89 would have been admitted to hospitals. Some of the cases were rarely seen at hospitals, and a still greater number would never be seen at a hospital in the last stages of disease. That finishes what I have to say on that heading. Then the next is the sixth: "By the multiplication of gratuitous and part-pay institutions, and the absence of regulation or organisation, those medical men whose practice lies among the poorer classes are year by year more severely hampered in making a livelihood." There is almost universal complaint on the part of general practitioners on this point. The large number of out-patients show that there must be some ground for this, especially when the indiscriminate nature of the admission is taken into account. Many general practitioners, I believe, will be ready to give evidence on this question. Then the seventh defect is this: "There is keen and continuous competition between hospitals who spend year by year sums considerably larger than their average income would justify, and are thus driven to resort to all manner of contrivances to meet their liabilities." It is stated by the Hospital Sunday Fund that the annual deficit in the accounts of hospitals and dispensaries in the Metropolis amounts to 100,000 *l.* a year, if their necessities from the point of view of efficient management be taken into consideration. Dr. Gilbart Smith in 1882, and many others have drawn attention to the extreme difficulty which hospitals have had in raising needful funds. He says, "The financial difficulties of hospital administration are well known. The funds now available either for the proper maintenance of nearly all the existing institutions, or for the extension of relief to districts hitherto unprovided for, are insufficient. In support of this it is stated that a large proportion of the medical charities of London are dependent in whole or in part on the precarious and insufficient income derived from voluntary contributions, and their efficiency is to a great extent impaired, and their development cramped for want of funds. In some cases it is even impossible to maintain the number of patients for which the building is adapted." I can myself bear witness to the latter point as a member of the committee of the Metropolitan Hospital where we are unable to obtain funds to maintain more than 76 out of 160 beds. The appeals of hospitals, and the unusually costly entertainments given in their behalf with a view to raising funds, especially in recent years, are matters of notoriety. The overlapping between

Chairman—continued.

hospitals in their medical work, and the want of regulations by which such large numbers are permitted to attend the out-patient departments, are further signs of competition. The mere largeness of the numbers is constantly used as a means of raising funds. Mr. Michelli, the Secretary of the Seamen's Hospital Society, Greenwich, states in his paper, "Hospital Extravagance and Expenditure," 1888, that in many instances, from 25 to 50 per cent., and even more, of the contributions given in answer to appeals are spent in obtaining the contributions themselves.

Lord Archbishop of Canterbury.

112. You do not mean that there is 100,000 *l.* annual deficit accumulating, so that next year there will be 200,000 *l.*, and the year after 300,000 *l.*?—No, I should certainly not understand that.

113. You mean that they are merely behindhand 100,000 *l.*?—Yes, they are behind hand to that extent.

114. But that does not increase at all, does it, or does it increase?—I do not suppose that it has really reached that sum, personally. Speaking of my personal knowledge, according to this memorandum which we have made out, so far as we could gather from the reports of institutions, it had not risen to that great extent.

115. Had it risen to half that?—It had; we especially made it out in this return (*pointing to the memorandum*). The whole of the debt given here is what we made out in 1887 under certain headings.

Earl of *Kimberley.*

116. Supposing that that whole deficit was to be filled up, would it not be almost certain that the hospital would immediately incur another deficit?—Certainly; directly the sum was given it would go in building, if they were able to employ it in building, so that the public would have to find more money in the following year to support the extra beds in the further wings that would be opened.

Lord Archbishop of Canterbury.

117. Still it is a very different thing if the hospitals are 50,000 *l.* behind hand from there being an annual deficit of 100,000 *l.*?—Quite so. I should think the Hospital Sunday Fund would be able to give you their figures; it is what they have given out to the public in those words.

Earl of *Kimberley.*

118. Have you ever considered whether there is any possibility of limiting that continual increase of expenditure?—The only way would be, I should think, by some organisation of the charities.

119. What is wanted is, that the hospital accommodation should be precisely the amount which is really required?—Yes.

120. Have you formed any sort of plan by which that very desirable end could be attained?—I think only by organisation; that is to say, in some way districting hospitals in their localities would be the only way.

Earl of *Kimberley*—continued.

121. But then I had in my view also the unavoidable desire of every medical staff to have the best possible hospital; is it not the case that the "best possible hospital" is a kind of receding object, that when you have obtained the best possible of to-day there is always some better posible shown you a little way off. Is there any limit to the expenditure, if it is left to the medical men to draw from the public what they can get?—It is very difficult to say. It is quite certain that the hospitals are competing now in every way with each other for funds to meet their increasing establishments, and they so continue; at the present time there is a fancy that numbers tell.

122. Did you ever know a hospital where the medical staff was not discontented with its arrangements?—No, I did not.

Lord Archbishop of Canterbury.

123. That means progress I suppose. But besides that as progress continues, many processes become more economical?—As far as I know (and I have been over most of the hospitals in London), I think that in the case of every individual one of the good big hospitals with large schools, and in the case of most of the larger ones without, it is the desire of each one of the committee to manage their hospital on the most economical and best plan: but there is this competition, they want to increase and become bigger; and I think the one blot is that they wish to get larger and larger in their out-patient department, and I do not think they were intended for that purpose. In-patient treatment they were most certainly intended for, and it is wonderful work that they do there; but the out-patient department they were never intended for with the enormous growth that there now is.

124. But you have given us many causes for the increase of out-patients, so that the competition is in many respects an involuntary one; do you think that the hospitals themselves desire year after year to have more patients than they had the year before?—I think those hospitals who have grants from the Hospital Sunday Fund do; I think it is a cry to the public as well, "We have so many out-patients," that the larger the number the more they think they will get from the public.

Lord *Thring.*] And further applications come to one constantly, that because they have a very heavy debt therefore the subscriptions ought to be larger; that is constantly being said and preached.

Chairman.

125. I will put Lord Thring's question thus: That the object of the financial authorities of the hospitals is rather to show a deficit than a surplus?—It is rather difficult for me to answer that question as I am not on their committees, but at the same time I think it is the public idea that such is done; and I think that the hospital committees do think that a debt will gain money from the public, whereas if everything is going perfectly well and they can show equilibrium in their accounts they will not get it. That is the general idea of the public; but my evidence is not to be relied on on that point, except merely as one of the public; I have no evidence to support it.

Chairman—continued.

Earl of *Lauderdale.*

126. Did I understand you to say that you proposed some remedies for these defects?—Yes.

127. I suppose in due course you will have a remedy to propose for this evil?—No, I have not put that down as a defect. I have not brought in the management of the hospitals in any way; I do not think we are entitled to do it as a society; we have nothing to do with their internal arrangements.

128. Then their having 100,000 *l.* deficit you do not consider a defect?—In saying that there is 100,000 *l.* deficit, I was quoting the Sunday Fund, but it was under a different heading that I was quoting it. I say, "There is keen and continuous competition between hospitals which spend year by year sums considerably larger than their average income would justify, and are thus driven to resort to all manner of contrivances to meet their liabilities.

129. Have you any suggestion to offer to meet this difficulty?—I think I shall have something to say on the subject; I do not know that it will be very definite, but I shall try to make a suggestion.

Lord *Lamington.*

130. You talked about the number of cases admitted by letter causing a great increase to the expenses of the hospitals?—I think I said that there were some cases where the letters were so largely used that the resources of the institution could not meet the demands.

131. Are not the letters used according to the amounts subscribed or given by the holders of those letters, and is it not the case that the amount given by the holder of a letter would be supposed to defray the cost?—I think in most of these charitable institutions the letters have been given to donors or subscribers not on a commercial basis. I think it is generally understood that all the letters would not be used.

Chairman.

132. It would be rather difficult, would it not, to draw the line because a man might subscribe 3 *l.* a year and obtain five letters, but some cases which he might send in might stay in the hospital 10 or 20 weeks?—Quite so; it would be very difficult, therefore, to draw the line.

133. There is one question I should like to put to you; all this information that you have collected is from reports?—Yes.

134. And some from personal observation?—Yes.

135. But you do not intend yourself to go into the internal administration of hospitals?—No, I do not think I am qualified to do that.

136. That we can get from those who will appear before us representing those hospitals?—Yes.

137. But you have more to do with the economic

Chairman—continued.

economic side of the question and the out-patients?—Yes.

138. Will you continue your statement?—The next defect is that "year by year new hospitals are (sometimes under very doubtful auspices) established for the treatment of special diseases, without any reference to the provision already available."

139. Will you kindly explain to me what you mean by "under very doubtful auspices"?—There are certain hospitals that are started even, some have been known to be started, as matters of business, and others have proved themselves to be under men of extremely doubtful reputation.

140. You mean to say that some of these hospitals are undoubtedly started as speculations?—I think occasionally such a thing occurs; there are instances where certain hospitals have been bought and sold and carried on still as a charity.

141. Then these hospitals in some cases are promoted in the interest of the promoters, and not in the interest of the treatment of any kind of disease, or of the patients?—Yes; it is only the exception where anything quite so nefarious as that which I have mentioned takes place. It is not a sweeping remark with regard to all the special hospitals; some of them are doing very fine work; but they are sometimes under very doubtful auspices. It is a matter of notoriety, I think, that some of the special hospitals have been publicly up in the law courts within the last year or two, and those would be, no doubt, within your Lordship's recollection.

142. What cases were those?—The cases of St. John's Hospital for Skin Disease, notably, and also, I believe, the Queen's Jubilee Hospital. There was another hospital where the founder was the senior physician, and in 1883 the chairman of the committee, and all the medical staff except the founder, resigned. It is a matter of opinion, professional evidence upon those matters might be forthcoming.

Earl *Cadogan.*

143. To what case do you refer?—A hospital where the founder was the senior physician, and after its foundation, for some reason or other, the chairman of the committee and all the medical staff except the founder resigned.

Chairman.

144. And the hospital was carried on?—Yes.

Earl of *Lauderdale.*

145. What was the name of that hospital?—The West End, for Nervous Diseases.

Lord *Clifford of Chudleigh.*

146. I suppose that was a hospital appealing to the public for funds?—It has since appealed for funds.

147. But at the time of this disagreement?—I really cannot tell you accurately what the disagreement was about.

148. You do not know that fact?—No.

149. You do not know whether up to the time of the disagreement it had been appealing to the public?—In all probability it had, but I cannot undertake to say. The most convincing evidence on this point is the following statement showing the decennial growth of special hospitals. From 1830 to 1840 there were four special hospitals started; two of these were orthopædic. From 1840 to 1850 there were seven special hospitals; from 1850 to 1860 there were eight special hospitals; then from 1860 to 1870 there were 16; from 1870 to 1880 there were seven; and from 1880 to 1890 there were five, exclusive of the "Jubilee" Hospital. The additional annual public charge for, say, seven such hospitals, *e. g.*, those established between the years 1870 and 1880, would amount to about 13,054 *l.*

Chairman.

150. Now, as far as you know, do all these hospitals appeal for public funds?—Every one of them.

151. And do they all get money from the Sunday and Saturday Hospital Funds?—No, not all of them. St. John's Skin Hospital gets no money from the Sunday Fund; and with regard to the West End Hospital for Epilepsy, they ceased giving their money to them when this turmoil took place.

152. I suppose some of these hospitals are very small affairs, are they not?—Some are very small indeed.

153. Could you give us the details of any; could you state the number of patients and the cost per bed of some of these hospitals?—Yes. Some of the small ones or big ones, do you wish?

154. Some of the small ones; what is the smallest?—A hospital called the Gordon Hospital for Fistula, which has seven beds.

155. And what is the price per bed there?—The cost per bed there is calculated on the calculation of the out-patients being 1 *s.* 6*d.* per head; deducting that from the total expenditure, and then dividing the average number of occupied beds into that result, leaves the cost of the occupied beds of that hospital at 150 *l.* 9 *s.* 4 *d.* per occupied bed.

156. Now, do you know what is included in that expenditure; are rates included, for instance, insurance, and so on?—The ordinary expenditure is taken in there; rates and insurance, most decidedly, would be in the ordinary expenditure.

Lord *Clifford of Chudleigh.*

157. I see a little further down in the list that we have before us there is one that has 24 beds that cost 285 *l.* a bed?—Will you give the name?

158. St. Peter's, Covent Garden?—That is so, on the same basis of calculation. It is quite impossible, as I think I have mentioned in this memorandum, to give the exact sums of things which were taken under different heads. The various accounts given to the public by the hospitals are very confusing, but we have done the very best we can, and in making this comparison we had to take the line I mentioned.

159. May we take it that the calculation per bed is not one that is always to be relied on?—No;

Lord *Clifford of Chudleigh*—continued.

No; because you cannot tell what particular things are included or excluded in that statement.

Earl *Cadogan.*

160. Is there not also another thing practically to be taken into account, viz., that the cost per bed would be larger in establishments where there are very few beds?—Decidedly, as a rule.

Earl of *Lauderdale.*

161. This is the average cost of each occupied bed?—Yes.

162. Not of the total number of beds?—No.

Chairman.

163. No. 41 in your schedule is St. Peter's, Covent Garden, W.C.; the cost of occupied beds there, I see, is 285 *l.*; what is St. Peter's; is it a Roman Catholic institution?—No, not in any way.

164. How many beds has it?—It has 24 beds, of which nine are supposed to be always occupied in the year, or were occupied that year; they receive large sums of money from their patients, you will observe.

165. That is a paying hospital?—That is a paying hospital.

166. Now, in any of these hospitals do you know whether poor patients could be admitted by letter?—By payment entirely at that particular one; in some of them they can be admitted by letter, and in some free.

Lord *Thring.*

167. Do you mean that it is entirely supported by payment and not by subscriptions?—No; it is by subscriptions from the public and part pay; the patients are asked to pay, and they say, "What can you afford to pay?" and they pay without discrimination.

Chairman.

168. Are there any others you wish to call attention to in this list?—No. There are some so-called hospitals in this list, the Metropolitan, Tottenham Court-road, and the Municipal, City-road, where no returns were forthcoming as to the expenditure, and it is doubtful whether they really are hospitals, or should only come under the head of dispensaries.

169. Now take No. 51, the West End Hospital for Epilepsy, Welbeck-street, with a cost per bed of 143 *l.*; and No. 51, the Hospital for Epilepsy, Portland-terrace, 146 *l.*; those two hospitals are within practically a stone's throw of two or three general hospitals, are they not; they would be quite close to University College Hospital, for instance?—The West End Hospital for Epilepsy, in Welbeck-street, is close to the Middlesex Hospital, another large hospital; the Portland-terrace Hospital, in the Regent's Park district, is rather further north, but still within two miles of the Middlesex Hospital and St. Mary's Hospital; I should think only a mile and a half from St. Mary's Hospital.

170. Is not University College quite close to

Chairman—continued.

Welbeck street?—Yes; I think it is fairly close to Welbeck-street.

171. Will you proceed with your statement?—I was remarking that the additional annual public charge for, say, seven such hospitals as those established between 1870 and 1880 would amount to about 13,054 *l.*, which, capitalised at 3 per cent., would amount to 435,000 *l.* The question of the establishment of new hospitals is thus, from the financial point merely, if from no other, a matter of the greatest public concern. Then the ninth defect is this: "The hospitals and dispensaries are often ill grouped for local puposes, and though sometimes a hospital, and one or more dispensaries, are, from their position, conveniently placed for co-operation, there is no settled relation or agreement between them by which cases may be transferred from dispensary to hospital, and *vice versâ*." Maps have from time to time been made out to prove this point. I submit one published some years since by the Charity Organisation Society, and one published by Mr. Nelson Hardy, who will doubtless give evidence. The congestion of hospitals and dispensaries in many parts of London, their comparative absence in other parts, are clearly shown. I have made an analysis of four districts; it gives the following results: The parish of Marylebone; area, 1,506 acres; population, 155,004. This area contains one general hospital with school, viz., the Middlesex Hospital, 10 special hospitals, one for women, one for women and children, a lying-in-hospital, a hospital for diseases of the chest and throat, a dental hospital, an ophthalmic hospital, two hospitals for paralysis and epilepsy, two orthopœdic hospitals, four free dispensaries, and one provident dispensary, besides one or two medical charities for gentlewomen in temporary illness, &c. There is also a poor-law infirmary and two poor-law dispensaries. From the reports of these institutions it would appear that in the year 1885, 108,751 people were treated at 11 hospitals, six of which are free, and five receive payment; 7,567 at three free dispensaries; 3,203 at one provident dispensary; and 7,809 by the two poor-law dispensaries; but deducting 10 per cent. for recurrent cases, we get 7,731 patients, number treated at the infirmary being certainly considerably over 1,100. We find thus that the following numbers received gratuitous treatment: 64,516 from six free hospitals; 7,567 from two free dispensaries; and 7,731 from the poor-law, making a total of 79,814; that is exclusive of the 1,100 at the poor-law infirmaries. £. 1,145. 6. 11. was the total annual expenditure of the five hospitals where payment was received from the patients; 44,199 patients were received at these five hospitals, and they paid 2,351 *l.* 11 *s.* 4 *d.* for their advice and medicine, or about 1 *s.* 7½ *d.* per head. Again, at the provident dispensary 3,202 patients paid 203 *l.* 2 *s.* 3 *d.* With this are compared the Lewisham and Wandsworth Unions. In the Lewisham Union there are 11,406 acres, and the population, 73,314. There is one hospital with 24 beds and a free dispensary. There is also an infirmary for sick children and a dispensary for women. There is a poor-law infirmary with 213 beds, but no poor-law dispensary. There are three provident dispensaries.

At

Chairman—continued.

At these institutions it appears that in 1886 about 14,000 persons received gratuitous medical relief, while 3,800 were members of provident dispensaries, and about 2,650 paid small sums for their treatment, or obtained the necessary amount from their richer friends. Wandsworth Union includes the parishes of Wandsworth, Clapham, Battersea, Putney, Tooting, Balham and Streatham; it covers 11,488 acres, and has an estimated population of 277,026. In this area there is one pay hospital; there are three provident dispensaries and one general and pay dispensary combined, a maternity charity, an association for nursing the sick poor in their own homes, a Poor Law infirmary, and three Poor Law dispensaries. At these institutions in 1886, 15,731 people secured for themselves medical advice and medicine when ill by their provident payments when in health, and 1,496 paid small sums for their treatment when actually ill. The number of those who received gratuitous medical treatment through the charitable institutions of this union was 1,091, and medical relief from the rates was extended to 5,176. In the Fulham Union, with an area of 4,115 acres, and an estimated population of 152,694, there is a general hospital and two sick clubs, a Poor Law infirmary, and a Poor Law dispensary. The result is that 10,667 people received gratuitous medical relief at the hospital, 4,173 were treated by the Poor Law, and 4,500 paid in small sums for their medical attendance and medicine. If these districts be compared, it will be seen (1.) that where hospitals abound provident dispensaries languish; (2.) that while in one district hospitals and all kinds of medical institutions are crowded together, in others there may not be even a general hospital. In a paper entitled "Sixteen years of the Hospital Sunday Fund" (November, 1888), Sir Sydney Waterlow, the chairman of that fund, and the treasurer of St. Bartholomew's Hospital, writes in regard to the grouping of hospitals: "The excessive cost of the management of small hospitals points to the evils arising, of late years, from the tendency to multiply the number of medical charities, instead of reducing them by amalgamation, coupled with a proper management for dividing them over the thickly-populated districts of London. Instead of making any further attempts to establish new hospitals, our efforts ought to be directed to the collection of funds to fill the large number of empty beds in the hospitals already established, where the expenses of management would remain at nearly the same sum, whether the beds were full or empty. That this course ought to be adopted is, I think, clearly evident from the fact that we have now 2,031 empty beds in the 71 hospitals in various parts of the metropolis. It would not cost half as much to maintain and treat patients in those beds as it would to provide the same number of beds in new hospitals." I would point out also that in several instances hospitals and dispensaries are well placed for purposes of co-operation, *e.g.*, St. Bartholomew's Hospital and the Royal General Dispensary; St. Thomas's Hospital and the South Lambeth Dispensary; the London Hospital and the Eastern Dispensary, and so forth. By way of "settled relation"

Chairman—continued.

between different medical charities, the following instances might be mentioned as representing, possibly, the germs of a completer co-operation in the future: (1.) Lectures are given to past graduates in connection with the following special hospitals, viz.: National Hospital for Epilepsy and Paralysis, the Ormond-street Children's Hospital, the Royal London Ophthalmic Hospital, Moorfields, and the Brompton Hospital for Consumption. (2.) The Charing Cross Hospital is allowed to make use of the Royal Westminster Ophthalmic Hospital for ophthalmic cases, and for the instruction of students in that department. (3.) The physicians and surgeons of some of the London hospitals graduate to other hospitals, on the staff of which their own institution is already represented. Probably there are not a few other comparatively unimportant instances of partial co operation. That is the end of what we have to say about the hospitals and dispensaries being ill-grouped, Defect No. 9. Defect No. 10 is, "There is no uniform system of keeping and publishing accounts." I have myself examined the published accounts of nearly all the hospitals and dispensaries in the metropolis in drawing up this memorandum, and I think it would be evident to any investigator that the accounts are drawn up on very many different plans, so that it is impossible to compare one hospital with another with any certainty of obtaining accurate results. In support of this I would again refer to Mr. Michelli's pamphlet; as a hospital secretary, he is specially qualified to speak on this point: He says, "I will now say a word or two about hospital accounts generally. Does not their publication at present almost amount to a farce? The items of expenditure are jumbled up together in a way that would confuse anyone. Investments are put down as expenditure; certain receipts are not included under income, but are placed to a separate account; Convalescent and Samaritan funds are often mixed up with other moneys. In one large London hospital this is carried to such an extent that the accounts are divided into no less than 11 different statements. I waded through these for some time, but had to give it up, no definite deduction being in the least degree possible. Some hospitals publish no regular income and expenditure account; others publish such accounts, but omit the balance sheet; whilst others, again, mix income and expenditure sheet and balance sheet together, forming a species of account that can only be intelligible, if at all, to the innermost recesses of the author's own mind; and very few publish any capital account at all. Almost all, however, make a statement that the cost per bed occupied has been so much, though not in one single instance have I been able to work out the figures. Something has been deducted or added to suit the taste of the official who prepared the statement, or of the manager he serves. The most general effect that seems to be striven for is to manufacture a deficiency where there is not one. The object of this is to make the accounts look as if the charity were in debt, and this is done in order that a piteous, but lying, appeal may be made to a sympathising but critical public. This is the reason we frequently find

Chairman—continued.

so many accounts in one report. Legacies are placed to one account, so are certain donations, so are separate collections, and in other ways the requisite deficiency is manufactured. How many persons understand an annual report? For my part, I have gone through this year some 200 reports, making careful extracts, and trying to glean some information about the charities to which they refer, and with a result which, so far as knowledge was concerned, was, in a large number of cases, almost nil. If I, who for a period of 11 years have been thoroughly conversant with charity accounts, and with the administration and financing of hospitals, find a difficulty in gaining information, how much greater must be the difficulty of the ordinary subscriber who has not studied the subject, but who gives his money with a cheerful confidence, which is as beautiful as it is blind. As a rule, he is absolutely in the dark. He has no means whatever of judging whether the charity is worthy of support, or whether it is carried on at a rate of expenditure which is both reckless and ruinous. How few charities there are in which the subscription list is ever added up! But, without this, who can tell if all the subscriptions have been carried to account, or deductions have been made before the figures appear in the table of income and expenditure? At present there is no system whatever in publishing the accounts. The secretary or manager does just what he likes." That concludes the list of these serious defects, as we consider them.

Lord *Clifford of Chudleigh.*

172. Are the accounts, as a general rule, audited, do you know?—They are now.

Earl *Cathcart.*

173. Has not objection been made that in some hospitals the Press are not allowed to attend the annual meetings?—I have only seen it stated in the papers; I know nothing about it beyond what I have seen.

Lord *Lamington.*

174. Is any account given of those who come from the provinces for treatment?—I think some of the hospitals do keep a register of those who come from the provinces. In this return it gives one of the hospitals that makes such a return.

175. Does the situation of the hospital have much to do with where they come from; do they not come from all over London to a particular hospital?—I think they do from all over London. A case was mentioned to me as regards Guy's the other day; they are celebrated for the treatment of a certain disease that was first treated at that hospital, with the result that they get letters from all over the country from persons asking to be admitted when they are suffering from that particular disease.

176. It does not much matter to them where the hospitals are situated?—I think it matters to the out-patients; the distance matters very materially to them.

177. But not to the in-patients?—No.

Chairman.

178. Is not the number of persons coming from the provinces to hospitals in London very small compared with the number of patients coming to them from different districts of London?—Very small, in comparison.

179. You mentioned that the London Hospital was opposite to a dispensary in the Whitechapel-road; do you know whether they combine?—There is no regular system of combination or co-operation, but I do know that one case which required in-patient treatment was admitted at once by the London Hospital, where it was referred by the doctor of the Provident Dispensary; but there is no system of any sort carried out.

Earl *Cathcart.*

180. Can you produce the maps that you spoke of?—I will produce one, but the other I will produce later.

Chairman.

181. You mentioned just now that the surgeons and physicians of some of the London hospitals gravitated to other hospitals, on the staff of which their own institution was already represented; what is the objection to that?—On the contrary, I fancy I mentioned that that might be formed into some sort of linking of one hospital with the other for all purposes of utility. I think it was not quite as a defect that that was mentioned; it was said that as examples of "settled relation" between different medical charities, the following instances might be mentioned as representing, possibly, the germs of a completer co-operation in the future; and I meant to show that, as they do now gravitate to other hospitals, the parent hospital we may call it, would have confidence in the other institutions chiefly manned by its own men.

182. But in the course of your inquiries have you ever discovered whether surgeons and physicians, the profession generally, favourably regard men belonging to more than one hospital?—I think they do to a very large extent.

183. They do belong indubitably to more than one?—To several institutions. I do not know how it is looked upon generally, but I know cases of many men who have appointments at St. Bartholomew's and the big hospitals, the three endowed hospitals, who distinctly have appointments at other hospitals.

184. In reference to free dispensaries, the officers there are salaried officers, I suppose?—They have both honorary and paid officers. They have a house surgeon or physician who is paid.

185. Do those house surgeons ever engage, do you know, in private practice of their own as well?—It is done in some institutions; they are allowed to take private practice, in fact, they are obliged to, as they are not sufficiently paid by the institution.

186. Then is it not possible that owing to that the people for whom that institution is provided, the poor in the neighbourhood, may suffer in consequence?—I think it is distinctly the case that they do suffer. The paid man is unable to give sufficient time to the institution to carry out the work; he must live; he is obliged to try and get the means by seeking private practice.

187. When he is out of the house there is no one to receive patients or give advice?—No; and he is also employed in visiting the poor in their own

Chairman—continued.

own homes, and he is is unable to do that adequately under those circumstances.

188. Do you know what their salaries are?—I could not tell you without referring to a large number of reports which I have not here, and I do not think that the report will in every case tell.

189. But we shall have an opportunity of examining witnesses no doubt on that. Then as regards some of these special hospitals, of course in the category of special hospitals you include a place like Moorfield's Ophthalmic Hospital?—Yes.

190. And the Brompton Consumption Hospital?—Yes.

191. Do those hospitals ever take patients other than those which they are supposed to take?—I have no evidence to that effect.

192. I should like to ask a question about the infirmaries. The infirmaries I believe, have no schools, have they?—They have no schools.

193. Do you think that they could with advantage have schools?—I should think that the medical and surgical material that they have should be made of some use to medical science, at present no use whatsoever as a rule is made of it; but whether they should have actual schools of their own is a question which I should be unable to give evidence on.

194. But I think they do receive a certain number of students, do they not; is there not any instruction at all given in them?—No. The guardians as a rule are very much averse to that. One or two of the bigger infirmaries have appointed clinical clerks who come for six months at a small honorarium, and they are made use of and take notes of cases to a certain extent, and they are changed every six months.

195. But the clinical clerk is one of the earliest stages in the medical profession?—A clinical clerk is supposed to be just qualified.

196. And then from that he becomes assistant surgeon?—After he leaves the infirmary, if he is sufficiently fortunate to obtain a hospital appointment, he probably would become an assistant surgeon, or he may go into private practice.

Earl of *Kimberley*.

197. With regard to those infirmaries, I think the history of them is this: that when they were first established they were allowed to be used as medical schools; then there was some objection made, and by a subsequent Act it was prohibited?—Yes.

198. There has been a great deal of discussion on the subject, has there not?—At that time there was.

199. And since that there has been a great deal of discussion on the subject?—There has been.

200. Opinion is very much divided, is it not, as to whether they should be used as medical schools?—Yes; the guardians are averse.

201. You think on the whole they are averse?—As far as I can judge, in their own localities, they are.

202. Can you tell us the reasons which mostly actuate them in disliking such a change?—It is a difficult thing to do. I think they rather think

Earl of *Kimberley*—continued.

that the power may be taken out of thir hands; but I really have no evidence to enable me to answer that question.

203. But I think you had a discussion in the Committee of the Charity Organisation Society on the subject?—Yes. I will tell you exactly what happened there. Mr. J. H. Allen (who is a guardian on the South St. Pancras committee) was in the chair when we had this meeting on "Poor Law Infirmaries as Medical Schools." "Miss Louisa Twining" (who is a St. Saviour's guardian) "who was unable to attend, wrote: 'I should like to say that it is my twenty-five years' conviction, expressed in 1861 before the House of Commons Committee (before separate infirmaries were thought of) that increased medical visitation of some kind is necessary, and would tend more than anything else to make our infirmaries all that we wish them to be. I think you know how often since I have expressed this opinion and desire, and I am convinced we shall soon have it carried out.' Dr. Miller Ord (who is a physician at St. Thomas's Hospital) "wrote: 'as you are already aware, I have long felt it desirable to make use of the means of medical education which the Poor Law infirmaries of the Metropolis afford. These infirmaries may well compare in size, administration, and facilities for clinical teaching with our great London hospitals. They abound in cases of chronic diseases of great interest, and many of them of a kind not commonly seen in hospitals. It appears to me that it would be possible to make use of them in several ways. Firstly, by sending senio students to them from the various medical schools to act as clinical assistants. My friend, Mr. Lunn, of the Marylebone Infirmary, has already made proposals of this kind. Secondly, by allowing the clinical teachers of the medical schools to demonstrate, on groups of cases in them, to their hospital classes. Thirdly: it seems to me that they might well be available for clinical examinations of the University of London, and of the Medical Corporations of London.'" Then I made some remarks. "Colonel Montefiore having briefly stated the considerations which had led the society to seek a reconciliation of the several interests of general charity and medical science in the development of Poor Law infirmaries said: 'There is now a network of infirmaries over the metropolis; there are in all 27 buildings, but those in the unions of Bethnal Green and Lewisham can hardly aspire to the names of infirmaries. Of the remaining 25, 14 are built on the system called the "Pavilion system," and compare favourably with the voluntarily supported hospitals in the matter of ventilation and hygiene; 11 are irregularly built; one of these has two new wards built on the circular plan. The total number of beds in the 25 infirmaries is over 12,000. The total annual expenditure is about 400,000 *l*. Is it not likely that some very interesting cases will be found amongst these 12,000 patients? There has been of late a strong feeling that something should be done to throw open the infirmaries for teaching purposes, and I found when I visited these institutions in the early part of this year, that the greater number of the medical superintendents had

Earl of *Kimberley*—continued.

some scheme or other by which this might be arrived at. You will remember that, by the Act of 30 Vict., of March 1867, the guardians of unions were authorised to build infirmaries for the reception of their sick poor apart from the workhouses. These institutions were permitted to be used as schools, but by an amendment to that Act, passed in August 1869, this power of so utilising them was withdrawn; so that, if students are now to be admitted, the law must be altered; but pos-ibly much can be done within the law as it now stands. You are doubtless aware that the Guardians of the St. Pancras Union have passed a scheme, which is now before the Local Government Board for their approval, that instead of having a medical superintendent, and one assistant medical officer, they should be allowed to retain the medical superintendent, but have two gentlemen, who have recently passed, with distinction, the school of the University College Hospital, to become resident at the infimary, and receive an honararium of 25 *l.* for six months, with free board and lodging. These gentlemen are to serve for one year only, and to be succeeded by others from the same school. This is likely to prove a strong link between the hospital and infirmary. The Guardians of the St. Marylebone Union have adopted a plan, which is also now before the Local Government Board, to admit a resident qualified medical assistant. Again, there has been the proposal which was placed before the Guardians of the Whitechapel Union, but did not pass the Board. This was a far broader scheme than those I have mentioned, and would have placed the medical administration of the infirmary upon the same footing as that of a general hospital. The plan would have involved the appointment of a non-resident consulting physician and surgeon, and two resident assistants. The authority of the former would have been supreme in the treatment of the patients, but the resident medical assistants would have been responsible for the care of the sick in the absence of the consultants. This would have left the administration of the infirmary in the hands of the matron as far as the nursing went, and she would have have had entire control over the female nurses and servants; whilst the steward would have had the charge of the male servants, the building, and stores. The document on this matter which Mr. Vallance" (he is clerk to the guardians) "put before his board of guardians, is well worth reading, but time will not permit me to give you the whole of it, and quotation would be mutilation. I have now put before this meeting the various schemes that come to light up to the present, and, in conclusion, would express a hope that, though the discussion may not lead to any general concerted plan, yet it may help to suggest the best means of approaching individual boards of guardians in order to induce them to seek the co-operation of the authorities of the general hospital in their district.' Dr. Saville, Medical Superintendent of Paddington Infirmary, stated that the Infirmary Committee of the Paddingten board of guardians had asked the Local Government Board to approve the appointment of two resident clinical assistants, being registered

Earl of *Kimberley*—continued.

medical men, in lieu of two head nurses who would otherwise have been required for the new wards. The appointments, which would be subject to the rules and regulations of the Local Government Board and guardians, were to be for a period not exceeding six months, but the officers would be re-eligible. Their duties would be similar to those of dressers at hospitals, for which nurses were not really competent. Passing to the question of using Poor Law infirmaries as medical schools, Dr. Savile touched upon one or two of the difficulties alleged:—(1) An alteration in the present law would be required; (2) There was no teaching staff available. At Marylebone, for instance, there were over 700 beds under two superintendents; (3) It was sometimes objected that the class of cases was not suitable for instruction. So far from admitting the last objection, he contended that a wide field of observation was presented in the infirmaries, and he desired to emphasise the fact that observation, and not experiment, was the important feature of the hospital school. To remove the second difficulty he advocated an increase in the infirmary staff followed by the appointment of consultants. In reply to a question from Mr. Alfred Hoare as to the legal disability, Dr. Bridges, Local Government Board Inspector, pointed out that strictly the law referred to sick asylums, and not to the Poor Law infirmaries which had grown up since 1867. The Act of 1867 had created a great number of State hospitals, the ratepayers had taken alarm, and an economical Government had come into power at the moment. The legal restriction was also in part a concession to vague fears of the poor as to the use that would be made of their bodies" (that was a very important thing, I believe). "Dr. Samuel Benton, Assistant Medical Officer of the Central London Sick Asylum, attributed the difficulty partly to the fears of medical men that their students would be drawn away. He doubted whether schools ought to be established in the infirmaries, but he was clear as to the need of clinical study. Infirmary cases were much more often curable than was supposed, but the pressure of work prevented even diagnosis. He was in favour of the appointment of consultants. The variety of cases, especially those of nervous disease, in Poor Law infirmaries was remarkable. It was to be regretted that the infirmaries had been in most instances started by guardians ignorant of hospital management, who had not selected the highest type of doctors. Dr. Walter B. Hadden mentioned that in Paris, infirmaries were worked exactly like hospitals. He thought that the medical profession, generally, would approve the appointment of consultants who should give regular attendance two or three times a week, and that competent men would undertake the work voluntarily. Dr. Webster, Medical Superintendent of the St. George's (Hanover-square) Infirmary, quoted a resolution adopted at a meeting of the Medical Superintendents' Society in favour of the appointment of first-class consultants, not to attend regularly, but to be called in to cases of special difficulty. The class of diseases varied very much in different infirmaries. He was in favour of using the infirmaries

Earl of *Kimberley*—continued.

infirmaries as a clinical school for senior students who had done their hospital work, and had no examination in view, fully qualified men who would be capable of teaching themselves. There would be no objection to the occasional introduction of a class by a country physician or surgeon. Mr. Vallance, being invited to express his opinion, said that he would have preferred to listen and learn. He saw administrative difficulties and the danger of divided authority. The feeling of the Whitechapel Board was in favour of the change, but they had been deterred by the fear of friction. Dr. Bridges had also come as a listener, but he thought that he might contribute to the historical side of the question, as he had watched the rise of these great institutions. Formerly there existed no separate provision for chronic diseases amongst the destitute. They were 'warehoused' in workhouses. Then Miss Louisa Twining began her work, and was succeeded by the 'Lancet' Commission and the Act of 1867. Gradually the infirmary system was built up after a separate struggle with the board of guardians in each union. The underlying principle was adequate indoor relief. So gradual had the growth been, that the medical profession were only just beginning to realise what had been done. If it had been less gradual, the ratepayers would have rebelled That was a lesson of caution and patience in making further improvements. The St. Pancras Board had appointed two fully qualified assistants from University College Hospital for a period of 12 months. The practicability of appointing consultants would depend a good deal on the opportunities of each district. In the neighbourhood of a hospital it would be comparatively easy to obtain men. Mr. Albert Pell contended that the qualification for admission to a hospital was disease, and the qualification for admission to a poor law infirmary was destitution. The one object of the medical superintendent should be to get his patients out again; he did not mean by the hands of the undertaker. He had voted against the proposed alterations, because he dreaded interference with poor law institutions, and with the authority of the resident officer. Mr. Patter, medical superintendent of the Kensington infirmary, stated that the Kensington Board had accepted his proposal for the admission of six students for three hours daily, but that the Local Government Board had put them off; and when he renewed the proposal the guardians had rejected it. He believed that the introduction of students would stimulate the resident medical officers. Rev. R. H. Hadden, Guardian of the City of London Union, was personally in favour of the changes, but quite sure that his board would not approve them. The first step was to obtain consultants. A premature attempt to introduce students would wreck the whole scheme. He advocated caution and the granting of a permissive order by the Local Government Board. Mr. Russell Barrington, a guardian of the parish of Kensington, shared Mr Pell's fears. He regarded with alarm any tendency towards State hospitals. The great obstacle to hospital reform was the demand of the medical profession for schools. It would be a misforture to introduce the same

Earl of *Kimberley*—continued.

difficulty into Poor Law administration. The infirmary ought to be reserved for the destitute, and the destitute alone. Colonel Montefiore, in reply, argued that the proposed reforms would be of advantage to the ratepayer as well as to the medical profession. It was economical to get a destitute patient cured as soon as possible. He recognised the necessity of caution in introducing changes, and the practical difficulties by which the whole question was beset. What he pleaded for was that they should keep in view the general aim of closer co-operation between the hospitals and the poor law guardians, for upon the proper adjustment of the mutual relations of those two bodies depended the success of our charitable provisions for the medical relief of the poor. The chairman welcomed the proposal as an attempt to link charity with the Poor Law."

204. I observe that Mr. Barington said that "he regarded with alarm any tendency towards State hospitals." Is it not the fact that these infirmaries are State hospitals?—They are State hospitals; decidedly so.

205. Now I find in this statement that the number of beds in these infirmaries is no less than 12,195, of which 6,803, according to this statement, are in hospitals very admirably built and constructed; do you not think that it is an extremely unfortunate arrangement that a very large number of beds in hospitals that to all intents and purposes are State hospitals should be withdrawn altogether from one of the most important objects of hospitals, namely the teaching of the medical profession?—I distinctly said so.

206. And the Committee of this House on the Poor Law two years ago reported that they were "disposed to agree with Dr. Bridges, the Local Government Board Medical Inspector for London, that 'with proper precautions' clinical teaching could be allowed in the interests of the patients of the infirmary and also in the interests of the public;" should you be disposed to agree with that recommendation?—Distinctly.

207. The only reservation probably you would make would be that one which was very wisely made by several who took part in your discussion, that, looking to some prejudice that may exist in opposition, the charge should be introduced with a great deal of caution, and that only by degrees should such alterations be made?—Distinctly with that reservation.

208. Dr. Bridges before that Committee stated that there was a special necessity for admitting the medical profession generally to these hospitals because of the number of clinical cases that were to be found in them, which could not be well studied elsewhere; should you agree with that from what you have heard?—From what I have heard I should think so, that many cases of distinct interest to hospital teachers cannot be seen at their termination in the hospitals as they can be in the Poor Law infirmaries.

209. With reference to the objection that the poorer classes may have entertained to these infirmaries being opened to the medical profession, do not you think that the fact that they resort in such large numbers to the hospitals sufficiently answers that. Why should they

Earl of *Kimberley*—continued.

object more to the medical profession being admitted to these infirmaries than they do to their being admitted to the hospitals; do you think there is any reason why there should be more objection in the one case than in the other?—I can see no reason.

210. Do you not think that the real cause of the opposition is the fear that the boards of guardians have that there would be an interference on the part of the medical authorities with the administration?—I think that that is decidedly the opinion.

211. So that the problem to be solved really is to introduce these medical gentlemen into the infirmaries in such a way as not to disturb and confuse the administration under the Poor Law authorities?—I think that is decidedly the feeling, and I think it will be found that the medical superintendents of these infirmaries feel that their tenure is a little bit likely to be broken up if these consultants are introduced into their hospitals. Now they have extremely hard work both as administrators and as physicians or surgeons, but they have a fixed income, which I suppose they like, and I should imagine that they would think it hard, as their interest is rather a life interest.

212. But in any arrangements which may be possible generally for the better administration and organisation of the hospitals in London, is it not absolutely necessary that these great infirmaries should be taken into consideration?—Absolutely. I may say that at Birmingham, where they have got a most glorious institution of that sort, I mean a Poor Law infirmary, the system is one of visiting surgeons and physicians, with resident medical officers and surgeons, in the same way as in a large London hospital. The whole of the nursing and the conduct of the female servants is under the matron, who is responsible direct to the committee; and they have a man who is called a master, who has the whole of the servants and well-being of the establishment as to necessaries, &c., under his control, but he is not allowed to interfere with the matron, who reports direct to the committee of the guardians.

Earl *Cathcart.*

213. Do you know of your own knowledge that there is no friction between the Poor Law authorities and the medical authorities at Birmingham?—To the best of my belief there is no friction.

Chairman.

214. Do you know what amount of assistance they have in these Poor Law infirmaries; for instance, take the Marylebone one: the resident there is Mr. Lunn; what assistance has he got?—He has got one assistant, and I believe he has got now one clinical clerk.

215. That is an institution with 700 beds?—With 700 beds.

Lord *Clifford of Chudleigh.*

216. Do you think that the fear, the prejudice, I may say, of their bodies being used for the purposes of dissection has got anything to do with the objection on the part of the poorer classes to the infirmaries being used as schools?—I think I admitted that there has been that general fear. I think some years ago there was an outcry, and I think the guardians have great fear that that same outcry will be resumed.

Lord *Clifford of Chudleigh*—continued.

217. I am speaking of it as a prejudice; I wanted to know whether that prejudice still exists as strongly as it used to do?—I think scarcely as strongly as it did; but I think a little return wave has come up; how it is stirred I do not know; but I have heard that quite lately there has been a little wave that seems to be coming, and a talking of this subject of the use of the paupers' bodies for dissection.

Lord *Lamington.*

218. All the incurables in the ordinary hospitals, if they were not allowed to remain in the hospitals, would have to be sent to infirmaries?—They would.

219. The profession would then lose the advantage of studying the disease?—They do lose the advantage of studying the continuance of the disease; and there are in the infirmaries many cases that require prolonged treatment, especially cases of nervous diseases, I have been informed, that are extremely valuable to medical students, which they could not get at hospitals.

Chairman.

220. You have suggestions, I understand, to make with regard to remedying these defects?—Yes.

221. Are you prepared to state them now?—Yes, if it is the wish of the Committee.

222. I should like to put this one question to you before you begin: I think I gather from you that if this amount of charitable and Poor Law relief was properly organised it would be sufficient to meet the requirements of pauperism?—I should think quite enough, if it were properly organised. These are "Notes of Remedies in regard to the above-named Defects:" I. The general condition of reform may be set forth at the outset: (1.) The medical charities should have a status by which certain obligations would be imposed on them. (2.) There should be created some central council of supervision to whom they should report, and which would be charged with various duties, the fulfilment of which would tend to organisation. II. The following is a sketch of suggestions with this object. 1. The question of a better organisation of medical relief in London depends in the first place on a settlement of the question of the status of charitable institutions. Endowed charities have a recognised status under Charitable Trusts Acts; voluntary charities have none. 2. To confer a status on voluntary charities the following courses are possible: (1.) To assimilate the position of voluntary charities to that of endowed charities (2.) To register voluntary charities as "Benevolent Societies" under the Friendly Societies Acts. (3.) To register voluntary societies under a new Act, either applicable to hospitals and other medical charities only, or applicable to all voluntary charities, except perhaps parochial and congregational voluntary charities. In each of these courses the organisation of the individual charity would

Chairman—continued.

would entail its being linked to some central body, according to the plan of organisation selected. 3. To take these proposals in order, first, that of assimilating the position of voluntary charities to that of endowed charities. Endowed charities are possessed of land or other property producing annual income, and they cannot properly apply to current purposes any part of the *corpus* or capital of their endowment. They are under the jurisdiction and supervision of the Charity Commissioners. Voluntary charities may or may not have invested property, but they are at liberty to spend the interest or capital of any invested property they may have on ordinary or extraordinary expenditure

223. If you will allow me to interrupt you for a moment, what is the definition of a voluntary hospital that you would give?—Here the definition I give is that "endowed charities have a recognised status under the Charitable Trusts Act; voluntary charities have none;" but that would not answer your question.

224. No; my question is directed to this: Whether you consider a hospital which is partially provided with funds from endowment a voluntary hospital, or whether you consider that a voluntary hospital is one which is entirely supported by voluntary subscriptions?—A voluntary hospital is entirely supported by voluntary subscriptions.

Earl *Cadogan.*

225. Had you in your mind that they were so far voluntary that subscriptions could be withdrawn at any moment, whereas an endowment cannot be withdrawn?—Exactly.

226. But as far as the giving of the subscription or the endowment is concerned, they are both voluntary?—Yes.

Chairman.

227. I suppose for the practical purposes of this inquiry, you mean that all hospitals are voluntary which are not one of the three endowed hospitals, either St. Thomas's, Guy's, or St. Bartholomew's?—Exactly so. Then to proceed: The accounts of endowed charities have to be transmitted to the Charity Commissioners. If an Act were passed to bring, say, all hospitals possessed with investments, or all voluntary hospitals, under the Charitable Trusts Acts, they would naturally be placed under the jurisdiction of the Charity Commission. It is possible also, that a scheme might be framed by the Charity Commission for the formation of some central Hospital Council like the proposed central governing body of the City Parochial Charities scheme, upon which would serve representatives of interests as suggested below. Against the proposal to place hospitals under the Charity Commissioners, it may be argued: (1) That that body deal with the endowed charities of the whole country as well as the metropolis; (2) That the question under consideration refers to the metropolis solely; (3) That they have no special knowledge of hospital administration in London, which would aid them in the formation of a scheme for a central body; and (4) That they are already fully occupied, having possibly even

Chairman—continued.

now, a staff insufficient for the thorough supervision of their work. Against this it may be argued that they already deal with the great endowed hospitals, and, therefore, it is better to organise from them as a basis. 4. The second course is to register hospitals under the Friendly Societies Acts. The machinery of those Acts is, however, not generally applicable to charities, though benevolent societies (including charities in that term) can be registered under them. 5. The third course is to provide for registration under a new Act. Under Section 3, XV. of the Local Government Act, 1888, the County Council have power to register charitable gifts (endowments) under 52 Geo. 3, c. 102. The Act is practically obsolete, and has, on a recent letter from the Charity Commissioners, been accepted as such by the London County Council.

Earl *Spencer.*

228. You mean that that clause which you refer to in the Act of 1888 has broken down entirely?—Yes. It was, however, clearly the intention of the Legislature to confer a power of registration of charities on the County Councils; and it might be well to try and promote (1) a Bill having this object, but superseding the section in the Local Government Act of 1888, and including non-endowed charities. Information in regard to hospitals as well as other charities, would then be available to the public on one registration, and it might be required of medical charities to send a duplicate report to the proposed "Council of Supervision"; and (2) a separate Bill might then be promoted for the formation of the Council, as below suggested, which would report to, and be under the supervision of, the Charity Commission, Local Government Board, or London County Council; or, what would in that case appear in some manner anomalous, the Privy Council might receive the report of and supervise the Council, inasmuch as it already supervises medical affairs generally, through the General Council of Medical Education. An alternative would be to promote instead of two Bills one only, which should include (1) the registration of medical charities only, either under the London County Council, or under the proposed council of supervision; and (2) the formation of the proposed Council. If the status of the medical charities be defined in one of the ways suggested, so that they can be held responsible to the public, and liable under penalty to register properly audited accounts, &c., the second question, that of the formation of a council, may be considered. 6. In regard to this, it is suggested that a Central Metropolitan Council be formed, representative of the chief interests concerned in the maintenance and good management of the medical charities. 7. The chief interests concerned may be enumerated as follows: (1.) The Profession; and under the head of the "Profession" are, the General Council of Medical Education; the University of London; Royal College of Physicians, London; Royal College of Surgeons of England; Society of Apothecaries of London; General Practitioners (by direct representation); and Nursing Associations. (2.) Hospitals and schools; and under that head are, the Endowed Hospitals of St. Bartholo-

Earl *Spencer*—continued.

mew; St. Thomas's; and Guy's; the Voluntary General Hospitals; the Special Hospitals, including Dental Hospitals; the Dispensaries, and Provident Dispensaries. (3.) Municipal and Poor Law, the Local Government Board; the London County Council; and the Metropolitan Asylums Board. (4.) The General Public; under which head may be included the Hospital Sunday Fund; the Hospital Saturday Fund; and members co-opted for special qualifications. 8. The Council might be called "The Council for the Supervision of Metropolitan Medical Charities." 9. It should be the duty of the Council: (1.) To send visitors to metropolitan medical charitable institutions for inquiry and report. (2.) To submit to the institutions any suggestions they might think fit for the better management and organisation of medical charities. (3.) In the event of such suggestions not being complied with, to submit the same, as the case may be, to the Charity Commission, the London County Council, or the Privy Council, who will be required, after hearing both sides, to publish a full report thereon. (4.) To issue an annual report containing statements in regard to the financial and general management of the several institutions; recounting any special action taken by the Council in the past year, with a view to the better co-ordination and development of these institutions, and dealing generally with their position and work during the year. (5.) To issue a public report on any proposal for the establishment of new medical charities. 10. The Council should have placed at its disposal some share of the City parochial charities; (1.) for carrying on its work; (2.) for grants to hospitals. 11. It should be entitled to receive endowments, legacies, and bequests, and other sums for distribution to hospitals. 12. That it be suggested that the Hospital Saturday and Sunday Funds should make their grants on the award of, or in consultation with, the Council. This granted, a status will be given to each charity; powers of inspection will be given to the central body; powers of promoting combination according to the requirements of the metropolis, and the possibilities of combining institutions or federating them for common work; a power of control dependent to a certain extent on grants; but, above all, a power of control, owing to the legal obligation under which voluntary charities will be placed in relation to the central body. The more detailed objects which such a council might further aim at may be very shortly stated as follows: (1.) Fewer out-patients; (2.) dealt with under better conditions for medical instruction; (3.) in such a way as would promote thrift, but (4.) will not deprive the general practitioner of his livelihood; (5.) a better use of poor-law institutions for purposes of instruction and science; (6.) economy of administration; uniformity of accounts; reasonable care in the establishment of new hospitals; better organisation of existing institutions. (a.) There should be appointed at every medical charitable institution a distributor or referer of patients, who should see the patients after they have been seen by the medical officer, and who, subject to the requirements of the hospital, from the point of view of medical instruction or gravity of illness, should decide, as far as possible, on the statements of the petitioners for relief, and also, as a rule, by a reference of the case to a charity organisation committee, or some proper local organisation, who would visit the home, and make the necessary inquiries on the spot, should decide: (1.) whether the applicants should remain out-patients; (2.) or whether they require assistance, other than medical, so that such necessary relief may be obtained for them from the proper quarter; (3.) or whether they are rather suitable for relief from the poor law; (4.) or whether they should belong to a provident dispensary; (5.) or whether they should provide for themselves by applying to a general practitioner. On this plan, each applicant at the hospital would receive relief on his first visit, if necessary; medical requirements, from the point of view of education, would be met; the social circumstances of the patient would be taken into account, no less than the medical; and other than medical relief would be forthcoming for those who required it. The distributor or referrer might be paid from other sources than the hospital funds. Apart from the use of the hospital for consultation purposes, of which mention will be made later on, the general practitioner would not be interfered with in his practice by the action of the out-patient departments. They would have applicants referred to them who are not eligible for gratuitous relief. The provident dispensary, properly organised, would be a means by which the artisan and wage-earning classes might resume a position in which they would pay the ordinary fees of the practitioner. (b.) A system of payment at special hospitals was recommended by the committee of medical men in 1870; but in that case it is necessary to arrange that the payments at such hospitals should be settled after a due consideration of the prevailing tariff among the general practitioners of the locality. (c.) On the other hand, it is possible that a payment system might be adopted, both at general hospitals and at special hospitals. A payment system is arbitrary. It is unfair, in many instances, to those who require charitable relief. Unless the payments be so high as to prevent competition with the general practitioner they act injuriously to him; and if they are adopted on a low scale it is sometimes seen that general practitioners force down their own fees to the same level in the neighbourhood of hospitals. On the other hand, persons can afford to join a provident dispensary whose wages are much less than those which some medical reformers would consider low enough to entitle them to receive medical relief at hospitals, as a matter of course. Another objection to the pay system is, that it makes no allowance for the charitable discrimination which is the condition under which most persons are desirous of supporting medical charities. If the hospitals are turned into pay institutions it is a question whether they will retain the general support of the public; nor possibly in lieu of that would they be able to secure adequate maintenance. On the other hand it is possible that, with a low range of fees,

Earl *Spencer*—continued.

Earl *Spencer*—continued.

fees, payment may be charged, and yet after a time the patients be as numerous as ever, and the old difficulties may re-appear. (d.) Medical officers of out-patient departments, and probably all medical officers attached to hospitals, to be paid, as is now done at St. Bartholomew's, St. Thomas's, and Guy's and some other institutions. This would place a greater obligation upon the medical men attached to a hospital to be scrupulous in avoiding to take cases which might be dealt with by general practitioners, or which practically have come from them. Professional etiquette might thus assert itself in a more complete manner than at present. This of itself would be a very great advantage. (e.) The out-patient department should be used more than at present for consultative purposes. Cases so sent would be seen as a matter of course, and with ample time for diagnosis. If the pay system were adopted at special hospitals, a letter from a general practitioner, asking an opinion, might be received in lieu of payment. To promote the consultation system, general practitioners in a district, or some of them, might be linked in some way to the hospital, and thus further the use of the local hospital for consultative purposes. Medical men who have been educated at a hospital would probably wish to send consultative cases to the hospital at which they were educated, in whatever part of London they might reside. This process would probably go on unchecked. It is not important, probably not desirable to check it. (f.) Out-patient cases should be absolutely limited in number, according to the standard required for medical instruction; and under no circumstances should more than 25 be seen in the hour by a single medical officer. A central council supervision, by carefully enforcing this rule, might effect a very great change. (g.) Out-patients should receive advice, and a prescription, but not drugs. It is likely that this might of itself keep away from the hospital a large number of cases which only came for the bottles of physic, and other cases of that description. (h.) In order to make the utmost use of existing

Earl *Spencer*—continued.

hospitals and dispensaries, and to prevent unnecessary additions to the number, a plan should be adopted for such combinations between special hospitals and dispensaries as might prove to be convenient, either owing to the propinquity of the several institutions, or, in fact, that men educated at the same medical school were serving upon each. Or, as has been suggested, the cases might be sent to special hospitals from general hospitals, when the number of beds in the general hospitals was insufficient. The hospitals might be used systematically for post-graduate education, and in some instances for pre-graduate education. Similar lines might be adopted in the case of poor-law infirmaries and dispensaries. To meet other defects the following suggestions may be made. The conditions under which the council of supervision would work might promote many economies; it might lead to the purchase at a common centre, on the Paris plan, of all the articles required at the several hospitals. An annual report, publishing information with regard to each hospital on definite points, together with a financial statement based upon the same methods of calculation, might place in the hands of the public a most useful check on the hospital system. No new hospital would be established without a report from that body. The sanitary condition of hospitals would be reported upon, hospital by hospital, each year. Nothing would be done to check the voluntary support which they now receive. It might be added that if the central body had money at their disposal for grants to hospitals, it might calculate such grants upon expenditure incurred in all departments, except the out-door relief department, exclusive, of course, of such a number of out-patient cases as might be considered reasonable. That refers to (f.), where we say that out-patients should be limited to the number of 25 seen per hour. Such are the suggestions that were drawn up by the special committee that we had to consider this subject.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 8° *Maii*, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord FERMANAGH (*Earl of Erne*).
Lord SUDLEY (*Earl of Arran*).
LORD MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. JOHN CHARLES STEELE, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

229. You are the medical superintendent of Guy's Hospital?—I am.

230. And how long have you held that position?—I have held it about 36 years.

231. And before that in what position were you?—I was medical superintendent of the Glasgow Royal Infirmary for six years.

232. Is that a charitable institution or a Poor Law institution?—It is a voluntary institution.

233. Besides that, you are the author of several works on hospitals, I believe?—I have written a number of pamphlets, and I have had a number of reports to write upon hospitals from time to time. I have kept up the annual statistics of Guy's Hospital.

234. And in company with Dr. Bristowe, you edited the "Surgical and Medical Dictionary," I think?—Not with Dr. Bristowe, but Dr. Thompson I edited his work on Domestic Medicine and Surgery a few years ago.

235. Your experience on this subject therefore is very great; you have had an opportunity of watching this hospital system for a very long time?—For a very long time.

236. And do you find that the present hospital system has very much improved as compared with what it was when you first began?—Very much in every particular; in diet and in nursing and in medical attendance.

Earl *Cadogan.*

237. Within the last 40 years, that is to say?—Within the last 40 years.

Chairman.

238. Guy's Hospital is, I believe, a general hospital with a school?—It is a large general hospital with a large medical school attached to it.

Chairman—continued.

239. Will you kindly tell us, what as a rule in hospitals (you have had experience of a great many), is the staff of a hospital; in the first instance, the administrative staff, and afterwards the medical staff?—There is a large medical staff attached to all general hospitals, and a greater or less number employed in the administration of the hospital.

240. Of course in various hospitals the administrative staff differs according to the constitution of the different hospitals?—Quite so.

241. But is it the case that in the various hospitals the medical staff is pretty well upon the same basis?—Very much on the same basis. It is very much more extensive than the administrative staff.

Lord *Thring.*

242. Do you distinguish the administrative staff and the medical staff in the sense that there are no doctors on the administrative staff?—That does not necessarily follow; because in my case at Guy's, and in all the large voluntary hospitals in Scotland, and in many in England, the superintendent or secretary is a medical man; but in the vast majority of the hospitals in London the administrative staff is non-medical.

Chairman.

243. Can you give us at Guy's Hospital, the hospital with which you are most intimate, the proportion of beds to the staff?—There are senior officers and assistant officers; that is to say, assistant physicians and assistant surgeons, and senior physicians and senior surgeons. The senior physicians and senior surgeons have nearly all the beds appropriated to them. There are ten visiting physicians and surgeons, and I should say that they will

Chairman—continued.

have, on an average, about 45 beds each. Then the assistant physicians and assistant surgeons are allowed a certain number of beds also; the assistant surgeons have each six or eight beds attached to them. In most hospitals the assistant physicians and assistant surgeons have no beds in the wards; they are appointed solely for the purpose of attending the out-patient department. In Guy's it is a little different. Every hospital has some peculiarity about it which makes it in some way different from others.

244. You said just now, as I understood at least, that each of these head physicians or surgeons has probably 45 beds?—Probably 45 beds apiece.

245. Do those honorary physicians or surgeons visit every day, or two or three times a week?—The physicians visit three times a week as a rule, but when they have particular cases they occasionally visit oftener, and should the resident house surgeon or house physician require these services of their senior officers they telegraph for them at any time.

246. Then during the absence of the head physicians and surgeons, the cases are under the temporary care of the assistants?—The assistant physicians and assistant surgeons are not always on the spot, and then the cases are under the resident or subordinate staff, of house surgeons and house physicians, of whom there are 12 always attached.

247. What is the position and authority of the house physician and the house surgeon on the staff?—Each physician has a house physician attached to him; each surgeon has also a house surgeon attached to him; there are ten of them altogether, and they have the charge of the patients during the absence of their seniors.

248. Are those gentlemen resident in the hospital?—Those gentlemen are resident in the hospital or in the collegiate residence attached to the hospital.

249. Then during the absence of their seniors to whom are they responsible, is there no medical chief officer in the hospital?—They would be responsible to a certain extent to myself in that case. If they required to leave the hospital for a day, they must report themselves to me.

250. Then is there a medical committee at Guy's Hospital?—There is a medical committee, composed of the members of the staff, independent of the regular committees of the governors.

251. All professional men?—All professional men; the members of the staff themselves in fact.

252. Are you a member of that committee?—No; I am not a member of that committee.

253. Does the rule exist at Guy's, as in some other hospitals, that no salaried officer of the hospital is a member of any committee?—There is a fixed committee, represented by two of the medical officers and by ten of the lay governors. That committee meets once a month to discuss all matters connected with the medical and nursing arrangements. I am the secretary of that committee, and attend all their meetings. Then again, there is the body of governors who appoint annually what is termed a court of committees, consisting of 21 members, who retain office for one year; there are only 60 governors altogether in connection with the hospital, so that it comes to their turn every few years to attend the quarterly meetings of governors, called the court of committees, which passes or endorses, or not, the recommendations of the monthly committee.

Chairman—continued.

254. How often does the house committee meet?—The house committee is better known by the name of "Taking-in Committee," which I referred to as meeting once a month, but apart from this, the treasurer has a meeting once a week to receive reports from the resident officers including myself, the chaplain, the matron, the surveyor, and the medical residents. The meetings are not attended by any of the governors. In former times it was the duty of two of the governors to attend those meetings, but that has been given up in favour of the monthly meeting, where two of the members of the staff attend along with the governors.

Earl of *Kimberley.*

255. How are the governors appointed?—The governors appoint themselves: they are a self-elected body; they are the trustees of the charity, and when a vacancy occurs the governors may appoint anyone they like.

Chairman.

256. Then according to that, the whole of the responsibility of the hospital rests upon the treasurer?—It rests entirely upon the treasurer.

257. But at the other hospitals they have, as a rule, weekly committees?—They have, as a rule, at nearly all hospitals, weekly committees, composed of the governors, and possibly some members of the medical staff. I am not quite sure about that.

258. Then, in addition to the honorary staff and the paid staff, that is the resident medical officer, whatever his title may be, there are other officials called clerks and dressers, are there not?—In the course of their education medical students have to pass through various grades or offices in connection with the sick; there are about 100 of them constantly employed in the wards as clerks or dressers. Both in the medical and surgical divisions they have all to pass through these various grades.

259. Then are they for the time being attached, as it were, to a particular physician or surgeon?—They are attached to a particular physician or surgeon, or to an assistant physician or assistant surgeon.

260. Those are the earliest stages of the education of the medical students?—They are then in their third, fourth or fifth year study. They are not encouraged to attend in the wards during the first or second year.

261. Will you explain the meaning of the term "extern clerks." The term is taken from the

Chairman—continued.

the French, and refers to students who attend the lying-in patients. We have a very large lying-in charity connected with Guy's Hospital, and we must have a certain number of young men to attend these cases; these are called externs as they do work outside of the hospital in attending these women. There are about 3,000 women annually confined within a radius of a mile from the hospital, on the south side of the river through this agency.

262. How would those women obtain assistance if it were not for these extern clerks?—There are two gentlemen also resident in the hospital, qualified men, to superintend the externs. Then again that arrangement is under the supervision of the obstetric physicians, and any case of doubt or difficulty would be at once referred to the assistant obstetric physician, who lives close to the hospital.

263. That does not quite answer my question. What I wanted to ask was this: Supposing that you had no extern department at all, how would these unfortunate 3,000 women get assistance?—If they were unable to pay for a midwife or a doctor they must apply to the parish, and the parish doctor would be sent to attend them. I think the fee is 10 *s.* or 15 *s.*, I am not sure which, that would be paid to the district doctor.

264. But then I suppose there are some of those they call small practitioners in that district too?—Yes; there are a number of small practitioners in that neighbourhood who, I dare say, would be very glad to attend them for a fee of half-a-guinea.

Earl *Cadogan.*

265. How many extern clerks are there?—Perhaps not more than six or eight, but we cannot keep up the numbers sufficiently to attend to all the poor women; we are obliged to overwork some of the young men. I have very often known them have as many as a dozen confinements within 24 hours.

Chairman.

266. Then the fact that you dispense this charity so very largely takes away the custom from these small practitioners?—It does so; but at the same time a medical school must have an establishment of the kind for the instruction of the pupils; they must learn their profession in some way or other.

267. Then, in addition to the honorary staff and the paid staff and the clerks and dressers and assistants, you have a certain number of dispensers, I suppose?—We have in the pharmaceutical department six dispensers, a senior dispenser, and five juniors.

268. What is the salary of the senior dispenser?—I think it amounts to 180 *l.* a year.

269. They have now to be legally qualified, have they not?—Yes, they must all be qualified men, qualified by the Pharmaceutical Society.

270. And how are they educated?—They had their education in some other establishment before they came to us; they have been dispensers either in shops or in other institutions, smaller institutions.

Chairman—continued.

271. Then, when they are elected to or are given this post at your hospital, are they examined by a committee of the honorary staff, or is it done by public competition?—No, we only judge from the testimonials which they are able to bring to us. It is not a very high appointment. We take them on at about 70 *l.* a year, and gradually raise their pay in course of time.

272. And, as gentlemen in the hospital, physicians and surgeons, rise to the various grades in the hospital, they, as a rule, are examined, are they not, by committees of the medical staff?—There is continual examination going on; as long as young men are being educated for the profession, they pass through very many examinations; and, according to their qualifications they get higher offices, which are held out as premiums to the most worthy students.

273. At Guy's Hospital how many resident gentlemen are there who receive pay?—There is only myself and the chaplain who receive pay.

274. You are the only medical officer who receives pay?—Yes, as superintendent or secretary, or in the various offices which I am supposed to fill; that of steward of the establishment too. I have three clerks under me, who carry out all the rules with regard to the admission and registration of patients, and who order the necessary supplies for their maintenance.

275. But with regard to the medical staff, with the exception of yourself, all these senior physicians and assistant physicians or house physicians are honorary, if I understand you rightly?—That depends upon what you mean by "honorary." They are all paid. All the assistant staff, assistant physicians, and assistant surgeons are paid a retaining fee of 100 *l.* a year each; and the seniors are paid a much smaller honorarium; they only receive 40 *l.* a year each.

276. Then at Guy's all the staff is paid?—All the staff is paid, with the exception of the aurist; I do not think the aurist is paid or the dentist.

Earl *Cadogan.*

277. There is a resident medical officer, whom you call house physician or house surgeon, I understand; what does he receive?—There are four house physicians and four house surgeons, together with two obstetric assistants; they receive nothing; they are simply high class students who attain that office.

278. They are not paid at all?—No; they are only on duty for a few months.

Earl *Cathcart.*

279. Do they have rations?—Yes.

280. And lodging?—Yes.

281. And washing?—No, not washing.

Earl of *Lauderdale.*

282. Are they allowed to have private practice?—No. They are only attached to the hospital *in statu pupillari*, they have not as yet gone out into the world.

 283. I understand

Chairman.

283. I understand that the whole of the staff receive pay?—The whole of the staff receive pay, with the exception of the house surgeons and house physicians, whom we do not regard as members of the staff.

284. Then of course there are different systems in different hospitals?—There are a number of different systems adopted.

285. Do you consider that in the general hospitals in London the advice is very good?—The advice is the very best that can be got.

286. Is the advice better in general hospitals than in what are termed special hospitals?—I will not say that it is actually better. Several of the special hospitals have very first-class men attached to them. Take, for instance, the Hospital for Consumption at Brompton, and the Hospital for Nervous Diseases in Queen-square; several of the leading members of the profession are attached to these hospitals; and of course in all the general hospitals connected with medical schools they have the best consulting physicians and consulting surgeons in London attached. It is quite impossible to get higher advice anywhere else.

287. With your experience, are you more in favour of general hospitals or of special hospitals?—As I have been representing general hospitals all my lifetime, of course I am in favour of the general hospitals. There is a necessity for some of the special hospitals, no doubt; a necessity for the Hospital for Consumption, for diseases of the chest, and for the eye hospitals and for lying-in-hospitals, but I do not know that there is any necessity for the large majority of the special hospitals, not when they take up a special organ of the body and confine the hospital simply to that organ.

288. Is it not the case that in former days the special hospitals were very valuable institutions, but that now that every general hospital has special departments their usefulness has rather fallen away?—Yes; the special hospitals when they commenced, taught the general hospitals the necessity of having departments for special diseases; and nearly all the general hospitals have those departments now.

Earl *Cadogan.*

289. Does that remark include children?—Children are also admitted into general hospitals.

290. There are wards for children?—There are wards for children in most of the general hospitals, not in Guy's; there we have the children distributed amongst the females.

Earl of *Kimberley.*

291. Are you in favour of special hospitals for children?—With Great Ormond-street Hospital before me, I should not like to say that I was not favourable to them; I think hospitals for children are very good institutions.

Earl *Cathcart.*

292. And orthopœdic hospitals?—I do not think there is any necessity for orthopœdic hospitals; these diseases are treated in all the general hospitals.

Earl *Cathcart*—continued.

293. What about throat diseases?—I think they are just as well treated in general hospitals as in the special hospitals; and at most of the general hospitals there is a department, an out-patient department, however, for throat diseases. There is in my hospital a special department for the throat, and a special department for the skin, another special department for the eye, another for the teeth, another for the ear, and another for obstetric complaints.

Earl of *Kimberley.*

294. Could you lay down any principle which would govern your opinion of what are desirable subjects for special hospitals?—I am afraid I could not very well; I could not lay down any opinion upon it.

Earl *Spencer.*

295. Do you use any of these special hospitals to relieve your hospital of particular cases when you cannot treat them any further?—Never. Access to the special hospitals is difficult; a number of obstacles are thrown in the way of people getting advice and treatment for nothing.

Chairman.

296. I will return to the question of special hospitals a little further on. Now is it your experience that what are termed interesting cases are frequently taken into the hospital to the exclusion of many cases which ought to come on the charity?—In the large clinical or tutorial hospitals, the 12 largest hospitals in London, there is a disposition on the part of the medical officers, and of every one, to select for treatment cases specially instructive to students; and where the entrance and admission is easy into the hospital we are obliged to send away a large number of persons who are not sufficiently ill to be admitted; but if a person is really suffering severely, and it would be almost cruelty to send him or her away, that patient would be taken in, whatever the disease was. If a person was dying of consumption, for instance, or suffering from some severe heart disease, though it might not be a very special case for instruction, still such a patient would be taken in. No patients would be sent away because the cases were not sufficiently interesting.

297. I suppose most hospitals furnish a weekly return of the patients occupying the beds?—Yes, we have a weekly return; I have a daily return.

298. Therefore, it would be advantageous to have a committee of the governors or of officials of some description to inspect that return, and see whether certain surgeons or physicians kept their beds empty in hopes of getting interesting cases?—Yes; that is not the case however. I do not think that any surgeons or physicians in London would attempt to keep their beds empty. As far as I am concerned I have, as representing the governing body, the admission of all the patients, and if I had cases come to me I should refer them to any of the beds that were vacant during the day. We take in about 100 patients a week on the average. Many of those patients are sent by the medical officers themselves

Chairman—continued.

selves to the hospital for operation, and otherwise been in communication with outside practitioners, and others come direct from the out-patient department. Many of them are sent by medical men living in the suburbs who have been associated with the hospital in former years as students. There is a very large connection kept up between hospitals that have medical schools attached to them, and their old students who are engaged in practice; they are very frequently communicating with myself, and with the other members of the staff about cases which they would like to have sent to the hospital, because they cannot treat them satisfactorily at home; important operations and patients requiring special nursing, and cases of instructive interest for the students as well.

Earl *Cadogan.*

299. May I ask with reference to the question of the Chairman, has a physician a right to keep his beds empty if he so pleases?—Not if there was a large number of patients applying.

300. I understood the Chairman to ask whether physicians were in the habit of keeping their beds empty for more interesting cases, and I want to ask, upon that, whether a physician has a right to keep his beds empty?—No, no right.

301. Then under whom is the management of the beds?—In Guy's it would be under my management.

Chairman.

302. But that differs very much in the different hospitals?—It differs very much in different hospitals.

303. In some cases the surgeons have the right of admission to the wards, and in some cases the resident medical officer has the right of admission to the medical side of the hospital only?—Yes.

304. And in some cases a medical officer, like yourself, has the control of all the admissions?—Yes. I must inform you that that duty is deputed to the house surgeon and the house physician on duty for the week. They look to those cases; other cases that are sent to me I deal with; and if they had difficulty in finding accommodation for the cases, they would come to me and abide by my decision in the matter where to send the patients to. I have always the knowledge every morning of the number of vacant beds under the different physicians and surgeons.

305. Which side of your hospital is generally the most full; the medical or the surgical?—The surgical invariably is the most full, especially the accident wards.

306. From what you said just now, that such a large number of patients are sent by old students formerly in the hospital, am I to understand that the larger number of patients come from a long distance, or that they come from the immediate locality?—Two-thirds of our patients come from the immediate locality, or from within two miles radius of the hospital.

307. Have you any other large hospital close at hand?—We have St. Thomas's Hospital, which takes in-patients from Lambeth chiefly. That and Guy's are the only two large hospitals on the south side of the river.

Earl *Cathcart.*

308. That opens up another line of examination about the deficiency in south London of hospital accommodation; there is a deficiency of such accommodation in south London, is there not?—Yes, because neither Guy's nor St. Thomas's is fully occupied.

309. About Clapham and Peckham and all that district, there are no hospitals at all?—None at all.

310. Therefore many cases from south London naturally come to you?—Yes, from south-east London, including Greenwich and Woolwich.

Earl *of Lauderdale.*

311. Must sanction to occupy a bed necessarily go through you?—Not necessarily. There is an understanding that a severe case brought in should be immediately sent in to the ward, and then a notice of that is sent to my office.

312. It would be reported to you?—It would be reported to me by the sister of the ward.

313. And therefore it would receive a sort of tacit sanction from you?—Yes.

Earl *Spencer.*

314. And have the house surgeons the power to refuse an improper case for treatment in the hospital without coming to you?—Yes; the house surgeon would, if the patient brought a letter to him or to any officer of the hospital, bring the letter to me; he would not send the patient away without his being examined properly.

Earl *of Kimberley.*

315. Perhaps you can tell us what the rule as to admissions is?—Well, the original rule, and it has never been rescinded, was that the governors should take the patients into the hospital once a week on Wednesday morning, and when I was first attached to Guy's it was the duty of two of the governors with the treasurer to receive these patients and read out their names, the patients having in the first instance been examined by the medical officer on duty for the week, who put upon a petition which each had a mark signifying its degree of urgency, 1, 2, or 3; 3 was the most urgent. It was the duty of the governors to admit those patients marked 3 into the vacant beds. That has been continued more or less ever since, but during the last 10 or 20 years we have found that the people did not come in their hundreds to be admitted of a Wednesday morning, but came at any time, and any day, and at any hour; and now, though we still keep up the old custom of receiving patients, not more than five or six present themselves of a Wednesday morning, and about 95 at other times and on other days of the week.

316. Can anyone apply?—Anyone may apply; they drive up in cabs, and if their cases are severe they are admitted, provided there is empty room. The governors themselves, of course, are entitled to recommend patients, but they very seldom do.

317. You discriminate, you tell us, as to the urgency of the case; is there any other discrimination, for instance, as to the poverty of the applicant?—No, there is no other discrimination.

Earl of *Kimberley*—continued.

318. You would admit any person, however able to pay for his own treatment, into the hospital if the case was an urgent one?—If the case was an urgent one, independent of payment.

Earl *Cathcart.*

319. Then a large number of applicants are necessarily sent away, I presume?—For one admitted half a dozen are sent away as unsuitable.

Chairman.

320. Are there a great number of people coming to the out-patient department?—Yes; that is a very extensive department.

321. Then amongst these many out-patients no doubt there are a great many people who ought to become in-patients?—There are; and on the recommendation of the medical officer examining them, these patients would be taken into the hospital; those that were very ill, if they were disposed themselves to come in.

322. Who sees the out-patients?—The various assistant physicians and assistant surgeons.

323. And they can admit them into the hospital if they choose?—Yes; they would send a note to me to admit such-and-such a case.

Earl *Cadogan.*

324. Are there many persons within your knowledge who get the benefit of the hospital who are in circumstances in which they are well able to pay for medical or surgical assistance?—I do not think so. I have gone into that question over and over again, and put questions to the poor people that come, and I do not think that the hospital is abused very much. Even the out-patient department I do not think is very much abused.

Earl *Spencer.*

325. You think that the persons who get assistance are those who are unable to pay for treatment?—Persons who are unable to pay, and persons who are only able to pay a mere trifle for that assistance. They are not exactly what you would term the poor. It is very difficult to define who "the poor" are; although the hospitals are ostensibly founded for the benefit of the poor it is more the working classes that we have to deal with, from the dock labourer up to the skilled mechanic.

Chairman.

326. When you dismiss patients, who dismisses patients?—There was an old formula, kept up till within the last 40 years, of patients being presented to the governors as being cured. That process was gone through in the chapel of the hospital; the patients were presented to the governors, and the governors dismissed them. Of course it is still nominally the governors who dismiss the patients, but they are discharged by the medical officers when they are well enough to leave, either cured or relieved, or possibly unrelieved without the intervention of the authorities.

Earl of *Kimberley.*

327. You apply the same rule as to admission in midwifery cases, I apprehend?—The midwifery cases are all attended in patients' own homes.

328. With regard to midwifery cases, from your experience must there not be a very considerable number of those cases where the patient could be perfectly well provided for by her own family at home?—Yes; I think a large number of these midwifery cases might be attended by their own doctor, or by midwives.

329. And the head of the family is perfectly able to pay in ordinary midwifery cases?—Yes, a small amount.

330. Do you not think that that indiscriminate system of attending midwifery cases in their own homes has a tendency to encourage pauperism?—I consider that all indiscriminate charity encourages pauperism. But this lying-in institution was got up in the first instance for the benefit of the pupils attending the hospital. There are 400 or 500 young men who require to learn their profession, and there is no other way of teaching them.

331. But, apart from that unquestionable advantage, or necessity we may call it, is it not the case that a midwifery case which can be foreseen, if there is nothing exceptional about it, may be provided for by the head of the family?—Yes.

332. And the tendency of all indiscriminate assistance is to lead such persons to depend on charitable assistance instead of looking to their own family?—All charity has a tendency in that direction.

333. But is not the midwifery institution a special example of that?—Yes; but the examining boards of the Colleges of Physicians and Surgeons require that each student shall attend not less than 20 midwifery cases, and manage them himself, and it is almost necessary, for that reason, to have this lying-in institution.

334. You rest the defence of it upon the necessity of obtaining medical teaching?—Yes.

Earl *Cathcart.*

335. Have you any reason to think that your system overlaps the Poor Law system?—Yes; to a certain extent the Poor Law and charitable relief are very often in antagonism.

336. I mean that you have sometimes cases of people who are having out-door relief, who are relieved also, in a manner, by means of the hospital?—Yes; there are many of our patients who ought to be attending the Poor Law dispensaries, and also many of those patients that we take into the hospital might be taken into the Poor Law infirmary, only there is a very strong feeling on the part of these recipients of voluntary charity not to take legal relief; it is a very good feeling on their part, but it certainly bears hard upon the voluntary charities.

Chairman.

337. With regard to the dismissal of patients, have you a form of this kind: that they are reminded that they have had all this assistance for nothing, and that their attention is called to the fact that if they will they can put something into

Chairman—continued.

into a box at the door?—Yes, we have that. We have a box in every ward of the hospital, called a Samaritan fund box, and there has been a considerable amount put in of late years; I think we receive from 30 *l.* to 40 *l.* a year from these boxes. In the out-patient department we have similar boxes placed, and though some 50,000 or 60,000 people passed through these rooms annually, the amount collected was seldom above 5 *s.* or 10 *s.* a year.

338. Then, as regards the people in the wards who have been there for time time, do they give anything in that way?—As the hospital has got into straitened circumstances of late years, we have appealed to the public for funds, and adopted a self-help principle in the hospital, by which patients or their employers may pay a guinea a week for their residence in the hospital; and we have seldom less than 20 to 30 of these paying beds occupied by patients.

339. Would the profit from that materially help the funds of the hospital?—It helps the funds, along with other plans of self-help that have been adopted of late years.

340. Then are we to understand that you think that these people who come to your charity instead of going to the workhouse infirmary do pay something when they can?—No, I do not think they do; not that class.

341. Then about the retention of cases; you only dismiss your patients when they are actually cured, I suppose?—Very often long before they are cured.

342. Take the case of a man with a broken leg?—It depends very much upon which part of the leg is broken.

343. You know more about that than I do?—If it were the small bone of the leg we would send him out probably the day after he was admitted, after his leg was put up in plaster of paris splints. If it were the big bone of the leg that was broken we would send the man out after he had been in the hospital say four weeks, but long before he could return to his employment. A man with a fractured thigh we would keep five or six weeks in the hospital, and after that he is quite unable to attend to his work; he must either go home or get into a convalescent institution, or into a workhouse.

344. Do you from any Samaritan fund or any other fund furnish him with crutches or a wooden leg?—Yes, in cases of amputation we furnish him with a wooden leg, or any other apparatus which he might require on discharge.

Earl *Cathcart.*

345. A broken thigh could be treated in a Poor Law infirmary; it is not necessary to take the case to the hospital?—The Poor Law infirmaries do not seem to receive accidents. A patient to be admitted to a Poor Law infirmary must go through some ordeal, pauperising himself to begin with, by applying to the relieving officer for relief, and very few care about doing that till they are driven to the last extremity.

Chairman.

346. But if a man who was on out-door relief had the misfortune to break his thigh, and were brought to you, you would take him in at once?—Yes, any accident we are bound to take in, though the wards may be full.

Earl of *Kimberley.*

347. Do you have any cases which are Poor Law cases sent to you for treatment?—We have a number sent from various parishes; less in number than we formerly had. When I was at the hospital 30 years ago we had double the number that we have now. In the course of the past year I had 66 patients sent to me from different parishes, not in the neighbourhood of London alone, but distant places, Wales, Lincolnshire, and different parts of Essex; and I think ours is the only hospital which rather encourages that system. We charge the parish a couple of shillings a day for the time that the patient is with us.

Earl of *Arran.*

348. Are these persons sent by the parish authorities?—Sent by the authorities of the different unions; difficult cases; cases that the doctors recommend for admission to the hospital; often involving important operations.

Earl *Cathcart.*

349. And do you stipulate beforehand that there shall be this payment?—Yes, the guardians sign an undertaking to that effect.

Earl of *Kimberley.*

350. Are those cases sent on account of there being some special difficulty in the case which requires to be treated in a first-class hospital?—Yes, I think so, because they are recommended, in the first instance, to come to us by the medical officer in charge of the workhouse infirmary, in order to test the benefits that they might get from a general hospital.

Earl *Cathcart.*

351. They would not send a case from Wales, at great expense, and pay you 2 *s.* a day unless they thought it was a real urgent case?—That is so. We have several cases come from Wales every year, and cases that are really benefited by the treatment.

Earl *Spencer.*

352. Are they cases that cannot be treated in a local hospital?—There is no reason why they should not be treated in a local hospital, but they have often expressed the wish to be sent to London.

353. Preferring a London hospital to the county town infirmary?—Yes.

Chairman.

354. Did you say that such cases did not come to you from the London infirmaries?—No, the London infirmaries do not send cases of that kind to the hospitals as a rule: the guardians do not encourage it, I believe.

Earl *Cathcart.*

355. You would not get cases from such places as York and Leeds?—We get patients from York and Leeds, but not parish cases.

Chairman.

356. Do you take every description of accidents?—Every description of accidents we admit, provided they are severe enough to be admitted. So long as a man can walk about on his feet we would not admit him; if a man came to the hospital with a broken arm for instance, we would not admit him.

357. He would become an out-patient?—He would become an out-patient.

358. Supposing patients are brought to you and you find them suffering from scarlet fever, what course do you pursue?—We do not take them in at all, but we immediately telephone to the Asylums Board and they send down an ambulance within half an hour and remove the patient away to the scarlet fever hospital. That was a very great difficulty which we had to contend with before Mr. Gathorne Hardy's Act was carried out instituting the Asylums Board in London, and now all cases of infectious disease, small-pox, scarlet fever, typhus, and diphtheria are readily taken in by these hospitals, to the great relief of the general hospitals.

359. Do you not keep diphtheria cases?—We are seldom without a diphtheria case in the hospital; but these cases are brought to us in a state almost of impending suffocation, so that it would be dangerous to send them even to the Asylums Hospital; the patient would probably die on the way. These cases we are obliged to take in, young children especially, to make an opening in the trachea to allow them to breathe.

360. Patients under the operation of tracheotomy are isolated I suppose?—Not very much isolated. They are placed in the neighbourhood of the fire-place, away from the other patients; the other patients do not seem to contract the disease, they are sufficiently far away from them; but occasionally the attendants contract the disease.

361. Without an operation you would not think of isolating them?—I suppose it would be a better plan if we had a place to isolate these patients in. At the present time they seem to get on very well in the wards without extending the disease.

362. Would you consider that a distance of six feet from another patient was sufficient?—Yes, provided the other patient did not have anything to do with the diphtheria case.

363. Then what occurs at your hospital with regard to patients who die, and who have no friends; who buries them?—If they have no friends, and if they came from the union in which the hospital is situated, we would ask the Poor Law authorities there to bury them, and as a rule they do so; but if a patient came from another district, the guardians would refuse to bury the patient, so it would fall upon the hospital. It does so at all the hospitals, I think. The law does not seem very clear upon that point. I have been in correspondence with the Local Government Board about it, but they

Chairman—continued.

tell me that it is left entirely to the discretion of the guardians in the different unions, whether they will bury these unclaimed bodies or not.

364. Do you think it would be a good plan, if it were possible, to have some general system of organising hospitals for all the general hospitals of London?—I think it would be. If there were some proper organisation of that kind whereby you could bring them more into reciprocity with each other, it would be an immense advantage; if there was some controlling body, such as the Charity Commissioners or some other body, who would have the means of regulating the establishment of new hospitals; and it would be a very good thing, I think, if we could be brought more into affinity with the Poor Law.

365. Would you like to see a requirement that some sort of licence should be procured before a new hospital could be built?—That ought to be done, in consequence of the great growth of these special hospitals.

366. As regards these special hospitals, some of them are in great measure practically hotels where people can obtain medicine; is that so?—More a kind of dispensaries, you mean? The majority of them are established for the purpose of advancing the fortune of some medical men who, perhaps, have not got into connection with the general hospitals. Many of them associate themselves with a clergyman or two, and get possibly a member of the Royal Family to be president, and they continue for years before they get a proper footing. They possibly may have half a dozen beds, or more, and they are very expensively kept up. The cost of a bed is three or four times what it would be in a general hospital, for instance, where the patients would be better treated.

367. Then are these places sometimes carried on, as far as you know, in insanitary houses, with bad drainage, in out of the way places?—The general hospitals, themselves, the old hospitals, cannot boast of their sanitary condition as a rule; and in the case of those purchased or rented for special hospitals, I do not suppose the sanitary arrangements are first class. I have not, however, heard any objection made to them on that score.

368. Do you want to make any remarks about the sanitation of the general hospitals?—No, not further than to allude to the fact that they were built, many of them, in fact, most of them, in the last century, when they knew nothing about sanitation; and even of those built during the present century, very many are in a very bad condition, and require overhauling from time to time. I think the authorities of most of the hospitals are doing their best to improve their sanitation, but still it is a very difficult question. One almost feels that many of these very old hospitals ought to be pulled down and new ones built on their sites, and that a hospital should be made as perfect as possible. The first question in connection with medicine is the sanitation of the house in which we treat the patients.

369. Do the nurses at Guy's suffer very much from sore throat?—I do not think they suffer more

Chairman—continued.

more from sore throat than the other classes of the community.

370. You know what is termed the hospital throat?—I know what is called the hospital throat, but we have different kinds of hospital throat. A very slight sore throat that goes off in a day or two is one kind. Some 40 or 50 years ago, when the term was first introduced I believe it was from cases of diphtheria occurring from time to time.

Earl *Spencer.*

371. Why was it called the hospital throat?—Because it occurred very frequently in hospitals.

372. In consequence of what?—It was put down to a bad sanitary condition of the hospital.

Earl *Cathcart.*

373. There is a disease called the clergyman's throat in the same way?—The clergyman's throat is brought on by speaking.

Chairman.

374. But is it the case that people require to get acclimatised to an hospital?—Yes, it is said so. It is some time before our nurses fall into regular work in consequence of not being acclimatised to it; it is generally three or four months before they get perfectly accustomed to it.

Earl *Spencer.*

375. In the best arranged hospitals, with present sanitary appliances, do you still have those hospital throat cases?—Still occasional sore throats.

376. But not so often as in the older hospitals?—I have not heard of hospital sore throats for several years; I think the term is going rather out.

377. It really arose from the bad sanitary condition of these places where the sick were lodged?—One is disposed to think so.

Chairman.

378. As we have come to the question of nursing, let me ask you what you consider the number of patients that a nurse is capable of looking after rightly?—It depends so very much upon the condition of the patients.

379. True; but take an average?—One day nurse to 12 patients, one night nurse to perhaps 20 patients, would be a fair average, provided we have, in addition to the nurses, ward-maids and scrubbers, people to do the ordinary domestic work of the ward.

380. What is your establishment at Guy's for a ward?—Our wards are all different sizes; but in a ward of 22 patients (we have several wards with that number of patients) we have in the first place the sister of the ward, who is really the head nurse. The sister has control over everything; and we have attached to her a regular staff-nurse, a probationer and a lady pupil, that makes four. Then we have a night nurse attached as well.

Chairman—continued.

Earl of *Arran.*

381. Is she on duty all night?—She is on duty all night, from 10 o'clock till 8 in the morning. Nurses change about in their duty, day and night.

Chairman.

382. Are you nursed by a sisterhood, or have you trained your own nurses?—Every woman employed in the hospital as a nurse has been trained in the hospital; there is no sisterhood. We use the term "sister" for the head nurse in the ward, who has been previously a lady pupil in the hospital.

383. She has had the whole of her instruction in the hospital?—Yes.

384. At what age do you engage her?—Not under 23 years. No woman is allowed to become a probationer till she has arrived at the age of 23 years. No lady pupil is allowed to come till the age of 24.

385. The lady pupils pay for their own board and lodging, do they not?—They pay us a guinea a week for their board and lodging, and supply their own uniform and their own washing.

Earl *Spencer.*

386. Are they under the management of the matron?—They are all under the management of the matron.

Chairman.

387. Will you tell us what wages those nurses start at?—A probationer, when she enters upon duty, serves for one month for nothing (I think our system is very similar to that in the other metropolitan hospitals). If she is found useful, at the end of the month she is taken on as a regular probationer, and is supplied with uniform and with her board and lodging, and washing, and a pound a month for the first year. If she satisfies us, at the end of the first year, she is continued on for two years longer; that is to say, if it is her own wish, and she then signs an undertaking to remain with us till the full term expires of three years; and the second and third years she is paid at the rate of 18 *l.* a year; and at the end of the three years she is entitled to a certificate, a parchment certificate, as having done the work of a nurse satisfactorily. Then she either remains in the hospital, where her wages would increase to 25 *l.*, or she enters the private institution connected with the hospital, where she would be paid a higher wage; or she may get employment on her own account else. A nurse's wages in the private institution may go on increasing until they arrive at 35 *l.* per annum. The lady pupils, on the other hand, only undertake to remain with us for a year, during which they are taught the practice of medical and surgical nursing; and they are engaged afterwards, many of them, as sisters of the hospital, taking charge of wards. Some of them come to us for the sake of being useful in their own circles in the country

Chairman—continued.

country parts where they live. Others are anxious to improve themselves and get remuneration and become appointed as sisters or matrons to hospitals or to take charge of cottage hospitals; and there are generally openings for them after they have received their certificates.

388. How many of these sisters or head nurses have you?—We have one in each ward. We have altogether 18 sisters having charge of wards.

389. And nurses?—Of nurses and lady pupils and sisters, all together we have about 130.

390. Have you any system of pension for nurses?—We formerly had a system of pension for sisters, but not for nurses, but they could not get any benefit from this pension until they arrived at the age of 65. It was considered too long to wait, and the governors decided to cancel the old fund, and give sisters and nurses the option of joining the National Pension Fund, founded by Mr. Burdett, the governors undertaking to pay one-half of the premiums required by the rules. The age at which a nurse would now enter on her pension is 55, and the premiums required for a pension of 15 *l.* a year, with prospective bonuses at an average age, would amount to 30 *s.* a quarter, the authorities paying one-half of the amount. If the nurse should leave the service of the hospital and desire to have her money she has paid returned to her, she is at liberty to have it and to close her connection with the fund. In such cases the half-premiums paid by the governors remain to their credit, for the relief of sisters and nurses permanently disabled by accident or illness incurred in the discharge of their duty.

391. You have a system, have you not, what is called an institute for nursing, for sending out nurses to private patients?—Yes, we have about 50 nurses engaged in that way, which is the source of a considerable revenue to our hospital, as it is to most hospitals which have adopted the plan.

392. What do you charge a week for their services?—They charge from a guinea-and-a-half to two guineas a week for their services.

393. Does the nurse get any percentage of that besides her own wages?—She gets no percentage of that beyond her own wages, but she is well cared for and well looked after; she has her uniform from the institution, and she has her washing and board at all times; and supposing she should be out of employment she has a home to go to.

394. I suppose, as you train your own nurses, you consider that that is a more economical plan than being nursed by a sisterhood?—I think on the whole it is more economical and more satisfactory.

395. Now in regard to out-patients, you have a very large number, and you see them three days a week, do you not?—Out-patients are seen every day in the week. Ordinary medical cases are only seen three days a week, and ordinary surgical cases we see four days a week; then the other days are devoted to special complaints, such as those of the skin, the throat, the eye, the teeth, and women's complaints.

Chairman—continued.

396. You take payment, do you not, from the out-patients?—A few years ago we gave notice to the people who came to the hospital that we would expect them to pay 3 *d.* each time they got their physic; their physic is intended to last them a week, and their days of attendance are once a week; the people willingly fell into this arrangement, the same class who had been applying before.

397. And did you find your number of out-patients decrease?—Our numbers diminished for a little time, but of late they have increased so very much that we have been forced to put a limit to the numbers, and to send those who are not selected for treatment away without anything. We sent 20 away yesterday.

398. We had evidence on Monday of the very long waiting that patients have to undergo; do you find that your patients have to wait for a very long time; at what time do you open the doors to patients?—Our doors are opened at 11; people generally come in before 12, and then the doors are closed. They may have to wait for several hours; the doctors cannot see them all at once. If they have to wait longer we have a refreshment bar which has been a great help to the out-patients, because it stands to reason that they should be kept waiting for a considerable time. We have four medical men prescribing for them, and they generally remain about four hours.

399. Are the numbers so large as to be a serious inconvenience to your hospital?—No, not at all. We can easily reduce them at any time; we can limit the number attending, as indeed we do now.

400. How many medical officers have you there for these patients?—Four; two on the surgical and two on the medical side of the out-patients' rooms.

401. Say that a patient arrives and goes to one of these doctors, then, if it is a special case, for an eye doctor or whatever it may be, is the patient then put aside till that gentleman comes?—The poor people know very well themselves what days to come to the hospital, and we have a large board outside letting them understand, if they are suffering from any special disease, such as a disease of the eye, which days to attend. Tuesday and Friday the eye doctor attends; and there are special days for other complaints. When the patients are arranged there are two gentlemen, students, who distribute cards, 40 cards, say, and letters; 20 of these are intended to be seen by the physician on duty, and the other 20 by the house physician; and then, after the 40 are given away, the remainder of the patients who might be waiting will be sent away to come another day, or to go to another hospital. Yesterday, in that department I am speaking of, in the medical department, there were 60 new people applying; we had only 40 cards to give to them, and so 20 were sent away; and that will occur probably again to-morrow, in the same department, as there is a considerable pressure upon it at present. Before these patients are sent away, it is the duty of the house physician to see that none of them are really ill; and if by talking to them he

Chairman—continued.

he discovers that there is any particular symptom which requires attending to, he gives them a card and letter and allows them to remain. So that every means is taken to prevent any one being sent away who is really ill.

402. Do you think that the out-patient department is much abused?—It is so very difficult to say whether it is abused or not. The people that come to it generally pay, very readily, the 3*d.* that we ask them to pay after they get their medicine; and they come some from long distances and pay their railway or omnibus fares, and seldom leave, I should think, without a glass of beer. That all costs a good deal of money. They are able to pay this, and they belong, the males at any rate, to the wage-earning classes. They are anxious to get the very best advice, and you can quite understand that they would prefer the advice that they get at the hospital to that of a local practitioner, who charges them perhaps a shilling a visit. I made inquiry, about 12 years ago, at the request of the authorities of various hospitals, into this whole question, and I found that very few indeed would admit that the charities were abused; at the same time they recognised the fact that it was not exclusively the poor class that applied; they are the lower middle class, tradespeople, and the working classes who get the greatest benefit from the hospitals.

403. Then where do the lowest class go in order to obtain medical relief?—To the Poor Law infirmaries and dispensaries. Of course many of them come to us too, but the majority of them go to the Poor Law. There are 12,000 beds occupied in the infirmaries in London by poor people who are ill; there are only 4,000 in general and special hospitals combined, on the average, occupied.

404. Is there very much useful instruction to be got from these out-patient cases?—Yes, it is reckoned now a most important department in every medical school in London; they are the sort of cases which students are likely to meet with in practice afterwards; very often people who have little disease about them, but fancy themselves ill.

405. Then I gather your view to be that, on the whole, while it is an inconvenience that people should come in great crowds to the out-patient department, it is an inconvenience which must be put up with?—Yes, except this far, that you can limit your numbers, and it is very readily done. It is done at St. Thomas's Hospital, and it is done at Guy's.

406. Now would you tell us something about the medical school at Guy's Hospital?—Yes, I can tell you as far as I know, and shall be very glad to do so.

407. Will you state the objects, and how it is supported, and so on?—None of the hospitals in the last century were established, I suppose, for the purpose of being medical schools, and though the appeal for money is continually made to the public on the ground that they are doing so much good as medical schools, I do not think that the people who contribute to hospitals do so for the purpose of improving the medical school of the hospital; they give their contribution for the relief of the distressed and injured, much more than they would for any scholastic object. On the other hand, it is absolutely necessary for the purposes of medical education in London and other large towns that the hospitals should be utilised for that purpose as the State does not help us in any respect as it does in other countries. In other countries, in France and Germany, and in America, the hospitals that are utilised for medical schools are also partly supported by the Government as well as by voluntary charity. In England it is only the voluntary hospitals, or the endowed hospitals, that are used for purposes of clinical instruction. Of medical students, we have, I think, above 2,000 in London attending the 12 different hospitals that are associated with medical schools; I am including the ladies' medical school among the number.

Chairman—continued.

408. Then how does the medical school exist, as regards funds?—By students' fees, which range from 90*l.* to 140*l.* in different hospitals.

Lord *Thring.*

409. Who make that charge?—The medical officers and school committee, with the sanction and approval of the authorities of the hospital.

Chairman.

410. Who is the head man, the man in control?—The head man of my hospital is the treasurer, and it was a treasurer that first established the medical school. Before the hospitals were utilised as medical schools they had no reputation as hospitals; it was only by becoming centres of learning and instruction that they established a reputation.

411. Then at the medical schools there are lecturers, of course?—The lecturers are composed of the medical staff of the hospital, together with other instructors; there is a large number, some 40 or 50, engaged in tuition in some way or other.

412. And they receive fees?—In my hospital the whole of the proceeds from the medical school are put into one purse, and, deducting the expenses of maintenance, are divided into so many shares; some have a larger number of shares than others; some have only half a share, and so on. I daresay the annual income from the medical school might be 10,000*l.* or 12,000*l.*

Lord *Thring.*

413. Who have the shares?—The medical officers, and the teachers.

Earl of *Lauderdale.*

414. They are very unequally divided?—Yes, the young men are paid very little, the older men get larger shares.

415. Who regulates that?—That is regulated by a committee amongst themselves; it is a mercantile speculation entirely.

Chairman.

416. Then we understand that the seniors regulate it, as it is, and that they give themselves the larger shares?—In a great measure they

Chairman—continued

they do; but I should like the dean or warden of the school to answer these questions; it is rather out of my province.

417. Does your hospital have to pay poor rates?—Yes, very heavy rates indeed; we pay 1,500 *l.* a year for the support of the poor, the sick poor as well as the healthy poor, and for other purposes. That is an impost that was inflicted upon us about 15 or 20 years ago. From the time of Queen Elizabeth none of the voluntary charities had paid anything till then; but by a decision of the House of Lords we have been forced into this payment of rates, and it is most unjust and most inequitable.

418. Have you any idea how much you save to the poor rate by taking in all the sick people you do?—I could not say; nearly one-third of the patients come from the union which imposes this rate upon us; I daresay we save them many thousands.

419. And into the bargain, I suppose, a great number of these 3,000 women that you attend would, if you did not attend them, have to be attended at the expense of the poor rate?—That is so.

420. So that while benefiting the poor rate, you at the same time have to pay 1,500 *l.* a year?—Yes.

Earl *Spencer.*

421. I will begin my questions at the last point. How are you assessed to the poor; on what; it may be rather a difficult question for you to answer, perhaps?—We are assessed on the ground we are occupying in South London; the hospital stands in six acres of ground, and we are assessed upon the rateable value of the buildings, as well as the space we are occupying.

422. Then with regard to the out-patients, we heard the other day that occasionally the out-patient who went into a hospital underwent considerable danger from being near infectious cases; do you ever hear of cases of that kind?—It might occur from time to time before the disease is diagnosed. The friends would bring the patient to the hospital, and the patient might be sitting amongst the others, but until the patient is examined, it is impossible to know whether he is suffering from an infectious disease or not.

423. Do you take any steps in such a case to prevent the spread of the infection?—Immediate steps; though the patient is an out-patient we immediately communicate with the Asylums Board, and the Asylums Board send an ambulance to remove him to their hospital at once.

424. I understood you to say that the out-patients are disposed of by means of certain tickets; 40 you said just now?—Yes, 40 for one department.

425. How are they distributed; on what principle, by the gentlemen who do it?—On the principle of taking those who appear to be suffering the most.

426. Not worst in poverty?—No, we never take up that question at all.

427. And they all come like the in-patients

Earl *Spencer*—continued.

without letters?—A very large number of them, four-fifths of them, come without letters. Some of them come with letters from the Hospital Saturday Fund; we have allowed the committee a certain number of letters to recommend both in and out-patients; and others come with letters to the doctor on duty from private practitioners; these cases are always attended to.

428. Do any provident clubs send to you systematically?—It is very difficult to find out whether they do so or not; the patients do not show us any papers from them; the provident clubs do not send cases to the hospitals stating that they send them.

429. You have never heard of any system of doing that?—No, I have not heard of any system. Very frequently the patients ask for certificates that they are ailing for the purpose of giving to their club. I am not aware that there is any system of sending patients to the hospital for this purpose.

Earl of *Kimberley.*

430. If you have out-patients who are in receipt of out-door relief, do you give them a certificate then that they can produce to the guardians?—We are not aware that we have any patients that have out-door relief.

431. You do not have any applications from patients for certificates to produce to the guardians?—No, never.

432. Do you mean, that as far as you know, you have no out-patients in receipt of out-door relief?—As far as we know. It is, however, impossible for us to know.

433. I did not quite understand what your rule is as to the limitation of your daily number of out-patients?—We limit our numbers in each division to 40 patients, to 40 new cards and letters: the rest we send away. The others who have been in attendance before for weeks or perhaps months come as well; these are easier despatched than the new cases; the doctor requires more time to go into the new cases thoroughly.

434. The limit of 40, I suppose, is fixed with reference to the number that can be properly attended to?—Quite so.

435. Have you ever at all considered the question which has been raised, whether it would be advantageous to the profession to have general access to the Poor Law infirmaries?—I have considered it along with others, and there is a general feeling in the teaching part of the profession, that the Poor Law infirmaries should be open under certain restrictions to medical students and also to the surgeons and physicians attending the hospitals. There is a great difficulty in that way to overcome with the different guardians who are unwilling to adopt any new arrangement, but it would bring into closer relations the aims and objects of legal and voluntary provision for the sick and injured if the parish or union authorities directed their district medical officers to send cases requiring operative treatment and others of clinical interest to the local hospital, instead of drafting them to the Poor Law

Earl of *Kimberley*—continued.

law infirmaries. Such an arrangement, which, as I have already explained, could be easily carried out, would be beneficial alike to the hospitals, which would be recouped the cost of maintenance, to the medical school, and to the sick poor, who in doubtful and obscure cases of disease would have the benefit of being treated by first-class consultants.

436. There is nothing to prevent them sending them now, is there?—No, there is nothing to prevent them sending them now, but they would rather have them treated in their own infirmaries.

437. On a former Committee of this House we were told that there were certain chronic cases, not of the class of cases usually found in a general hospital, but cases which exist to some extent in the infirmaries, and which in the interests of medical science it is desirable should be studied?—Yes, that is so; cases of different forms of paralysis not yet thoroughly understood by the medical profession, which M. Charcot of Paris has thrown great light upon, and his information has been obtained chiefly from inmates of the largest old infirmary in Paris, Salpétrière; hospital physicians feel that these cases pass out of their sight because they remain for years in that condition, and cannot be retained in hospital.

438. And such cases as those are not cases to send to the general hospitals, because they are cases of a permanent nature?—Yes; those are cases that we send very often to the infirmary.

439. And it is sometimes very desirable that to these cases the profession should have access?—That there should be some one to study them and to make post-mortem examinations; they have a great pathological interest.

440. I think I am right in understanding that the fee for medical students is not uniform?—It is not uniform in London.

441. Would it not be desirable that it should be?—It was more uniform 20 or 25 years ago, but on discussion amongst the different schools it was found that, while several of the medical schools in London were opposed to increasing the fees of students, some of the leading hospitals felt justified in increasing them, on account of the superior advantages they offered to students.

Earl *Cathcart*.

442. Is there anything further you wish to state to their Lordships upon this point, of utilising the poor-law infirmaries (I think we were led to understand there are 12,000 beds belonging to the poor-law infirmaries) for teaching and other purposes, and also to benefit the infirmaries by getting superior medical men to them?—I believe one or two of the infirmaries have adopted a plan of appointing from the medical schools one or two young medical men to keep a record and pathological notes of the most interesting class of cases, and also to make post-mortem examinations. It appears that there is a great deal of clerical work to be done by the medical superintendents of these infirmaries, and that takes up not only his time but also the time of his assistant. It would be a very good thing,

Earl *Cathcart*—continued.

in fact, for all the infirmaries if such a plan was generally adopted; and then it would be extremely useful to allow some visiting surgeon or visiting physician to take a small class of students to see the cases in the infirmaries from time to time.

443. In fact, the clinical teaching in the poor-law infirmaries would lead very much to the elevation of the treatment generally in those infirmaries; it would introduce medical men of eminence if there were clinical teaching in those infirmaries?—I am sure it would.

Earl of *Kimberley*.

444. Inasmuch as there is a good deal of jealousy and difficulty connected with this question, might it not be desirable, without introducing clinical teaching generally as in a general hospital, to make some arrangement by which the more important cases might be looked at before attempting to extend the system further?—Quite so; I think that would be very necessary; but, after all, I do not think that these places would be very attractive to the mass of medical students in London. The medical schools are situated in the centre of London, and most of the infirmaries are in the suburbs, two or three miles away. The infirmary in most connection with my hospital, for instance, is more than two miles away from it; students would not care about journeying there continually, nor would the medical staff care about doing it; but, possibly, one of the younger members of the staff, if he had permission, might take a small class with him from time to time.

445. But you see no impossibility in the Local Government Board and the guardians establishing some arrangement which, in special cases, might give an opportunity to the profession of seeing these particular cases?—I see no reason why they should not. they have already allowed medical students to visit in connection with the infectious hospitals; that, however, is under another jurisdiction, the Metropolitan Asylums Board.

446. But still they are poor-law cases?—They are poor-law cases.

447. So that they are analogous?—Yes.

Lord *Monkswell*.

448. You said that you do not consider that the hospital benefits are taken advantage of as a rule by those who can well afford to pay: do you make any inquiries at the homes of the people to find out their circumstances?—No, we do not make any inquisition at all. I think the responsibility should be with the patient, and not with those who are treating him.

449. Then you only know from what they tell you themselves?—And judging from their appearance.

450. Who distributes these cards for out-patients?—They are distributed on the medical side by an advanced medical student in the first instance; they are all distributed under the supervision of a physician.

451. He is a medical student you can tho-

Lord *Monkswell*—continued.

roughly rely upon?—A medical student we can thoroughly rely upon; but, besides that, before any patients are sent away without cards, the house physician sees them, and if any of them had symptoms which he thought might require attention he would supply them with cards.

452. So that sometimes you might have more than your 40, if he thought any had been improperly sent away?—Yes, we allow a few more; for instance, during the epidemic of influenza it went up to 60 a day.

453. You said about these special hospitals that you objected to the great difficulty placed by them in the way of getting gratuitous advice?—I think it must depend upon the registration fee they require.

454. At all events there is a difficulty in the special hospitals that does not exist in general hospitals, in getting gratuitous advice?—That is so.

455. If they were put under the same regulations as to getting gratuitous advice, would you still have the same objection to special hospitals?—No, not to the leading special hospitals. I have sent patients to special hospitals myself; but numerous small hospitals have sprung up in the last 20 or 30 years, to the great cost of general charity funds.

456. What do you say, for instance, to the Cancer Hospital; I suppose it is eminently desirable to have a special hospital for cancer; but it is also, I suppose, desirable that surgeons at the general hospitals should see cases of cancer?—Yes. For one case admitted into the Cancer Hospital there will be half-a-dozen or more cases admitted into the general hospitals.

457. And that would apply to a good many of these special diseases besides cancer?—To all of the special diseases. A hospital for incurable cases of cancer, which is what the Cancer Hospital is, more or less, is a most valuable asylum for cancer cases.

458. And that is a great difficulty in the general hospitals; a good many of those hospitals do not receive such cancer cases?—Very few of the general hospitals receive hopeless cases, unless the symptoms are particularly urgent.

459. What happens to the hopeless cases?—They are sent away home again, or find their way to the infirmary in the end.

460. You said that old students sent patients to their own hospital. I gather it is your opinion that this practice is beneficial, both to the old students and to the hospital?—That is so.

461. I have been told that the walls in the old hospitals get soaked, and get bad for surgical cases, and are apt to produce blood poisoning?—Yes, that is the general idea; and measures have been taken in most of the hospitals to prevent hospital disease, by adopting Professor Lister's antiseptic system of treating wounds; that has been of great service to the hospitals in rendering them more healthy. Such diseases as erysipelas and gangrene, which used to be the pests of hospitals, no longer exist, or only to a very limited extent.

Lord *Monkswell*—continued.

462. But they do exist, I suppose, in the old hospitals rather more than in those built more lately?—Not necessarily; our hospital is one of the oldest in England, and we have no diseases attributable to this cause.

463. Do you consider, then, that the precautions of building the rooms with glazed bricks, and so on, are not absolutely necessary?—I do not think they are; I do not think you should go to great expense with hospitals; they are not buildings that require much architectural adornment. Glazed bricks are very useful, however, and very cleanly, and they do not cost so very much extra.

Lord *Zouche of Haryngworth*.

464. I think you mentioned that you would suggest that a license should be taken out in future before any new hospitals were founded?—Yes.

465. What authority do you suggest should grant these licenses?—The authority does not exist at present, but I think it would be well if Government would appoint a small body, acquainted with philanthropic work in general, who could control and moderate the management of hospitals, and also issue, from time to time, an annual report of the way in which the different hospitals were conducted; especially as to the average expense of each occupied bed, which would be easily ascertained, and which would be actually a guarantee of how a hospital was conducted. At present we have got nothing of the kind. Hospitals are instituted from year to year which are actually not wanted in London, and with the very improved provision made by the Local Government Board, there is not the same necessity for hospitals as there was 20 years ago. All our old hospitals were instituted when there was no proper provision made for the sick poor of London, and they were intended really for the poor. Now, it is difficult, as I said before, to say who the poor really are. I said that the hospitals are made use of chiefly by the working classes and very properly so too, I think; but they, at the same time, should be impressed with the necessity of contributing towards their support, and they are attempting in London, in connection with the Hospital Saturday Fund, a penny a-week subscription amongst all the warehouses and workshops in the metropolis, which I understand is doing very well. The sums from this source show a progressive annual increase. I was acquainted with a similar arrangement in Glasgow before I arrived in London, and we obtained from the warehousemen, and from the ships in the river, and from the public works, nearly 3,000 *l.* a year in the shape of workmen's subscriptions to the chief hospital there.

Earl *Cadogan*.

466. With reference to these additional subscriptions, is it your opinion that the Hospital Sunday Fund and the Hospital Saturday Fund have acted beneficially or the reverse on the general income of hospitals?—I am not sure that I follow your Lordship's question.

467. It has been thought by some that the fact of

Earl *Cadogan*—continued.

of this money being collected on one Sunday and one Saturday has, to a certain extent, interfered with the general flow of charitable contributions to hospitals?—I have heard many connected with hospitals say that the Hospital Sunday Fund interfered with their contributions; I do not think so myself; I do not see how it can materially affect them. Hospital Sunday Funds and Hospital Saturday Funds are in operation in other towns besides London. Where there is only one institution to support, the people take a greater interest in it than the people in London can take in the numerous charities of London. Eighty or 100 hospitals of different kinds have not the same hold upon the community as a single hospital in a country town would have. People in London are putting in their money in a haphazard way for the benefit of all, and not for the benefit of one hospital; and the Hospital Sunday Fund, in its mode of dealing with the claims of hospitals with reference to its awards, ignores in a measure that principle of self-help, which everyone wishes to see characteristic of the working classes, and which, no doubt, would be fostered if they were allowed some nominal privileges, similar to those extended to them through the agency of the Hospital Saturday Fund, in supplying them with letters of recommendation to hospitals, &c.

Lord *Zouche of Haryngworth.*

468. Would you suggest that the Government should have power to prevent the starting of a new hospital, by voluntary subscribers or otherwise, if they thought it necessary to do so?—I think the Government or some body ought to have power to do so; but as long as the act is a voluntary one, and a benevolent one, I am afraid that it would not have power to carry out such a reformation.

469. Then what would be the object of the license?—The only object would be this: supposing the Government had the power to give the license, a man would be prohibited from leaving money for a hospital of any description, a hospital for diseases of the big toe, for instance; and at present nobody could prevent his trustees from carrying out his testamentary disposition, and founding a hospital for the purpose.

470. You would suggest that the Government should, if they thought it was prejudicial to existing institutions, have power to prevent the starting of any such hospital?—I think so; some body with the power to prevent such a disposition of charity.

Earl of *Lauderdale.*

471. With regard to these governors, can you tell me what the qualification of a governor is, or how their election is regulated; I mean with regard to the governors of your particular hospital?—There is no special qualification required; they do not require to give a sixpence to the hospital.

472. Are they elected?—They are appointed by the other governors when vacancies occur in the management.

473. How was the oldest of the governors now on your board appointed?—The oldest existing governor we have on our board is the Right Hon. W. E. Gladstone. He was appointed in the year 1833, because at that time the government of the hospital was a very Conservative one, and he was supposed to be the rising hope at that time of the Conservative party.

Earl of *Lauderdale*—continued.

474. How many governors have you now?—We have 60.

475. And what number of those are Conservatives?—I think you will find that the large majority of them are Conservatives.

476. How were the original governors in the first instance appointed; by any deed or trust?—Many of the original governors were appointed by the founder of the hospital. He appointed a number of trustees to manage the trust, and they continued to add to their number till they made the number up to 60.

477. And they had the power of electing governors to keep up that number?—Yes.

478. And that is how it goes on now?—It has gone on so ever since. They require to pay nothing for the purpose of qualifying as governors, though, as a fact, they have been large contributors to the hospital funds.

479. But no payment is a necessary qualification for being a governor; it is simply a matter of election by the governors themselves to fill up a vacancy?—That is all.

480. Then I understand the administrative staff of your hospital is divided into two portions. You call one the staff and the other the non-staff; is not that how you designate them?—I call all the medical officers, physicians and surgeons, the staff.

481. And are they paid by the hospital?—They are paid by the hospital.

482. Do they subsist entirely on that which is paid to them by the hospital?—No; these gentlemen are among the first medical men in London, and are in practice in the West-end.

483. Is there any portion of the staff that is paid by the hospital that subsists altogether upon that payment, and are not allowed to practise privately?—Not at all; none of them. There is the resident staff, but they are only resident each for a few months at a time, so as to improve their education as students.

484. Then, with regard to the admission of patients, have you any wards or beds specially reserved for patients that are admitted on payment only?—Yes, we have two classes of paying patients. I explained to the Committee before that we allowed patients into the wards by paying a guinea a week.

485. You said that they "may" pay?—They may pay a guinea a week, and we have generally from 20 to 30 either paid for by their employers, by their own friends, or by themselves.

486. Is that a compulsory payment or a voluntary payment?—That is a voluntary payment.

487. But those beds are not filled up unless you have patients who will pay voluntarily to use them?—I am sorry to say that they are; I have a struggle to keep them vacant. But, apart from that, we have set apart a part of the building, as had previously been done at St. Thomas's Hospital, for patients able to pay a little

Earl of *Lauderdale*—continued.

little more, three guineas a week. These patients are recommended to us by medical men, chiefly through our surgeons for operations, and if they are not able to pay ordinary consultant's fees, the operations are performed gratuitously.

488. But it really amounts to this: that there are a certain number of beds reserved that can only be occupied by patients who pay?—There are 24 beds of that description, and these beds are placed in compartments almost similar to private rooms.

489. With regard to the nurses, I understand that there are nurses, sisters, lady pupils and lady nurses?—No lady nurses, lady pupils.

490. Lady pupils, sisters and nurses?—Yes; many of the nurses are ladies all the same.

491. Are those three classes all in the pay of the hospital; do they receive payment for the services rendered?—All, except the lady pupils.

492. Then, in addition to those, you have what you call out-nurses, have you not, whom you send out?—Nearly all the leading hospitals within the last few years have established private nursing institutions for sending out nurses to private patients, having each from 40 to 100 nurses attached for that purpose. After serving for two or three years, many of them are transferred into this private nursing institution, where they have no lack of employment from private families, from medical men who have been educated at the hospital, and by others.

493. Is their number limited?—No, their number is not limited; we are gradually increasing the number.

494. When they are not employed, do they support themselves?—They are supported in the institution, but as a rule they are always employed.

495. How are they supported when they are not employed?—They come back to the institution; there is always accommodation for them.

496. And they are supported by whom?—By the Private Nursing Institution, which has its accounts entirely separate from those of the hospital.

497. How does the Private Nursing Institution derive its funds?—A portion of its funds is used in training nurses for the institution.

498. What does their fund consist of; how was the fund established?—Some of the governors contributed 200*l.* or 300*l.* to furnish a house in a street adjoining the hospital for the purpose.

499. Is there sufficient money to carry on this institution now?—Yes, a large surplus; and every hospital which has adopted the system has found it to be the same.

Chairman.

500. On that particular question of the fund of this home for nursing, do the fees of these lady pupils, as you call them, that go to your hospital, go to that fund?—No, their fees go to the hospital; that is a separate affair altogether from the Private Nursing Institution.

Earl of *Lauderdale.*

501. Going now to out-patients, you say that you admit 40 out-patients daily?—Forty on each side of the hospital, medical and surgical; we admit 80 as an average number.

502. And you have two medical men to attend on them?—Four altogether, two surgeons and two physicians.

503. And in addition to those 40 they have the old out-patients as well?—Those who have been under their care before.

504. And is there any discrimination used with regard to sending those out-patients away?—A patient once admitted to the out patient department, he or she continues attending till they are discharged.

505. Can you give us the average number of the old out-patients admitted in that way. There are 80 new, and how many old?—There are about 400 people that attend daily, between 400 and 500.

506. Then in round numbers about 400 are old and 100 new?—Yes.

507. And for those 500 patients you have four medical men?—There would be four medical men.

508. Each man, therefore, attends on 125 patients?—Yes, but most of these patients are simply having their medicines repeated.

509. I am merely getting the average. They are in attendance for four hours daily, are they not?—About four hours daily.

510. So that each medical man has about 30 patients per hour?—It will come to about that.

511. So that he has only two minutes to give to each patient?—It would come to about that.

Lord *Thring.*

512. I wish to tell you at once that my questions are directed to ascertain who is responsible for the management of the several departments of the hospital. And first of all, the governors, as I understand it, as lawyers call it co-opt, they choose each other?—They choose each other.

513. How often do they meet?—The court of governors meets every three months.

514. And what do they do; what are their powers generally?—They seem to do very little in connection with the domestic management of the hospital, but they have the charge of the hospital property, the estates, and any changes which occur in the estates.

515. In round numbers, what is the endowed income of the hospital?—The endowed income does not now yield more than 25,000*l.* a year from landed property.

516. Do I understand you that the governors manage 25,000*l.* a year?—They do.

517. Who is their responsible officer; who really manages it?—The treasurer of the hospital.

518. How is that done?—The treasurer must be one of the governors.

519. Is he a paid officer?—Not a paid officer; an honorary officer.

520. Then who manages the estates?—We have land stewards on the estates.

521. But I understood you that the governors manage the estates?—They hear the reports of their agents on the estates.

522. Do

Lord *Thring*—continued.

522. Do they interfere with the internal management of the hospital at all?—Not at all.

523. Do you report to them the internal management of the hospital?—I report to them every week the condition of the hospital.

524. But they do not interfere?—Not unless special attention is directed to something.

525. Now, in the internal administration of the hospital there is the medical staff and the non-medical staff?—Yes.

526. With regard to the non-medical staff, who are they, and what do they do?—There is an accountant who keeps the books of the hospital.

527. Who is the head of the non-medical staff?—I should call myself the head.

528. And you have under you subordinate officers?—I have under me subordinate officers.

529. Do I understand that you are responsible for (I am using the term advisedly) the non-medical administration of the hospital?—I am; and for the medical administration also.

530. For the supply of provisions?—Yes.

531. And for ascertaining that everything is right in the hospital; everything connected with provisions and internal administration?—I am at the head of that department

532. You are responsible for that only?—I am responsible to the governors.

533. The governors do not interfere?—I am responsible to the treasurer as well, who resides on the premises.

534. Does he ever interfere?—I report to him the condition of affairs every week.

535. Does he ever interfere?—He would interfere from time to time.

536. Then with regard to the medical administration of the hospital, what does that consist of?—The medical administration would consist of the physicians and surgeons, and assistant physicians and assistant surgeons.

537. What physicians; who is the head of them?—There is no head to the physicians; there are some men senior to others, according to length of service.

538. Is there no person at all responsible, as head of the medical staff, for the administration of the hospital?—In the working of the medical department I should be responsible for the medical supervision of the hospital.

539. Then do I understand that you are responsible for the medical as well as for the non-medical supervision of the hospital?—I am.

540. Entirely?—Entirely.

541. Then with regard to the medical staff, it consists, as I understand it, of visiting surgeons, as I should call them, but you call them senior surgeons and physicians, and resident surgeons and physicians, and the nurses?—Yes.

542. Now, supposing pupils misbehave themselves, who is responsible for the conduct of the pupils, of the young men in the hospital?—The dean of the medical school is partly responsible.

543. Who is he?—He is one of the assistant physicians.

544. But supposing a medical student misbehaves himself in the hospital; supposing he misbehaves himself to the nurse, or otherwise misconducts himself, to whom is he responsible?—It is brought under my notice at once, and reported to me.

545. Only to you?—Only to me in the first instance, and to the matron.

546. You are responsible for that?—I am.

547. Can you dismiss him for it?—I have not that power; I have the power of suspending him, but not of dismissing him.

548. Who has the power of dismissing him?—The treasurer would have the power of dismissing him.

549. And nobody else?—And nobody else; he would act upon the recommendation of the authorities of the medical school.

550 Then do I understand that there is no head of the medical school at all except yourself; supposing things are going on wrongly, I want to know whether there is any responsible head bound to punish them by dismissal except yourself?—There is no responsible head except myself, and I should not do so without referring the case to the treasurer, and possibly to the officers of the medical school.

551. Whom do you call the officers of the medical school?—The medical committee.

552. And who are the medical committee?—That is a committee made up of the medical officers simply.

553. Supposing you have got to try a pupil for gross misconduct in the wards, or for otherwise misbehaving himself, who tries him?—He would be reported to me in the first instance, and I should refer the matter to and advise with the treasurer of the hospital how we should proceed with him. Such a thing, I am happy to say, has never occurred.

554. But if you and the treasurer agreed that there was nothing in it, what then?—Nothing more would be said about it.

555. Now then with respect to the nurses, what class are the nurses?—Do you mean what class the raw material is taken from?

556. I want to know whether they are lady nurses or ordinary nurses; whether they are of the rank of ladies or ordinary nurses, or partly one and partly the other?—They are partly one and partly the other. They are taken from the best class we can possibly get.

557. Who is the head of the nurses?—The matron.

558. Has the matron got complete control over the nurses?—No, not entire control.

559. Who has?—The control of the nurses I have to do with as well, to sanction all her arrangements. In the case of every person she selects as a nurse, it is done with my approval and the treasurer's approval.

560. You and the treasurer, I understand you to say, are at the head of the nurses: is the matron bound to obey you or not?—I should not interfere with her arrangements, but according to our printed rules she cannot select nurses or do anything with them without my sanction and approval.

561. Then she is bound to obey you?—You may say so.

562. With regard to the admission of the lady nurses and ordinary nurses, I understand you to say that you alone are responsible for the persons who are admitted as nurses?—If a suspicious circumstance occurs for any reason——

Lord *Thring*—continued.

563. Supposing you have a number of lady nurses or ordinary nurses applying, who admits them?—They are admitted in the first instance by the matron.

564. But has the matron to consult you, or may she admit them without consulting you at all?—She would admit them without consulting me, but report to myself or the treasurer.

565. And if she reports can you override her report or not?—If any circumstance occurred to make it necessary of course we have that power.

566. Then you are responsible for that?—The governors look to me as responsible.

567. Then with regard to the nurses, how are they fed; where do they dine?—They dine in a hall by themselves; they have their meals at stated intervals, and they have a change every day.

568. Do the lady pupils and the ordinary nurses dine together?—The lady pupils and the ordinary nurses dine in the same hall, but the lady pupils occupy a table at the head of the hall; they are supplied with chairs, and the ordinary nurses have only forms.

569. Are there no lady nurses?—There are no people that go by the name of lady nurses.

570. Then the lady pupils and ordinary nurses dine together?—Yes.

571. Are the lady pupils, as you call them, asked to do any menial services or not?—No nurse in the hospital is asked to do a menial service.

572. Who do the menial services?—Another class of people called ward maids and scrubbers.

573. Then nurses are a distinct class, and they do no menial services at all?—Except in connection with the sick.

574. Then with regard to your Institute of Nurses, I understand that is a separate institution from the hospital altogether?—That is so.

575. Then with regard to your obstetric out-service, that is altogether a separate institution?—That is a separate institution with two qualified young men residing in the hospital.

576. But it is conducted altogether outside the hospital management?—Not altogether.

577. And are the funds of the hospital applied to that portion of it, or are they not?—It is conducted at no expense.

578. It supports itself, you mean?—It supports itself.

579. Independent practically except for what you have just mentioned, the two young men?—The only part that costs us any money, you may say, is the board and lodging of the two young gentlemen employed as assistants.

580. Then in regard to the administration, in the first place take the in-patients; there, again, who is responsible for their admission ultimately except yourself?—The surgeons and physicians who recommend them.

581. Supposing you disagree with the surgeon or physician who recommend them, can you overrule his decision?—I do not think I have got that power.

582. Then the surgeons and physicians who recommend can compel you to admit in-patients whether your like it or no?—No; if I have not got room in the hospital for them I cannot admit them into their wards.

Lord *Thring*—continued.

583. If there is room in the hospital the recommending surgeon or the recommending physician can compel admission?—No, he cannot even do that.

584. Who can stop it?—I have the power to stop it.

585. That is the question I asked?—I think not, exactly.

586. Then with regard to the out-patients again, I do not understand whether there is any selection?—There is a selection made.

587. Who makes the selection?—The house physician.

588. And he does it on his own responsibility?—He does it on his own responsibility.

589. Then when any number of patients come up, in 50 or 100 cabs, the person who determines whether they shall be attended to or not is the house physician?—The house physician.

590. And is nobody above him; you cannot compel him, you say?—The assistant physician is above him, but he has nothing to do with the selection of the cases.

591. Then the answer is, that the house physician selects them?—Yes.

592. Then, with respect to the licences, I understand you to wish that the Government should have the power to prevent subscribers to a hospital, of their own accord and out of their own means, establishing a hospital; because you think that the Government ought to decide whether there are hospitals enough or not already in London?—Quite so.

Earl of *Kimberley*.

593. If you had any serious difficulty arising from misconduct, should you report it to the governors?—I should report it to the treasurer in the first instance.

594. But should you report it to the whole body of the governors?—No.

595. Therefore the governors, in point of fact, exercise no control over the institution at all; they are mere dummies?—I hope you will not consider them entirely dummies; they have to endorse everything that is done by the treasurer at certain meetings; if they do not approve they have the power always to interfere.

596. They control the estate, you told us?—Yes.

597. But, as regards the management of the hospital, has there ever been, in your recollection, any instance of their interfering or being asked about it?—Yes; 10 or 12 years ago there was a great disturbance at Guy's Hospital relative to the nursing question, and the governors had great trouble at that time in bringing things to a satisfactory issue.

598. Then the correct answer to my question would be, that any case of serious misconduct or difficulty in the hospital would be reported to the governors?—Yes.

599. And they would be called upon to decide? To discuss the question.

Lord *Thring*.

600. With respect to your accounts, who audits them?—They are audited by a regular accountant, a chartered accountant.

601. Whom

Lord *Thring*—continued.

601. Whom is he appointed by?—He is appointed by the governing body.

602. What power has he?—To investigate the books and draw up the statement in my hand.

603. And is it his duty to report to the governors if he disapproves of any account?—Surely it is his duty to report that to the treasurer of the hospital.

604. And is it the duty of the treasurer to report to the governors?—If there was anything very serious he would do so.

605. But you mean it is in the treasurer's judgment, whether he reports to the governors?—Yes.

Chairman.

606. I will ask you whether you would not prefer the accountant to deal with the financial position of the hospital?—Yes.

Lord *Thring.*

607. With respect to the examination of patients; are they all examined in the presence of a class; supposing the doctor is examining a patient, what course does he take?—The patients are examined in the wards of the hospital.

608. With a class?—He has always a number of pupils going round with him, and they are under the special care of the senior students.

609. Do you always have a post-mortem examination when a patient dies?—In nearly every case.

Earl of *Lauderdale.*

610. You spoke of an infirmary being attached to the hospital in the earlier part of your evidence?—I said it was two miles distant; the union infirmary.

611. Is that infirmary a distinct institution of itself, or is it part and parcel of the hospital?—It has nothing whatever to do with the hospital; it is the infirmary of the union I was referring to.

612. I think you said it was "attached" to the hospital?—I am sorry if I said so; I should not have used that word.

Earl *Cathcart.*

613. Were you yourself ever surcharged by the auditor?—Never.

Chairman.

614. I do not know whether I asked you the question at the beginning; would you kindly tell us what your exact position and title at Guy's Hospital is?—Medical superintendent.

615. And in that position you appear to me to be, under the treasurer, fully responsible for everything that occurs in the hospital?—That is so.

616. Now in regard to these students, have you a body called the medical committee?—There is a body called the medical committee.

617. Supposing that some outbreak occurred among the students, or some gentleman conducted himself very ill, that case would come in the first place before the medical committee?—It would come under my notice first, being resident on the premises.

Chairman—continued.

618. Would it be referred by you to the medical committee?—Not necessarily. If it were a question of discipline it would be referred by me to the treasurer.

619. But he not being one of the medical body of the hospital, would you not refer that case to the medical committee?—No; not if it was a case of pure discipline.

620. And then you would advise the treasurer as to how to act?—Yes.

Earl of *Kimberley.*

621. Is the treasurer appointed yearly, or is it a permanent appointment?—It is a permanent appointment.

Earl *Spencer.*

622. How often does he attend at the hospital?—He lives in the hospital; he has got a house there; in all the endowed hospitals the same rule applies. The treasurer of Guy's lives a good deal in the country as well.

Chairman.

623. Have you the appointment of all the head servants in the hospital, the cook, the steward, the housekeeper, and so on?—The appointment of the clerks and pharmacists, and, in fact, most of the male officials is under me, but these must be all ratified by the treasurer.

624. But as regards the head servants like the housekeeper and the cook?—That, lies in effect, with the matron in a great measure, and she would report to me or the treasurer whom she had appointed.

625. Do not you think it would very much strengthen your hands if you had a weekly board or committee?—Very much indeed. No institutions are conducted so well as those in which a board of governors meet weekly, and are cognisant of everything that is going on in the hospital. It strengthens the hands of those who are put in authority in institutions very much.

Earl *Cathcart.*

626. That is your Scotch experience?—That is my Scotch experience, and also my English experience of other hospitals.

Chairman.

627. I understand you to say, as strongly as you can, that you would like to have a weekly board?—Yes.

628. To which you could apply at any moment?—Yes. In the large hospitals associated with medical schools the medical element has a tendency to have an overpowering and overshadowing influence upon the executive; that is felt at most of our public institutions.

629. That body would also have the appointing of all these different medical officers on the recommendation of the medical committee?—Quite so.

630. And the appointment of the servants?—Yes. The final appointment of every one lies with the treasurer, and, among others, the resident medical staff, on the recommendation of the medical committee. Physicians and surgeons

Chairman—continued.

are appointed to the hospital by the treasurer and by the general court of governors, on the recommendation of the medical staff.

Earl of *Kimberley.*

631. In point of fact the treasurer represents the whole court of governors?—Yes; he represents the body of governors, but appointments to such offices as those of physician and surgeon to the hospital must be made by the general body of governors.

Chairman.

632. I think you told us just now how the medical committee was constituted?—It is constituted of members of the medical staff.

633. Now with regard to these assistant physicians, these young men, are they members of that committee?—A certain number of them, I fancy, are members of the committee.

634. But perhaps you would rather have that gone into by some member of the medical committee?—I would much rather.

635. Do you keep any beds unoccupied permanently for cases of emergency?—We are forced to have a certain number of beds always vacant. You will find that is the case in all the hospitals; that there are 15 or 20 per cent., perhaps, of beds always vacant for cases of emergency and other requirements of the hospital.

Earl *Spencer.*

636. With regard to the governors, have the governors any system of committees?—I mentioned before that there was a committee held once a month, of which committee two members of the medical staff are members, and four or five of the governors.

637. But they do not have a building committee, a finance committee, and so on?—No, we have nothing of that kind. This committee I refer to is called a taking-in committee, which takes up the medical and nursing questions from time to time; but they can do nothing further than recommend certain alterations or certain suggestions to the court of governors, which meets every three months.

638. Have they anything to do, for instance, with the repairs and alterations of the house; that does not go before a committee of governors, as I understand you?—It must go before a committee of the governors before it can be carried out.

639. Would it go before the monthly committee?—No; it is not a medical arrangement, or nursing arrangement; it would go before the general court of governors.

640. And how often do they meet?—Every three months.

Chairman.

641. Are these two functions of the ordinary administration of the hospital and the medical administration kept quite separate?—In a great measure, but they are continually overlapping.

Earl *Cathcart.*

642. Have you any quorum in the court of governors?—Yes; the court of committees requires a quorum of seven; this body that meets every three months.

Earl *Cathcart*—continued.

643. But the court of governors; is there any particular number of the governors to constitute a quorum?—Yes, I think there is, but I cannot say how many; I do not attend the meetings of the governors.

Chairman.

644. There are trustees of this property?—The governors are trustees of Guy's property: they are sometimes called the trustees of Guy's Hospital.

Earl *Spencer.*

645. If you do not attend the committee, who is there, as a permanent official, to bring the business before the governors?—The treasurer takes the chair at those meetings in the absence of the president.

Chairman.

646. Have you any convalescent homes attached to Guy's Hospital?—No, we have no convalescent homes attached to Guy's Hospital; we find the want of some place that people could go to who are sent out long before they are well; and I have often thought it would be a very great advantage if we had some sort of a home of rest in London for these people, such as they have in New York. As a rule patients are discharged long before they are able to return to work, and it would be an immense advantage for us in London to have some house of recovery which they could go to. Of course the supplementary places of that kind, the convalescent homes, have become now very numerous. It is a very great tax upon a hospital to establish a convalescent home in connection with it. One or two of the hospitals happen to have them now. On the other hand, Guy's is affiliated to some five or six different convalescent homes to which it subscribes a certain amount, and it is very much cheaper to do so than to build a separate home and maintain it. For instance, the Metropolitan Convalescent Institution has three homes attached to it, one at the seaside, and one at Walton-on-Thames, and one at Kingston; and there is a convalescent fund at the hospital which enables us to purchase convalescent tickets at the rate of 7*s* a week. The charge being only 1*s*. a day, we could not possibly maintain a house at the same rate.

647. I suppose you have numerous orders given you for the convalescent homes?—We appeal for them; we are in the habit of sending several hundred patients annually to convalescent homes both at the seaside and inland. We entered into an arrangement with Mrs. Gladstone to keep several beds always going for Guy's patients, and with other homes we have done the same. The patients, however, all prefer the seaside homes to the inland homes, and it is an enormous boon to them to be able to send them to the seaside.

648. Is there any other point you wish to lay before the Committee?—I do not think there is anything special that I wish to draw your attention to.

649. You

Lord *Monkswell.*

649. You say that in 34 years you have never brought the conduct of a medical student before the treasurer; what steps have you taken in cases of misconduct; your statement was, that you had never in the course of all that time brought the conduct of a medical student before the treasurer?—That there had never been any very dreadful act of misconduct on the part of the students.

650. Not such as to require reference to the treasurer?—Not such as made it necessary to discharge them, or even to rusticate them from the hospital.

651. Have you ever brought the conduct of a medical student before the medical council?—I have never done so.

652. You have, in point of fact, yourself decided in every case of misconduct?—No; it is quite possible that the medical men may have come to some decision in cases that did not come under my cognisance.

653. But in all cases that have come under your cognisance you have decided yourself?—Along with the treasurer; I have mentioned to him every circumstance that has occurred. I meant that it was not necessary to punish the students, but to remonstrate with them.

654. You said it had never been necessary to bring the conduct of a medical student before the treasurer; now I understand you to say that you have brought the conduct of a medical student before the treasurer?—Frequently I have done so, but not with the object of punishing him.

Lord *Monkswell*—continued.

655. In fact, you never have had to dismiss, or even to rusticate?—Never to dismiss or rusticate.

656. What is the strongest step you have taken in regard to medical students?—The strongest steps have been to confine them to certain hours, and to prevent other students from visiting them in their rooms; but I have nothing to do with the conduct of those living outside of the hospital, only with respect to those who live inside.

657. But those who live outside have nobody to control them?—Nobody to control them outside.

Lord *Thring.*

658. I thought you told me that if they misbehaved in the hospital they would come before you?—So they would be reported to me if their conduct is bad in the hospital.

659. But out of the hospital you have no control?—Out of the hospital I have no control over them at all.

Chairman.

660. Have you any other point you wish to raise?—No.

The Witness is directed to withdraw.

Mr. TIMOTHY HOLMES is called in; and, having been sworn, is Examined, as follows:

Chairman.

661. You have been for a number of years on the staff of St. George's Hospital?—Yes.

662. How long have you been at that hospital?—I was appointed assistant surgeon in 1861, and resigned as full surgeon in 1887. I was a member of the active staff there 26½ years.

663. You were also, were you not, the surgeon in chief of the police force for a number of years?—Yes.

664 How long was that?—Twenty years.

665. Are you a member of the Royal College of Surgeons?—Yes.

666. And the joint author of a report furnished to the Privy Council on the hospitals of the United Kingdom?—Yes, in 1863.

667. And you are now consulting surgeon at St. George's Hospital?—Yes.

668. The question that I wish you to direct your evidence to particularly is the growth of the out-patient department, as opposed to the internal administration of St. George's; you do not wish to speak about the internal administration?—I shall be very pleased to speak about it if you wish to question me about it; but if you are going to have any of the officers, such as the treasurer or secretary, before you, he will speak with more authority.

669. I have no doubt we shall have those officers before us, and we will wait till they come before asking questions on the internal administration. Now, as regards the out-patient department, are you of opinion that it is a necessary part of the hospital system or not?—For medical

Chairman—continued.

purposes certainly. It is no necessary part of the hospital system for the purposes of the treatment of the public health.

670. You think there would be no hardship on the public if there were no out-patient department?—Not the least.

671. Will you explain that a little more fully?—Those patients who are unable to pay for themselves would be provided for under Mr. Gathorne-Hardy's Act at the poor-law dispensaries; and those patients who are able to pay for themselves might form clubs or provident dispensaries, by means of which they would obtain treatment at their own houses. There was no out-patient department 100 years ago in any hospital in England, as far as I know; certainly there was not at St. George's or St. Bartholomew's.

672. And how did your out-patient department first commence; was it for taking care of in-patients after they had left the hospital?—Yes; there were always out-patients who were discharged in-patients; they are, of course, a necessary part of the treatment of the cases; but I believe that the treatment of out-patients from the public commenced, roughly speaking, something between 80 and 60 years ago; so I have heard.

673. Then the cases which come to your out-patient department are not in their nature of such an urgent character that any great harm would follow from delay whilst investigation was being made?—I do not see any reason why a patient

Chairman—continued.

a patient should apply directly as an out-patient to the hospital before having passed through some previous medical consultation, in the same way as a patient comes to a consulting surgeon or to a consulting physician. In that case he comes by the intervention of his ordinary medical attendant, usually speaking, and generally writes and fixes an appointment with the consultant beforehand. So it might be with the out-patient of a hospital.

674. Do the out-patients come in very large numbers to St. George's?—They do not come to St. George's in such large numbers as to one of the Borough hospitals, or to a central one like St. Bartholomew's; but they used to come to St. George's in much larger numbers than we could conveniently see in any reasonable time, and therefore we fixed a limit on their number.

675. Is the reason why they do not come in large numbers because St. George's happens to be in a rich district?—And because on two sides there are open spaces. St. George's is not situated in the middle of a large crowded district as St. Bartholmew's is, but there are large spaces in the neighbourhood entirely vacant.

676. It is not from the want of any sympathy or belief in the hospital that they do not come in larger numbers?—No.

677. Then I understand you to say that at St. George's the pressure is not so very great?—We limit the number to 15 medical and 15 surgical patients on each day; I mean new patients; and I believe that the patients now are discharged after six weeks' treatment.

678. Do you mean by "discharged" whether cured or not?—They would obtain a fresh letter if they were not cured; if the medical officer wished to see them again they would obtain a fresh letter.

679. You do not treat any out-patient without a letter?—I mean by "letter" a ticket of admission. We have no subscribers' letters for out-patients.

680. Who would give that ticket?—The porter, who presides over such things.

681. It does not come necessarily from a subscriber to the hospital?—Our subscribers have no letters for out-patients.

682. If you limit the number of visits, then the time which the surgeons and physicians give to these patients is not so very short, not so hurried?—No; they have fair time to use the case for purposes of instruction of their students, I believe. This system has been introduced since I saw out-patients.

683. Do they have to wait very long there?—Oh, no.

684. As I understand from you, two of the principal objections to the out-patient system which have been stated to us, the detention of the patients, and the very hurried nature of the visits, do not apply at St. George's?—No, certainly not.

685. Have you got any remedy to suggest for this out-patient department?—I should like to make the out-patient department more a consultative department, as it is in France, and as it used to be in Scotland; that is to say, that a patient should be sent to the hospital by some medical authority, that he should obtain his ticket of admission on a day previous to the day on which he attends, and that he should receive then nothing necessarily except the consultation; that is to say, the opinion and the prescription which any of us would obtain from any physician or surgeon that we consulted. Then, if the medical officer in charge of out-patients thought that the case was one suitable for treatment and useful for instruction, he might keep that patient for permanent treatment at the hospital; if he thought otherwise, he would send him back to the person who sent him there, with his opinion and his advice.

686. You do not charge any fee at St. George's to out-patients?—No; nor at any other hospital that I ever heard of, except at Guy's.

687. But do they make them pay for their physic at St. George's?—No.

688. Do they make them pay for the bottle that they take away?—I fancy they bring their own bottles. Possibly the porter may have some bottles to sell them if they do not bring their bottles, but I think they bring their own.

689. But they have to produce their own bottles?—Yes.

690. Then I may take it from you, that this out-patient department is most necessary for teaching purposes?—It is very necessary for teaching purposes.

691. Did you sign the petition to the House of Lords?—Yes.

692. And do you generally agree with that petition?—Entirely; I was a member of the committee who drew it up.

693. And do you also agree with what it says about the special hospitals?—I have no doubt that I agree generally. I have not the passage to which you refer in my mind just now.

694. I will look that out afterwards, but let me ask you this now: is it your opinion, with regard to these special hospitals, that if about half of them were shut up the public would be none the worse off?—I think they would be better off.

695. How?—Because they would not be called upon to subscribe to institutions which are superfluous.

696. I mean that part of the public seeking medical relief; would they be worse off?—There are departments at all the general hospitals for all special diseases; for all diseases, such as the diseases of the ear, the larynx, and so on; there are departments at all general hospitals.

697. And do you consider that the accommodation in those general hospitals would be sufficient, supposing that a large number of these special hospitals were suppressed?—Quite sufficient for all persons who really are entitled to gratuitous treatment.

698. Have you anything to say about the way in which these special hospitals sometimes commence their existence?—Well, some of them are merely speculations; they are called hospitals, but they are really places that are set up by certain practitioners, some of them qualified and some of them, I believe, not, for the reception of their own private patients, and they are maintained out of the funds of these practitioners themselves;

Chairman—continued.

themselves; they are not hospitals in any sense of the term.

699. But commercial speculations?—They are merely speculations. Others are hospitals, but they were originally set up, as Dr. Steele said just now, by practitioners who wanted to get patients of these various classes, for the purpose of getting themselves into public notice. They have now passed into the hands of subscribers, and they are hospitals no doubt, and take in persons from the general public, not the patients of individuals. Others again, of course, are started from perfectly genuine motives, perfectly benevolent motives; but are unnecessary, because other and more efficient institutions would do their work. At the same time there are special hospitals which are exceedingly useful and valuable institutions.

700. But the function of special hospitals has rather passed away now, has it not?—Entirely since the foundation by the general establishments of special departments. You see there are two classes of special hospitals. There are hospitals for special classes of people; like hospitals for children and hospitals for Jews; those are sometimes called special hospitals. Then, again, there are hospitals for special diseases.

701. Now, for instance, of course we understand also that the Hospital for the Eye, at Moorfields, is a special hospital?—Yes.

702. And the Brompton Chest Hospital would be a special one?—Yes.

703. But you would not go so far as to say that the Moorfields Hospital or the Brompton Hospital, which are special ones, should be shut up?—No. The Moorfields Hospital was for a long while a great school of ophthalmic surgery, and that still goes on; and the only objection to the Chest Hospital is that patients are sometimes discharged before they are cured; that is only because there is so much pressure upon them.

704. Do you know whether in these chest hospitals they take cases of other diseases than of the chest?—I think not. The hospital at Brompton was not founded for diseases of the lungs only, but the lungs and heart; but, I believe, they do not take any other class of cases, at least I never knew of any person with any other class of disease going into it.

705. As far as you know, cases which ought to come within the endowment of such a special hospital as the Brompton Hospital, are not excluded because they sometimes have cases in them which ought to be in a general hospital?—I have never heard of such cases.

706. Take the first two hospitals upon the top of page 16, which are for fistula and stone; would not those diseases be as well treated in a general hospital, or better?—Quite as well, I think, or better.

707. And paralysis and epilepsy, would they be as well treated at a general hospital as at a special hospital?—I think there is much to be said in behalf of a hospital for paralysis. I think Dr. Steele spoke of a number of cases of paralysis which are excluded from the general hospitals, which are often the objects of charity.

708. Then would not a paralytic hospital be more in the nature of a home for incurables?—A good deal; but there are many cases of paralysis I believe not incurable.

Chairman—continued.

709. Take diseases of the throat and ear; would those diseases be as well treated at general hospitals?—Quite, I think.

710. In the course of the report on the hospitals of the United Kingdom that you had to draw up, you went to Paris?—Yes.

711. And did you find there that the hospitals were supported by voluntary contributions, or by the municipal authorities, or by a sort of mixed administration?—They are supported by an administration called the "Administration de l'Assistance Publique," which, I believe, is a branch of the Paris Municipality. I am not certain whether it is a branch of the Municipality or of the State; at any rate it is a public body, and it receives all the property of the hospitals (there are some remains of the property which the hospitals used to have before the old revolution), and any property which may be devised or given to the hospitals; and it charges itself with all the expenditure. I think I was told when I was there that the property of the hospitals paid about a quarter of their expenses, and that three-fourths was paid by this public body, the "Administration de l'Assistance Publique."

Earl *Cadogan.*

712. Out of what does this public body derive its funds?—I could not tell you whether it is from the rates or the taxes.

Chairman.

713. From your inquiry did you find that these State administered hospitals were more economically administered than the voluntary ones?—Our inquiries were directed chiefly to medical points; but the impression left on my mind was that they were less economically administered. At the same time the whole thing is set out by the gentleman who was director at the time when I was there, M. Husson, who wrote a work on the subject, in which all of those matters are treated of; but I believe that they are far less economically administered than our London hospitals are.

714. Then as regards the medical and surgical ability, do you think that in these State supported hospitals in Paris it is greater than in the voluntary hosptals in London, or not?—That depends upon the view you take of the respective status of medicine and surgery in Paris and in London. The best men in each City belong to the chief hospitals.

715. Do you consider that the patients there received better attention than they do in the voluntary hospitals in London, or the reverse?—Their success in the treatment of diseases was considerably less than ours in London, but that depended in a great measure upon the extreme unhealthiness of their hospitals, and the unhealthiness of their hospitals depended upon the dirt and want of ventilation.

716. Do you think that if those hospitals had been managed by voluntary managers greater attention would have been given to those particular points?—I could not say that; because the habits of people differ in France and in England. The latrines, for instance, of a French hospital are abominably filthy, or were at that time, and poison the whole atmosphere. The smell pervades all the wards, and of course germs of disease must be carried about in numbers. And they

Chairman—continued.

have no ventilation; I mean they have no chimneys to their wards, and they had no windows that they opened; their ventilation was artificial, by means of injecting apparatuses and suction apparatuses and so on; and that, as is perfectly well proved, never gives an efficient ventilation. So that all these hospitals at the time that I saw them were horribly unhealthy, and were so much under the dominion of erysipelas and the other hospital diseases, that it was hardly safe to perform even small operations in them. Things may have been improved since I saw these hospitals perhaps, which was nearly 30 years ago.

717. But from your experience of State-managed hospitals in Paris you would not like to see the hospitals in London put under State management?—Very much the reverse.

718. Have you any experience of the infirmaries in London?—I saw all the London infirmaries at the time that Mr. Gathorne Hardy was preparing his Bill; I was one of the medical committee that he appointed to visit the infirmaries of London at that time; but that, of course, does not apply to those which were formed by his Bill.

719. But these new infirmaries are practically State hospitals, are they not?—They are State hospitals, and I believe very efficient, very well conducted, and very well officered.

720. We shall have an opportunity of seeing gentlemen from those infirmaries, but I should like to put this to you: Do you think that any advantage might be taken of these infirmaries in reference to the instruction of students?—Yes, certainly, and especially in the case of the infirmaries of the Asylums Board for the reception of infectious fevers; because latterly, since the formation of the Asylums Board, the governors of hospitals have refused to admit infectious fevers into their wards, and the consequence is that our students have no opportunity of seeing any cases of typhus, very few cases of typhoid, no cases of scarlet fever or measles, or any of these common diseases; and it is a matter of the very greatest importance that they should have such opportunity in order to know the diagnosis.

721. No instruction takes place at present in these places?—I do not think so; not up to the time that I retired from practice, two years ago.

722. You would like to see them taken more advantage of?—I think it is absolutely essential that a man who is going into general practice should know the diagnosis of some of the commonest and most fatal diseases.

723. You would say, I suppose, from your general knowledge, that the systems by which the general hospitals in London are managed differ in almost every particular at different hospitals?—Certainly.

724. Do not you think it would be a good thing if we could have some common basis of management or system of management?—Well, our system of management at St. George's is so simple, and acts so perfectly well, that I should think the best thing would be for the others to do as we do.

Chairman.] I will not go into that now, as we shall have the officials of that hospital before us, I hope.

Earl *Cadogan.*

725. You spoke of special hospitals which, I think, you classified in two classes; those which were special as regards the disease to be treated, and those which were special as regards the persons to be treated?—Yes.

726. Then you spoke of the Moorfields Eye Hospital, and I think I understood you to say that it was valuable, because it contained a school of ophthalmic surgery for Central London?—Yes.

727. Does that apply to any other special hospitals besides Moorfields, that they have surgical or medical schools?—None that I can at this moment call to mind.

728. You would not say that the fact of their having schools of medicine or surgery attached to them was an argument in favour of the retention of special hospitals?—No, I would not. The Ophthalmic Hospital at Moorfields was founded at a time when there was no special arrangement for the treatment of the disease at any hospital, and when the eye patients who were admitted went under the care of ordinary surgeons, like anybody else, and no doubt were treated in an inferior manner. Then the great oculists of that day became connected with this ophthalmic hospital in Moorfields and established this school of surgery, which still goes on.

729. If that be so, if it were ever proposed to abolish special hospitals, we might lose some valuable results in the special schools by abolishing those special hospitals, might we not?—I do not think that anybody would propose to abolish special hospitals; I think, if you were to abolish them all, you would be pulling down a great number of institutions that have done a great deal of good work, and are continuing to do it.

730. You are rather in favour then of the maintenance of the best special hospitals?—Certainly.

Earl *Cathcart.*

731. In regard to these special hospitals, could you lay down any general principle whereby the inefficient hospitals and the useless hospitals should be separated from those that are doing good service; could you suggest, or is it possible in your opinion to suggest, any general principle?—No; I could not suggest any general principle; I think it depends upon the merits of each individual case; you must go into each individual case.

732. There has been an endeavour to find a principle; for instance, that those special hospitals which have schools attached to them should be distinguished from the others?—I do not think there is such a thing, except at Moorfields Hospital. Clinical instruction is given at the Children's hospital sometimes, but it is hardly a school.

733. Would you like to have a limit placed, by means of a licence, on special hospitals?—I think it would be very desirable if there were some central body which could investigate each proposal for the founding of a new hospital.

Earl of *Kimberley.*

734. You said that the experience which you had gained of the State supported hospitals in Paris

Earl of *Kimberley*—continued.

Paris did not lead you to wish that hopitals should be State-supported here?—Certainly not.

735. On the other hand you said that the infirmaries here were very well managed?—Yes.

736. Are they not State hospitals?—Yes, they are.

737. Is it not safer to draw your conclusions from the experience gained here than from another country where the conditions are so very different?—Yes; but your Lordships must remember that there is no Poor Law in Paris, and the hospitals are quite as much parish infirmaries as general hospitals.

738. Looking to the great extension of these Poor Law infirmaries, has not the time come, in your opinion, when it is absolutely necessary to consider the whole system together, unless the infirmaries are to swallow the hospitals up?—Yes; the hospitals which have schools attached to them will continue to maintain themselves in consequence of the eminence of the men who are connected with them.

739. But supposing that it is desirable that medical students should be admitted to infirmaries, would not that tend to a system by which the whole treatment of the sick in London would be State supported?—You would it extremely difficult to admit medical students to the Poor Law infirmaries before they became qualified. After a man became qualified, there would not be much difficulty in giving him a certain length of time, if he likes, to study at these infirmaries; but the time of study, which we technically call the curriculum, is so short that it would be hardly possible for medical students to spare the time to go to places on the outskirts of London.

740. My question is rather directed to this: that the infirmaries are treating such a large number, and probably will treat such a much larger number of the sick in London, that their importance will become so great, that unless they are taken advantage of practically, we should lose the advantage for medical science of a large portion of the experience of the treatment of the sick?—At present all, what I may call the selected cases, the cases which are more in want of peculiar treatment, and more adapted for the teaching of medicine and surgery, go to the voluntary hospitals.

741. There are some cases, I think, chiefly chronic, which are found particularly in infirmaries, that cannot be found in general hospitals, are there not?—Certainly; many of them are cases that have been discharged from the hospitals and sent to the infirmaries.

742. And it is the study of those cases we are told, that would be very desirable in the interests of medical science; is that your opinion?—Yes, very desirable, certainly.

Earl *Spencer*.

743. You stated that you thought the out-patient department might with advantage be reserved for consultative cases; is there any example of that being practised in London or anywhere in the kingdom?—It used to be practised by all the Scotch hospitals in the time when I was seeing them, but I do not remember any in England.

744. And how were the cases selected?—They were chiefly sent up by the practitioners in the neighbourhood, for the opinion of one of the

Earl *Spencer*—continued.

physicians or surgeons. A good many in the Edinburgh Infirmary, for instance, would be sent from towns in the neighbourhood, or from the country in the neighbourhood of Edinburgh, for the opinion of Dr. So-and-so.

745. And were other cases like those that go there now excluded from the Edinburgh Hospital at that time?—There were no out-patients except those that had been in-patients, and those who were sent up for an opinion.

746. And what sort of number came in then?—About a dozen a day, I should think; they were all fresh cases, of course.

747. And that out-patient department was useful for the school?—Very.

748. And also for the public?—Very, indeed.

Earl *Cathcart*.

749. I think there was also a great advantage in the previous history of the case being known by another medical man?—Yes; he sent a letter with it.

Earl *Spencer*.

750. Was the other system, that which is in vogue in London, also kept up?—No; I do not think it had ever been introduced.

Lord *Clifford of Chudleigh*.

751. Talking of special hospitals, you mentioned some that you said were kept entirely for the private patients of particular medical men?—Yes.

752. Are there any such hospitals that are in any way supported by voluntary contributions and subscriptions in addition to the fees paid by the patients?—Well, if you mean where the supporter of the hospital gets subscribers to bear part of the expense with him, there may be.

753. You do not think there are many of that class?—I remember one got up by an eminent medical man, when he wanted to get practice, in a peculiar way, where he used to get subscriptions from the public, and pay the balance of the expenses out of his own pocket, as a sort of advertisement.

754. You said, and to my mind quite rightly, that these places were not proper hospitals at all?—No.

755. And the object of my question was to know whether any of them were hospitals to the extent that they were supported by public subscriptions?—I think so.

756. You think there are some of that class?—Yes.

757. Would you not consider them, to a certain extent, hospitals?—Yes; they are in a transition state. Perhaps in a few years they may become entirely public hospitals.

Lord *Zouche of Haryngworth*.

758. Can you tell us exactly what facilities there are at present for medical students to study infectious diseases in London?—There are none; that is exactly what I was complaining of.

759. But I suppose the Fever Hospital, for example, would admit a certain number of students?—The London Fever Hospital, do you mean?

760. Yes?—I think not; the London Fever Hospital is a private pay hospital; it is a hospital to which you go if you are taken with fever, or

Lord *Zouche of Haryngworth*—continued.

to which you send your servant, or your relation, taken with fever, and pay a certain sum. I do not think that any students would be admitted there.

761. So that there are absolutely no facilities?—None that I know of, except what we were speaking of just now about the Asylums Board Hospitals, and that, I believe, comes to very little.

762. You said just now that you thought there would be a difficulty about non-qualified practitioners having admission to Poor Law infirmaries for the purpose of study: I do not quite see the reason why?—They have so many things to do in the course of the four years of their study, that they really could hardly afford the time to go the distance. Most of these institutions are situated a long way from the medical schools, and it would be a very great call upon their time.

Lord *Thring.*

763. I understand that in the selection of out-patients you would consider that those patients only should be selected who are useful for instruction; would not that be rather offensive to subscribers; I do not subscribe to St. George's Hospital simply for the benefit of the medical profession, I subscribe for the benefit of the poor?—I, perhaps, did not make myself altogether understood; I do not mean that you should have no reference to anything but medical instruction. You naturally, of course, would take the case that you could do most good to; but in all probability that would be the case that would be most useful for medical instruction. But, at the same time, let me remark again, that we have no subscribers' letters at St. George's for out-patients.

Chairman.

764. Have you anything to recommend to alter the existing state of things as regards the out-patient department of hospitals?—I made those recommendations just now.

765. Anything beyond that?—I think those would entirely remedy the whole thing; if the patients were limited in number, if they had to have their admissions settled before they made their application, and if the nature of the case were stated by some medical authority.

766. What you want is a full investigation before they come to a hospital?—Yes; an investigation, not so much of their private circumstances as of their medical circumstances.

767. And would that have this result: that they would be able to employ some medical man at their own expense, or else, that they would be fit people to go into an infirmary?—Yes.

768. Have you had experience of the question of provident dispensaries?—Yes; I have been connected a good deal with the Metropolitan Provident Institution ever since Sir Charles Trevelyan set it up.

769. Where is that?—The central office is now in Lamb's Conduit-street, and they have about 14 dispensaries in various parts of the City.

Chairman—continued.

770. Is that a flourishing institution?—No; I cannot say that it is a flourishing institution at all; but some of the dispensaries that are set up by it are successful; that is to say, those that are far away from the great hospitals and the great dispensaries; but, of course, if you set up a provident dispensary in the immediate neighbourhood of a large institution where people can be seen for nothing, it naturally languishes.

771. Have you ever recommended, or do you know that any hospital does it, that hospitals should endeavour to combine with these provident dispensaries. I mean this, that if the authorities of a hospital discover that a certain patient, in or out, can pay for himself, they communicate with the provident dispensary?—There is a hospital in London now, recently established, which is entirely on the provident system; that is to say, all their members are provident patients, patients who pay a certain sum during health for treatment in disease, and when they require in-patient treatment, they are sent into the wards of the hospital, and there are no other patients there, I believe, unless they may be accident patients; that is the Metropolitan Hospital, recently established.

772. But you said just now that away from the neighbourhood of the great general hospitals these provident dispensaries flourish?—Yes.

773. What is the rate of subscription, or would you rather that that came from one of the officials?—I believe that it is 4 *d.* a month, but you will have that from one of the officials.

Earl *Spencer.*

774. I rather understand from you that it is your objection to the present system of hospitals in London that they discourage these provident institutions?—I think I said, one of the objections to our present out-patient institutions; but it seems to me that the great objection to it is that so many of the patients who attend are not capable of being cured by the treatment they receive, they want treatment at home.

775. Having that in view, have you any improvement to suggest in the management of hospitals to counteract the evil you allude to?—I have just tried to submit evidence as to that.

776. That is to say, your evidence in regard to out-patients?—Yes.

777. Do you think that that is sufficient?—From the experience I have had of hospitals I do not see much to complain of in regard to the in-patients.

Earl *Cathcart.*

778. Provident institutions ought to thrive on the south side of the river because there are no hospitals there; take Peckham and Clapham, for instance, do you know anything of those districts?—The only provident dispensary I can remember thriving on the south side of the Thames is at Croydon, that is a considerable distance off. I do not know whether they have founded any at Peckham, but if you call for their secretary he could produce the accounts of all that they have founded.

779. There

Earl *Cathcart*—continued.

779. There are no hospitals but these two on the south side?—There are these two.

780. But they are on the banks of the river; and beyond there are no others?—No.

781. It was stated to us by Colonel Montefiore as his opinion that infirmaries might be chiefly utilised for students after they had passed their examinations in the regular hospitals; that they would be useful to them to pursue their studies. That it would be useful to themselves and also to the Poor Law infirmaries?—Yes.

Earl *Cathcart*—continued.

782. But the idea was that students should go there after they had completed their hospital course and before they went into private practice?—Yes; I think you could hardly get them to do it before they got their diplomas.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 12° *Maii*, 1890

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of WINCHELSEA AND NOTTINGHAM.
Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord FERMANAGH (*Earl of Erne*).
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.

THE LORD SANDHURST IN THE CHAIR.

MR. HORATIO NELSON HARDY is called in; and, having been sworn, is Examined, as follows:

Chairman.

783. YOU are a general practitioner, I think?—Yes.

784. Were you ever at any time connected with any general hospital?—Not with a general hospital; I was connected with a special hospital for a while, an eye hospital.

785. Was that as an assistant, or as a founder, or as a surgeon?—As a surgeon; and also I have been connected with several dispensaries.

756. Were those free dispensaries, or poor-law, or provident?—Free.

787. That is, charitable institutions?—Yes.

788. And for a considerable time you have given great attention to the subject of hospital management and the organisation of the relief of the sick poor?—I have, for 20 years.

789. You have paid considerable attention, I believe, to the defects of the out-patient departments in general hospitals?—I have.

790. And in what particular line do you find defects?—With regard to the treatment of the out-patients, I think it is defective in three several particulars. In consequence of the crowded condition of the out-patient department, I think that there is necessarily inadequate attention given to the cases, even to the serious cases, that are seen amongst the out-patients.

Earl *Cadogan.*

791. Are you speaking with reference to hospitals generally, or with reference to any particular hospital with which you have been yourself connected?—I am not speaking about the one that I have been connected with; I am speaking generally of hospitals, and more particularly about the large endowed hospitals.

Chairman.

792. I will just supplement that question of Lord Cadogan's by this: I presume this information is derived either from the study of documents or from personal observation?—Altogether from both sources. Then, in the next place, I have found that the treatment by the medical staff, in consequence, of course, of the same overcrowded condition of the out-patient department, is in many cases unscientific and hurried; and in the third place, I find that frequently in the largest hospitals of all the treatment by the students is totally wrong.

793. Have you any instances to mention where wrong treatment has been applied?—Yes; I have here a number of cases, several of which have come under my own personal observation. In the first place, I might mention a case which was published in the medical journals, of diseases of the spinal vertebræ at the neck. The patient applied twice at St. Thomas's Hospital, and was twice refused admission as a case not sufficiently urgent to be admitted, and went away and died of the disease within 24 hours of his second application.

794. Did that case appear in the medical journal?—It did; it appeared in "The British Medical Journal." Some swollen glands on his neck were evident to even a hasty glance, and these were treated, but the real disease was not treated; that was only discovered after death. A post-mortem examination was made by one of the officers of the hospital.

795. Do you know the date of the newspaper in which this appeared?—Yes, I can give it you afterwards (*see* page 81).

796. Will you continue, please?—I might give a few examples of the treatment by the students. I could give a few cases which were seen by myself after they had been seen at St. Bartholomew's Hospital. In one case there was a boy with a fractured arm badly set, which had to be broken again and reset.

797. Was it in your capacity as surgeon to the special hospital you have spoken of that you saw

Chairman—continued.

saw the boy?—No; as surgeon to a dispensary; the City of London Dispensary. It is in the neighbourhood of St. Bartholomew's; and I consequently used to have a number of these cases, and I picked out a few of the worst, and published them.

798. With regard to that case that you have described now, have you the reference to it in "The British Medical Journal"?—I have. Then there was a case of irritable stricture, requiring the use of instruments, which came to me after having been treated by a successive number of students at St. Bartholomew's, causing the man a great deal of pain and unnecessary inconvenience, bleeding that was not in the least necessary. That is also published. He came to me and I got the man well in two or three weeks. He had been attending for months at the hospital, and seeing different students each time he went. It was a case that required careful treatment, and treatment by the same person. In another instance I saw a case of a ricketty child who had been a great deal deformed by rickets; the child had been taken to the hospital, and had been seen, as the mother told me, by two "boys."

799. Perhaps it would be as well if you gave the shorthand writer the dates of the medical journal in which these cases were published?—I have not brought them with me, but I can furnish them afterwards.

800. You have stated already, I think, that you got out these cases and published them in "The British Medical Journal"?—I did.

801. And you can furnish the dates upon which that medical journal appeared?—Yes, I will do so.

802. So that they can be identified as cases of these various hospitals?—Quite so; I was mentioning a case of a ricketty child who had been seen, as the mother stated, by two "boys" of St. Bartholomew's Hospital. This was the mother's description to me, how they had been seen by two boys, who declared that the child had fractured both collar bones, and had bandaged the child up tightly for these supposed fractures. I may say that rickets, of course, causes a great deal of deformity, which no doubt led to this supposition. The mother had taken the child to a private practitioner who could not find any fracture; she then brought it to me at the City of London Dispensary, and I could not find any fracture; it was examined by another medical man and he could not find any fracture, and we came to the conclusion that there was not any fracture, but it had been simply the deformity caused by rickets, which had caused the mistake which was evidently made in thinking that the child had fractured the two collar bones.

803. Do you consider then, that if this child had been seen by a properly instructed and experienced surgeon, such a mistake would not have occurred?—Certainly.

804. Have you any other cases?—I have no other cases that I myself have personally seen, but there are a large number of cases going for the general treatment of ulcers of the legs and chronic rheumatism, and cases of that kind, which cannot receive proper attention when being seen

Chairman—continued.

at the rate of 60 cases an hour, which seems to be necessary where the out-patient departments are so overcrowded as they are.

805. But before I get to the question of the great hurry with which these cases are conducted, I want to ask a question or two about these students; do you believe that in any hospital in London the attention to these cases is left entirely to students?—No, I should not say entirely to students; they are supposed to act under the directions of a competent medical man, but in the hurry of cases I am quite certain that a great number are seen by students, and by students alone; and in support of that, as quite independent evidence, I might state that I have here an extract from "The Daily Graphic" referring to the late influenza epidemic, and stating that then a number of patients, supposed to be suffering from influenza, were seen by students, who asked them to put out their tongues, and upon seeing their tongues handed them recipe tickets and sent them off to the dispensary; and that, according to "The Daily Graphic," is the sole treatment that these patients received.

806. But now, are you yourself conversant with the interior working of an out-patient department?—Yes, I think I am.

807. And you consider that cases come so crowdedly one upon another, that they are seen by gentlemen who are not qualified to give advice?—Certainly, I am quite persuaded of it. Not only do I know it from my general knowledge of the subject, but I may state this: I have constantly had students living with me, and they have told me that such is the practice. I know that the hospital authorities try, as far as they can, to restrict the treatment to qualified men; but I know also that it is impossible.

808. One of the great reasons given us as showing the advantage of an out-patient department is, that it is for the instruction of the youths of the profession?—Exactly.

809. But, according to your statement, the youths there instruct one another?—That is precisely what they do.

810. Now, about the hurry with which these cases are conducted?—I would say, with regard to this, that a large number of what may be called uninteresting cases go to the out-patient departments; that is to say, there is nothing apparently to teach the students on them; they are cases of very common and very ordinary occurrence, and therefore, from the point of view of the students, there is nothing in them; the thing with them is to get rid of them as soon as possible; and that practically is what is done.

811. You mean to say that a great many people go to the hospital with very very trivial cases?—Trivial in one sense; that is to say, an ulcer of the leg is a trivial thing when it begins, but if it is not cured it becomes so bad that ultimately the man loses his employment and has to take refuge in the workhouse infirmary.

812. I should call that rather a more serious case, but you would not?—No; that is one of the commonest cases that occurs; what I mean to say is, that it is a case that in the outset is perfectly curable; if that case were taken in hand, and the leg properly bandaged, and if the man had rest and good food with cleanliness, the

man

Chairman—continued.

man would get well; but, seen for a minute by one of the surgeons or of the senior students, and given something to apply to the wound, and sent away and told to come again in a week, the man goes from bad to worse, and takes refuge in the workhouse infirmary; and there I have seen such cases.

813. Your statement is rather a sweeping one; do you mean to include all hospitals in this condemnation of having out-patients seen by students?—All the large general hospitals.

814. Now a great number of people, I understand you, go to these hospitals with these trivial ailments; do you consider that a great number of people who go as out-patients really regard the out-patient department more in the light of a club where they go for conversation than for advice?—I think a good deal of that goes on; but that is so in all medical institutions; it was so in the dispensary I was connected with; a number of old women used to come there.

815. And when you came to inquire into the cases of these women you found nothing was the matter with them?—Except drinking too much tea.

816. Was that the only thing?—Sometimes other things; but very often with a number of hard-working poor women whom one meets in the City charities there is that; they have been drinking too much tea, they have been half-living upon it and it has upset their digestions. They go there and very often they lose a great deal of time over what they would get much more easily elsewhere.

817. The free dispensary to which you were attached was merely another edition of the out-patient department of a hospital, I suppose?—It is a different edition of it. In my view the patients are better treated there than in the out-patient department, else I do not know why they should come there from such a place as St. Bartholomew's.

818. Are you very crowded there also?—No, not so crowded at that dispensary; I have not for some years belonged to it, but we always took plenty of time to attend to the patients.

819. If the crowd was very much greater at St. Bartholomew's than it was at your dispensary, does it not look as if the general mass of the poor had more confidence in St. Bartholomew's than in the dispensary?—No; but of course it is a more famous place, and it has been longer established, and it has undoubtedly the names of a number of eminent physicians and surgeons on the staff, and the poor are attracted by that; they think that when they go there they get the best medical advice that can be had; and so they would if they saw Sir James Paget or some of the other consulting physicians or surgeons who are connected with it; but practically they see either an assistant physician or surgeon for a minute or so, or else a senior student or one of the house physicians or surgeons, who are also young men only recently qualified.

820. But their qualified house physician is a more advanced person in the medical profession than a student?—Certainly; he is a member of the profession, of course, but he is not one of the staff which gives the reputation to the hospital in the eyes of the public.

Chairman—continued.

821. What assistance had you in your dispensary; who else was there practising at your dispensary besides yourself?—There were three surgeons seeing cases alternately every day, two days a week each, and a consulting staff as well, a consulting physician and a consulting surgeon and some others, and a dentist to refer to in dental cases.

822. What I wanted to know is, how many professional gentlemen attended daily, one or two?—One.

823. And then, was that gentleman engaged in private practice on his own behalf?—He was.

824. From what hour to what hour was the dispensary open?—There were different hours; it was generally from 12 to 2, but some days it was from 11 to 1.

825. For two hours the dispensary was open for the treatment of out-patients?—Yes.

826. Have you any idea how many out-patients would be seen in two hours?—I think about 30 was the average.

827. And during that time the one medical gentleman or surgical gentleman would be in attendance all the time?—Yes.

828. What steps did you take in the dispensary as regards the possibility of infection amongst these out-patients?—The steps we took were to send them away as soon as we discovered anything infectious.

829. To where?—To send them to a fever hospital if it were necessary; at all events, to send them home out of the waiting-room.

830. Do you suppose they ever go with infectious cases from your dispensary to the out-patients' department at St. Bartholomew's?—I do not see why they should not; they change about from one place to another.

831. In the case of a fever patient, have you ever telegraphed for the ambulance from the fever hospital?—No; there was not an ambulance at the time I was attending there.

832. But was the fever hospital going at the time you attended?—The fever hospital had been going on for some time, but there was not an ambulance.

833. In the case of your discovering a case of infectious fever, did you ever communicate with the fever hospital?—No.

834. You let this fever patient, then, go away back to his own home?—We had practically no power to do anything else.

835. You had power to communicate with the fever hospital?—Yes, but the fever hospital could do nothing even if I had telegraphed to them.

836. Could not the fever hospital take your patient away, and you pay for the keep of the patient?—If we had arranged to pay for the keep no doubt they would; but that is a thing I could not have done without the authority of the committee.

837. Then there is no standing order that in the event of a fever case coming into your dispensary you should at once communicate with the fever hospital?—No, I think not; or if there was it was never brought to my notice.

838. How long is it since you left the dispensary?—It is over 10 years.

839. Have you anything to say about the danger

Chairman—continued.

danger of infection and the length of delay in out-patient departments?—Yes. With regard to the danger of infection I think there cannot be any doubt that infection is spread in out-patient departments. In one case there were, for instance, cases of whooping cough. There was a paper published in "The British Medical Journal" showing that 84 cases of whooping cough had attended at the out-patient department of St. Thomas's Hospital during two years, for a period averaging from four to six weeks each. Now, during that same period those children would not have been allowed to attend school, and yet they were allowed to sit for hours in the out-patient department of the hospital, and they were allowed to go backwards and forwards in trams, or busses, or trains, between their own homes and the out-patient department of St. Thomas's Hospital. I wrote in "The British Medical Journal" at the time inquiring if this was considered safe, as I had always been in the habit of strictly forbidding children who were suffering from whooping cough from going to school; adding that I did not see why, if they were allowed to sit there in the out-patient department, and to travel backwards and forwards with a highly infectious disease like that, they should not be permitted to go to school and no one take any notice of it. There was no answer to it.

Earl *Cadogan*.

840. I should like to ask whether what you are saying is founded on your personal experience alone, as regards these large hospitals; have you visited any of these out-patient departments to examine into them?—Yes; I visited St. Bartholomew's, and I saw the system going on which I have described. On one occasion when I went the porter called out the names of dressers, unqualified dressers, and all the patients who were supposed to belong to the particular dresser came forward and were treated by him.

841. I think you did qualify your statement in this sense, that though the defects did exist in one hospital, they might not exist in another?—I do not refer to all; I refer particularly to large endowed hospitals.

842. I limit my inquiry to that; there are a great many large endowed hospitals; I may understand that your statements may be taken as being applicable to all the large endowed hospitals in London?—Yes, I think you may. I have given instances with regard to two of the largest.

843. Am I to understand that, when you mentioned large hospitals, you meant the three great endowed hospitals, or all the large hospitals?—I mean particularly the three endowed hospitals.

844. I may take it that you have satisfied yourself, by personal observation, that your description of the system in the out-patient department is applicable to all those three?—Practically correct.

845. And in the case of those three large hospitals, we may take it, may we, that the out-patients are not practically attended to by anyone but the students?—No, I never said that.

846. Then am I to take it that the superintendence of the out-patients who are attended

Earl *Cadogan*—continued.

to by the students in the way which you describe is exceptional?—No, but I should prefer to describe it as inadequate.

847. Will you state again, shortly, what you consider to be the system pursued in the three hospitals alluded to in regard to out-patients?—There is a staff of physicians and surgeons who are specially appointed to see the out-patients of these hospitals. There are also house physicians and house surgeons who take some part in it; and, in addition to them, there is, I may say, supposed to be helping them, a number of senior students who, in nearly all cases, do the work of writing repeats and that sort of thing for the physicians and surgeons in attendance; but when the pressure of business becomes great, a number of the cases, sometimes cases that have been seen before, but sometimes also cases that have not been seen before, are seen by senior students, and are seen only by senior students.

848. Then I am to understand that cases which are seen only by the senior students are exceptional?—They are exceptional in this respect, that they are not according to the rules of the hospital, undoubtedly. If you apply to any hospital authority they will tell you that their rules are strictly against it; but the practice is as I have stated.

849. In fact, it is the result of your personal observation that the rules of the hospitals in this very important respect are constantly broken?—Undoubtedly.

850. And with regard to the senior students who see the out-patients, of course, I know they are students, but are they gentlemen who have acquired professional knowledge?—Certainly; they have generally been from two to three years studying at the hospital.

851. Then you told us that there were some cases, like cases of ulcer, which were in themselves very trivial, and could be easily dealt with if properly dealt with at once, but if badly dealt with they would become worse; would an average senior student of a hospital be able to deal properly with a case of ulcer?—If he had time, I daresay he would; but if your Lordship will excuse me, I did not say these cases were badly treated, but simply that there was not time to attend to them.

852. With regard to the time, can you tell me whether these hospitals limit the number of out-patients which they take in each day?—The only hospital that I know which does so is St. George's, and that limits it to 15 fresh medical cases and 15 surgical cases, which seems to me a reasonable limit.

853. But I think you mentioned 60 cases in an hour?—Yes.

854. Would you kindly tell us what hospital sees 60 patients in an hour, as a rule?—I believe it is done at St. Bartholomew's.

855. But you do not know that yourself?—I cannot say that of my personal knowledge; it is a matter that is commonly talked about in the profession, and that is the belief; but I may say that I have myself heard one of the out-patient physicians at the London Hospital boast that he could see a case in less than a minute.

856. But that would hardly be one of the hospitals

Earl *Cadogan*—continued.

hospitals you mentioned just now?—No, it is not one of the endowed hospitals, undoubtedly.

857. I think you said that these senior students practically instructed each other; as the practical result of a few questions asked you by the Chairman, I think you stated that they were not really sufficiently superintended by the medical officers of the institution, the result being that, to use your own words, the youths instructed each other?—Yes; I think those words were put into my mouth; I do not think I should have chosen them.

858. You did not give a strong assent to them?—No; perhaps the expression was a little stronger than I should myself have used.

859. But, generally speaking, I think we may take your evidence to be derived partly from personal inspection, and partly from hearsay, and partly from reports in the newspapers; you mentioned "The Daily Graphic," for instance?—Yes.

Earl *Spencer*.

860. I do not want to pursue this too far, but still it is rather a sweeping charge against hospitals, and I should like to be a little clearer about it. First of all, you said that it referred to the three large hospitals; and this particular case where they saw 60 out-patients in an hour was where?—The London.

861. That is not one of the three?—No; but I believe, to the best of my knowledge, it holds good with regard to the three endowed hospitals, particularly with regard to St. Bartholomew's. It was simply as confirming the matter that I mentioned that I heard an assistant physician, who saw out-patients, boast that he could see them in less than a minute; I mentioned that as indicating that it was nothing unusual that they should be seen at the rate of one a minute.

862. Then have you personal knowledge, from what you have seen, that there are an excessive number, at St. Bartholomew's, of out-patients?—I think if you merely look at the returns of the out-patients, and the number of physicians that there are to deal with them, you will find that answered, because, according to the returns, there are 150,000 out-patients seen at St. Bartholomew's every year; that gives, of course, about 3,000 a week, and there are also, of course, more on a Monday than on any other day. I have been informed, of course I cannot state it as a fact, that as many as 1,000 are gathered together in St. Bartholomew's on Monday. Well, to see that number there are perhaps a dozen of the staff, and you may calculate what a dozen can do with 1,000 out-patients to be seen.

863. You mentioned the danger in cases of whooping cough, and you said that you saw cases coming to the out-patient room that you would yourself have said were not fit to go to school, and I understood you that they kept coming back to the out-patient room?—Certainly; those cases were published in the journal as having attended at St. Bartholomew's Hospital for periods varying from four to six weeks.

864. Continuously?—Continuously.

865. When did that occur?—For that, again, I have to refer. I have simply taken the facts down to bring them before you.

Earl *Spencer*—continued.

866. And in your opinion, when once they had been discovered they ought not to have been allowed to return?—Certainly not.

867. What would be your recommendation in regard to these out-patient departments of hospitals, because I suppose they fill a gap in the assistance given to the poor?—I am afraid if my statements have been sweeping my recommendations will be still more sweeping.

868. It is desirable that we should know what your recommendations are?—I do not think there is the slightest use, so far as the poor are concerned, in keeping up the out-patient department at all.

869. Where would these people go?—They would go to the poor-law dispensaries, which are now established all over London, those of them who were poor; those who were not poor would either go to the provident dispensaries or they would pay a medical man.

870. Take the poor-law dispensaries, are there now a sufficient number of poor-law dispensaries throughout London to be able to give the assistance which these out-patient departments now do to the poor?—There certainly are. There are 44 spread all over London in almost every parish, admirably officered and provided with everything that is necessary.

871. How do the poor get admission there, by orders from the relieving officer?—From the relieving officer, I think.

872. They do not receive anybody coming without a letter or some order?—I think not.

873. Then with regard to provident dispensaries, are there a large number in London?—There are a good many.

874. Are there a sufficient number for the wants of the poor?—Yes, certainly quite sufficient.

875. We heard something about these large hospitals rather smothering any provident institutions close to them?—That is quite true; but the provident dispensaries are in existence, but in consequence of the large out-patient departments they are simply in existence, they are not flourishing; they do not flourish anywhere where there are large out-patient departments.

876. Would you tell us what the system was in the dispensary you were connected with?—I was myself connected with a provident dispensary. I am not now meaning the one that I referred to in the City, but I was also connected with the oldest provident dispensary in London; that was the St. Marylebone Provident Dispensary; and when this question first came up, some 20 years ago, I traced out the history of that dispensary for the previous 40 years, and I found that it had had every advantage that a dispensary could have. It had had influential patronage; it had had very good medical officers; some of them have since reached the highest point in their profession; it had had a capital situation at Duke-street, Portland-place; and for a time it had flourished; but when the out-patient departments in connection with the Middlesex Hospital and University College Hospital, between which it was placed, began to flourish, it began to decrease, and it has since practically died a natural death of inanition.

877. From the subscribers giving up subscribing?

Earl *Spencer*—continued.

ing?—Yes, from the subscribers who received benefits giving up subscribing.

878. In its most flourishing time what sort of numbers would attend in the day?—Something like the same number that I spoke of in connection with the City Dispensary, about 30 a day.

879. So that the medical officer in attendance could give ample time to each case?—Certainly; and we also visited them at their own homes, which I think is a most important point.

880. What was the class of people that that provident dispensary gave medical attendance to?—They were the working classes, the mechanics and that sort of people.

881. People who were independent of poor relief?—Independent of poor relief; people in the receipt of wages such as 30*s.* and 2*l.* a week.

882. Are there any provident dispensaries within your knowledge flourishing in London now?—Yes, several on the outskirts of London; there is one at Camberwell, a very flourishing one, that has a large number of patients, and is able to pay its way without any assistance from charity.

883. Is that at some distance from one of these out-patient hospitals?—Yes, a long distance. It is quite independent of everything; it is standing on its own bottom; it has nothing to do with any association.

884. In your opinion, if your remedy were followed, there would be no hardship, but the poor would be able to find the medical assistance they required either at poor-law dispensaries or at the provident dispensaries that would arise in different districts?—Yes.

Earl of *Kimberley.*

885. Are you aware that at Guy's Hospital the number of new cases of out-patients is limited?—I am not aware that they are limited beyond those who pay their threepence; there is an arrangement lately come to by which they pay threepence.

886. You do not know what we have been told by the medical superintendent of Guy's Hospital, that they are limited to 40 new cases a day?—That is, no doubt, a recent arrangement, because I have been constantly in conversation with Dr. Steele about these matters.

887. I daresay you know that the treatment of these out-patients in the large hospitals is regarded as necessary for the instruction of the students, to a certain extent?—I know it is.

888. Would not the difficulty be met if the number of cases were limited to just so many as would be necessary to afford that instruction, as is done, apparently, in St. George's Hospital?—The difficulty then would be that you do not get enough cases to choose from.

889. I ask, if they were limited to just that number which would be sufficient to afford the instruction desired, would not that meet the difficulty?—From the students' point of view that would be a very good way, but I do not know that it would be so satisfactory from the patients' point of view.

890. But is it not absolutely necessary in the interests of all patients, poor and rich, that there

Earl of *Kimberley*—continued.

should be instruction given to the students in medical science?—Certainly; but it does not follow that the present mode of giving it is the best.

891. What mode could you suggest by which these out-patients could be seen so as to give the instruction?—One mode would be this: I should make it a consultative department to which cases of difficulty were sent up from other medical men or other institutions; in fact, I should make the consultants who attend these out-patient departments do what they do at their own homes. If I have a difficult case in private practice I ask the opinion of a medical man who is a consultant, and I either take the case up to him myself or I send a note with the case to the doctor; the doctor sees him, prescribes for him, and sends him back to me.

892. Of course, I am asking you upon points upon which I am not myself competent to have an opinion, but is it not possible that it is necessary for young students to see not only difficult cases but simple cases?—Certainly; but there, again, I think there is a large field that has been entirely neglected, and that could be worked for the benefit of the students far better than the present out-patient department. I think the worst thing you can do for a student is to tell him to look at a case for a minute and pass it on as uninteresting, when it may be a thing that he will be meeting dozens of in his after life. What I would do, if I had anything to do with the rearrangement, would be to open both the poor-law infirmaries and the poor-law dispensaries to the students, and there they would see cases not as at the hospitals, where everything is ready to hand and they simply have to write a line to prescribe a certain mixture, but where they would have to go into the homes of the people, see what food was necessary for them, and what sanitary defects there were in their houses, and they would be practically instructed in that which they would really have to do afterwards. At the present time, under the system prevailing in the out-patient departments, when they are qualified they do not know a case of measles from a case of scarlet fever; they are sent down to the country and the doctors in the country complain that their qualified assistants cannot tell a case of measles when they see it. If they were to work under the poor-law medical officers there is not the slightest doubt that they would have much greater advantages than at present.

893. On the point of infectious diseases, you, I think, would be of opinion that it is absolutely necessary, now that the asylums are established to which all infectious cases are sent, that the medical students should have access to them?—Undoubtedly, that is the law now. I think the Act was passed last Session; at least it is so put in our medical journals, for senior students to be admitted to the infectious diseases hospitals. I think if you refer to the Report of the Committee of this House on the Poor Law in 1888, you will find the whole thing stated there.

Lord *Lamington.*

894. Did you not begin your evidence by saying there was a known case of whooping cough,

Lord *Lamington*—continued.

cough, or some infectious disease, being allowed to return to the out-patient department?—Yes.

895. Is that possible under the Notification of Infectious Diseases Act now in force?—The case occurred before that Act was passed.

896. Are private practitioners in poor districts generally attached to some institution, or do they live on their own practice?—They very often live on their own practice.

Lord *Clifford of Chudleigh.*

897. Do you consider that there are cases occasionally to be found among the out-patients that come for relief that are really unsuited for the out-patients' department at all. You mentioned one or two cases that you considered were very wrongly treated; the object of my question is to know whether it is not possible that some of these cases were superficially treated, because they were cases that were entirely unsuited for that kind of treatment; cases which wanted more to be treated in a hospital or in their homes, somewhere where they could give them much more attention than was possible in the out-patient department?—I think that is quite possible.

898. No alteration of the out-patient system would help to avoid that, would it?—Unless you had a person specially appointed to see them in the first instance, and prohibit their coming.

Lord *Monkswell.*

899. You say that the treatment by students is often wrong, and that you have picked out a few of the worst cases. Out of how many cases do you suppose that have come under your notice have you picked out these worst cases?—I could hardly say, because I had them coming in every week.

900. And you had a very great number of cases coming to you?—I had a number.

901. I think you have given us to-day four cases?—Three or four.

902. Their dates you are going to put in. You said that you left the dispensary 10 years ago; are there any of them that have occurred in the last 10 years?—No, except that spinal case; that was not one that I saw myself; that was published in the journals.

903. Then I do not understand that all the cases that were published in the journals were seen by you, yourself?—That case was not; they were all published in the journals.

904. Of those cases published in the journals, every one, except one, came under your own cognizance?—Yes.

905. You say that one of your objections to the out-patient departments is that the same student does not go on with the same case when he ought to do so; that cases which ought to be treated by the same student all through are sometimes treated by one student after another; do you think that is a usual practice?—It depends altogether; it might happen that there was a change of duty with the students, or something of that kind.

906. You mentioned one case of that kind, but do you suppose such cases are usual?—I think they are necessary when you have a continual alteration taking place in the students who hold office. They hold office as clinical clerks or dressers, and there is a large number of them and there must be constant changes.

Lord *Monkswell*—continued.

907. A dresser at the end of his course would necessarily hand over his case to another dresser?—Yes.

908. And that you think is a wrong system?—I think it is a wrong system to have them treated by unqualified students at all; but in that particular case it happened, as the patient told me, he was treated by successive students.

909. But you would not say that was a usual practice?—No, I simply mention it for what it is worth.

910. We were told by Dr. Steele that it is the practice of doctors who have been students at a particular hospital to send patients to their own old hospital; I understood him to mean in-patients; does that apply to out-patients as well?—It certainly would in exceptional cases, and that is what I consider would be the particular use of an out-patient department, for a doctor to send a case there for an opinion. He did not mean that they would send them there to be treated, at least I should think he did not.

911. You do not consider that doctors would be inclined more than they ought to send uninteresting cases to the out-patient department?—Certainly not, and particularly not to their own hospital.

912. You said that on one occasion you went to St. Bartholomew's to see what treatment the out-patients were receiving; what was the date of your visit?—I cannot give the date.

913. How many years ago; was it 10 years ago, before you left the dispensary?—I daresay it was.

914. You say that sometimes on a Monday a thousand out-patients would be seen at St. Bartholomew's, and you told us that there are a dozen doctors to see them; that would be about 80 for each doctor; about how long is the out-patient department open on a Monday?—It is open till they have finished seeing the patients; I think they close the doors at 10 in the morning.

915. And how long do they go on seeing them?—Till they are done; I think it is sometimes six or seven in the evening before they get away and have their medicine.

916. Then sometimes they will go on seeing these 80 patients for eight or nine hours?—No, they do not go on seeing them all that time; they keep the patients a long time before they see them; they are not compelled to see them by any particular time; they keep them till they have done seeing them.

917. I want to know the time given to each of them. If you have a thousand patients, and a dozen doctors to attend them, that makes about 80 to each doctor, and a doctor would very often, if I understand you, spend eight or nine hours in seeing them?—I think you will find that they are not distributed so evenly as that.

918. A great deal more than 80 would sometimes go to one doctor, you mean?—Yes; and that the physician or surgeon would see the interesting cases, and give instruction in them to the students. That is the object of having an out-patient

Lord *Monkswell*—continued.

out-patient department at all, as far as a medical school is concerned.

919. These doctors, I suppose, are helped by students, are they not?—Yes.

920. In regard to the poor law dispensaries, do you think that the people who go there get the best advice, as good advice as they would if they went to a hospital as out-patients?—I think they get a great deal better.

921. That is simply because more time is devoted to them, I suppose?—That is one thing; a second is, that under no circumstances are they allowed to be seen by students at the poor law dispensaries.

922. But, according to your plan, you would have poor law doctors aided by students, and the patients would be seen by students?—They would never be treated by students; any poor law medical officer who left the treatment of a case to a student would be at once dismissed; it is contrary to the rules of the service. Then the third point is that nowadays it has quite ceased to be considered anything like medical treatment simply to write a prescription for a person, and to attend to nothing else. Treatment consists a great deal more in having proper food, and stimulants where necessary, and in the sanitary arrangements of the house, than it does in simply ordering a bottle of medicine for a week or a fortnight.

923. Do you think there would be any friction between the other local practitioners and the medical students who are serving under poor law doctors; might they not think that these students were taking away some patients that could very well afford to pay?—Not so long as it is rendered necessary, as it is at the present time, that the cases should be actually treated by the poor law medical officer or his qualified assistant.

Earl of *Kimberley*.

924. With reference to what was said as to the studying of infectious diseases, it is the case that last Session an Act was passed in which there is a section to this effect, that "The asylum managers may, if they think fit, allow the asylums provided by them for fevers, small-pox, and diphtheria, to be used for purposes of medical instruction subject to any rules or regulations which the Local Government Board may from time to time make with regard to such use of the said asylums." Under that clause a greater number of students are now, I believe, admitted to the asylums?—Yes, I think they are clinical assistants.

925. And if that is done upon a proper system it will put an end to that ignorance which you mentioned on the part of gentlemen going to the country who have never seen infectious diseases?—Undoubtedly, if all students are able to take advantage of it; but I think, as a rule, there are not more than two clinical assistants admitted to each of those hospitals.

926. And you therefore are of opinion that it is absolutely necessary that arrangements should be made for the admission of a sufficient number of medical students to ensure that proper instruction is given in this very important branch of medical science?—Yes.

Earl of *Kimberley*—continued.

927. The section I have read to you applies only to asylums; are you of opinion that similar regulations should be made with regard to poor law infirmaries?—Undoubtedly I am.

Earl *Cathcart*.

928. I think Colonel Montefiore told us that he had himself timed the cases in the out-patient department of one of the large hospitals, and that the time given to each patient was under half-a-minute. Now, in your case, I understand that you saw 30 patients in your dispensary in two hours; that would be four minutes on an average to each patient?—Yes.

929. You referred to the importance of clinical instruction to students being given at the houses of the poor; but you would not contemplate that these students should go round in a class to these houses, would you?—No.

930. How would that be arranged?—I would suggest that a certain number of them might attend at each dispensary, and that out of the more advanced of these the poor law medical officer might make an arrangement to take one with him, or two at the utmost, to the houses of the poor; one or two at a time, of course I mean.

Earl of *Arran*.

931. I think you stated that the medical students very often were the only assistants who saw the patients in these out-patient departments?—No, I do not think I stated that; I said that they were always supposed to be under supervision, and that that was the rule, but that cases were seen upon their return, and sometimes too for the first time, by students.

932. But if cases came into the hands of medical students for the first time, which they were not competent to deal with themselves, would they not at once refer them to a more experienced medical man?—They ought certainly; but if they did I am afraid I should not have had these cases to bring forward.

Lord *Zouche of Haryngworth*.

933. I think you said that you recommended that the out-patient department of hospitals should be made into more of a consultative department?—Yes.

934. Would you explain a little further what you exactly mean by that?—At the present time any one who likes goes there, no matter how trivial the case, and no matter whether they had been seen previously by a medical man or not; they get a big bottle of medicine which is made as inexpensively as possible. I believe that at the largest hospitals they can make it for from ¾ *d.* to 1½ *d.* a pint bottle; they take that home with them (mostly Epsom salts), and they are quite content with having had the best advice in London. They come, I may say, from different parts of the country, and in doing that they spend a lot of money in railway travelling, and this is the result. I think that if they come like that and show a desire to have a good medical opinion, they ought at least to get it; and my recommendation would be that before coming to the hospital they should be seen by somebody qualified to say, "Well, this is a trivial case, and you need not go to a hospital"; or "This is a difficult

Lord *Zouche of Haryngworth*—continued.

difficult case, and I should like very much to have an opinion on it, and you had better go to the hospital."

935. But then they would have to pay, would they not, for that previous advice?—Not necessarily; they could go to the poor-law dispensaries, which are now established all over London, where they could get, without payment, the opinion of qualified medical men, fully equal to the senior students who see them at the hospitals.

936. May anybody attend for advice at a poor-law dispensary who is not a pauper?—Yes, to a large extent he may; of course, if it were a very flagrant case, I mean if it were a person as well-to-do as a good many who go to the out-patient department are, the relieving officer would object to give a ticket; but practically, with regard to the infirmaries and the infectious diseases hospitals, that has long ago been settled; numbers of persons go who are well able to pay, and, in fact, the right is taken of recovering from them for their treatment; it is looked upon as a loan, but practically I believe it is hardly ever insisted upon; I have heard so from the medical officers of health, that if they insist upon the removal of any patient who is tolerably well-to-do they do not afterwards ask for repayment. Still, the fact is that numbers do receive the treatment, and that is not, I believe (though in legal questions I do not like to state any opinions), a disqualification; the receiving of medical poor-law relief does not pauperise the man.

937. Then you would suggest that the poor patient should go, in the first instance, to a poor-law dispensary or a provident dispensary, and obtain advice as to the proper course to be pursued?—Yes, or to a private medical man.

938. Supposing the advice was that he should go to a hospital, he would then go to the out-patient department?—Yes.

939. But he would not come casually into it?—Certainly not; that, I think, is a great evil.

940. And you think that your plan would get over the difficulty, in the case of a person not able to pay for the previous advice that he needed?—Certainly, now that the poor-law dispensaries are established all over London.

Earl of *Lauderdale.*

941. Out of the number of out-patients who attend these hospitals, can you give us any idea what proportion are really poor?—I have got with me a calculation which was made by a committee of medical men under Sir William Fergusson; they investigated this whole question of out-patients some 20 years ago, and although it seems a long time ago the facts remain practically the same still. They found that out of those who were attending the out-patient department about one-fourth were able to pay a private medical man; that about one-half were able to join provident dispensaries; and the remaining fourth they thought ought to be referred to the poor law.

942. Then you mean that there was really only one-fourth of the number of patients who attended who should have attended the out-patient department?—That raises another question. Some people say that those who are suitable for the poor law ought not to attend the out-patient department at all; they would shut them out; that it ought to be an intermediate class between those who are able to pay and those who go to the poor law. I, myself, personally think that any one of those classes, provided he is recommended by a medical man, ought to be able to receive the advantage of consultation at a hospital.

Earl of *Lauderdale*—continued.

943. But with regard to this dispensary in Camberwell, how is that supported?—Principally by the payments of members of the working classes who receive the benefits.

944. Are these the only people who are permitted to attend?—That is all. There is another at Hampstead.

945. And what payments do they make for membership?—At the rate of 6*d.* a month in Camberwell.

946. For each member?—For each adult. Then I think it is 8*d.* a month for a man and his wife.

Lord *Zouche of Haryngworth.*

947. And is that the usual charge at these dispensaries?—Yes, that is about the usual charge. And then I think it is either 10*d.* or 1*s.* for a family.

Chairman.

948. As regards the numbers now attending the out-patient departments of hospitals that you think might be treated at poor law-dispensaries, are these poor-law dispensaries conveniently scattered about over the metropolis?—Yes, because they are mostly in the parishes; nearly all the parishes in London have either one or two dispensaries in connection with the poor-law administration.

949. Your opinion is, that nearly all these out-patients could go either to the poor-law dispensaries or to the provident dispensaries?—Yes.

950. Therefore doing away with the need, as regards the public, of the out-patient departments of the hospitals?—Yes.

951. In 1887 there were upwards of 114,900 out-patients at the poor-law dispensaries?—I think you will find further on in the Return that there were really 120,000.

952. I will take it from you that it is so. From the three endowed hospitals that you have mentioned particularly there were upwards of 275,000 out-patients?—Yes.

953. And altogether for the metropolis a number exceeding one million and a-half out-patients treated in that year?—Yes.

954. Now do you consider that, if all these out-patient departments of the hospitals were closed, the provident dispensaries and the poor-law dispensaries between them could assist all these people who go to the hospitals as out-patients?—I have no doubt they could assist all who needed it; because, in addition to that, you must remember there are a large number of medical men who would be very happy to attend to them if they required it, and that a large proportion of them are able to pay medical men; at least one-fourth.

955. Suppose all these hospital out-patient departments were closed, would not the system

Chairman—continued.

be open to the same objection as regards these two kinds of dispensaries, namely, that the attention given to the cases of these people must be very hurried?—I think not, because, for one thing, you have at once 44 institutions to deal with them instead of the three endowed hospitals.

956. But into the bargain you have at present all the other general hospitals with and without schools, so as to relieve the pressure?—Yes.

957. And you have also the part-pay dispensaries?—Yes.

958. Which are pretty well charitable institutions, are they not?—Yes. I do not think there would be any difficulty found in that respect; of course that is only my opinion.

959. Can you give us an opinion about the out-patients in the endowed hospitals; do they, as a rule, include merely people who live round about such great hospitals, or do they go by preference to these great hospitals from various parts of London?—I think they go by preference from various parts of London.

960. Having into the bargain to lose their time and to pay for going very long distances?—Yes, certainly.

Earl of *Kimberley.*

961. I did not understand from you that you desired to exclude the very poor from the benefits of treatment as out-patients in the large hospitals, provided their cases were such as to require special treatment?—Provided that is ascertained beforehand; but that can only be ascertained beforehand by a medical man seeing them. I certainly do not desire to deny any poor person the benefit; I would increase it, as I think.

962. You would wish the treatment to be limited to such cases as require special medical skill, and that it should be ascertained beforehand that they were such cases?—Yes.

Earl *Cadogan.*

963. If I understand you aright, your proposal is to abolish the out-patient department of hospitals with the exception only of consultative cases?—Precisely.

964. Could you roughly estimate what number of cases that would leave to be sent to the dispensaries; what would be the proportion of out-patient cases that you would treat in that consultative fashion?—One-fourth.

965. Then I am to understand that three-quarters of a million and a-half cases would be transferred from the out-patient departments of these hospitals to the dispensaries, under your plan?—It is not quite possible to put it in that way, for this reason: that my remarks have special reference to the large endowed hospitals, which do not treat anything like a million and-a-half out-patients.

Chairman.

966. They treat, in round numbers, 270,000?—Yes; and therefore you would only have three-quarters of that 270,000.

Earl *Cadogan.*

967. Then your objections to the out-patient departments of hospitals do not apply to the out-patient departments of special hospitals; for instance, children's?—Not in the same way nor for the same reasons; not because they are so overcrowded; children's hospitals are.

968. What would be the number that, under your suggestion, would be transferred from the out-patient departments of these large hospitals to the dispensaries?—Roughly, three-fourths of all the cases seen at the large general hospitals with schools.

969. What is that three-fourths in point of numbers?—Three-fourths of the out-patients at the eleven hospitals with schools.

Chairman.

970. You said just now "of the endowed hospitals;" which did you mean?—The large hospitals with schools.

Lord *Clifford of Chudleigh.*

971. Five hundred and fifty-one thousand is the number?—Five hundred and fifty-one thousand; that is the total in the hospitals with schools.

Earl *Cadogan.*

972. Three-fourths of that is about 400,000, therefore your proposal is to transfer 400,000 out-patients from the hospitals to the dispensaries?—Yes, certainly.

973. Now I am coming to the point on which I wish to put a question. One of your chief objections to the present administration of relief at these out-patient departments is, that the cases have to be seen in so rapid a manner that proper attention cannot be given to them?—Precisely.

974. Have you made any calculation of the difference of time and attention which would be given at the dispensaries if this large addition were made to their out-patients; because one of your reasons for preferring the treatment at dispensaries was, that the physicians there had more time to deal with them, and that there was more time for the treatment of patients; if you import 400,000 more out-patients into these dispensaries, would it be still possible for them to give the same amount of time and attention to each?—Certainly; or if it is not possible for the present medical staff, it can easily be doubled. The poor-law dispensaries and the poor-law infirmaries are under a system of medical inspection, so that, if there were anything like what goes on in the out-patient departments of hospitals, the evil would be at once reported to the Local Government Board, and steps would be taken to remedy that evil; and that remedy is of such a very simple nature that, suppose it were necessary to double or even quadruple the staff of the medical officers at each dispensary, it could be done with ease.

975. In fact, the difficulty would arise, but you would propose to meet it by an adequate increase of the medical staff?—I am not satisfied that it would arise, because I have been informed that there are medical officers connected with the poor-law dispensaries who have not three fresh cases a week at the present time; and therefore

Earl *Cadogan*—continued.

therefore they could do with a large increase in their patients without any inconvenience whatever. The fact is that at the present time an admirable system of poor-law dispensaries has been established all over London, but it is being half starved just as the provident dispensaries are, for want of patients, simply because the large hospitals choose to do the work that belongs to the poor-law dispensaries. The public is paying the poor-law medical officer for doing the work, and the out-patient departments of the hospital are doing that work.

Earl of *Kimberley.*

976. If this large additional number of out-patients were to be sent to the dispensaries all those patients would have, would they not, to get a relieving officer's order?—Yes; I believe so.

977. Will there not be a very great objection on the part of a large number of those who are not very poor to go to the relieving officer?—Probably there will; but it must be remembered that they do not become paupers thereby; they are not in anyway disqualified. There is a special provision that the receipt of medical relief does not constitute a man a pauper; and if so, I think that necessity of going to the relieving officer is a proper test of their capability of providing for themselves either by provident dispensaries or by going to private practitioners.

978. But then one of these two things must happen; either there will be a considerable objection to going to these relieving officers, in which case a considerable number of cases will no longer receive medical attendance, that now receive it; or, if they waive that objection, we shall have thrown upon the rates medical assistance for a large number of persons who now are provided for by charity; would not that be so?—Provided for by the out-patient departments.

979. Provided for gratis by the out-patient departments?—That will be so if you consider that they are provided for gratis; I think that the public pays dearly for the out-patient departments.

980. They are not provided for gratis; provided for, I will say, not out of the rates?—Not out of the rates.

981. Now have you considered this; if the means of treating patients at the poor-law dispensaries is largely augmented, which you appear to contemplate, will not the result, as regards the provident dispensaries, be exactly the same as is the case now with the large hospitals, namely, that the poor-law dispensaries will destroy all provident dispensaries?—Except that I think your previous question answers that; there is the test of the relieving officer.

982. But you seem to contemplate that there will be a largely increased number of patients going to the poor-law dispensaries?—I was merely answering the question. Suppose they did, could they deal with it? I do not contemplate at all that such a large number will go, and for other reasons; because a large number of these patients do not live in the district at all, or in London; numbers come up from the country for

Earl of *Kimberley*—continued.

the special purpose of getting what they think the best opinion that can be had.

983. It is not at all your opinion that the whole of these 400,000 would go to the poor-law dispensaries?—Nothing like it; I am quite confident that they would not; I merely answered what could be done if they did.

Earl *Cathcart.*

984. The Parliamentary disqualification does not affect the sentimental objection which the poor have to going to the relieving officer?—Certainly not, or rather which they had; I think it is dying away since the poor-law infirmaries and dispensaries have been so much improved.

985. But it must be exceedingly desirable to keep up that sentimental feeling which the poor have of desiring to keep away from the relieving officer as long as they possibly can?—I am not, I must say, very particular on that point. I want to see them properly treated wherever they go; and if they are properly treated, that is really, from a medical point of view, the main thing.

Lord *Clifford of Chudleigh.*

986. With regard to those 551,000 cases of out-patients that go to the 11 general hospitals with schools, could you give us any idea as to how many of that number are probably individual cases; because as I take it, these figures mean that every person who goes at any one time to a hospital for out-patient relief is counted an individual out-patient?—Yes.

987. And therefore those 551,000 were not 551,000 separate cases, but 551,000 treatments of cases?—Yes.

988. And the same man might go to several hospitals and be counted over and over again?—Undoubtedly. I could not give you any statistics that would be reliable on that point, but I will just draw your attention to this: that the bulk of that number is taken from the three large endowed hospitals who are under no temptation whatever to exaggerate their figures, as unfortunately some of the smaller hospitals are. Those hospitals that are dependent upon voluntary contributions have to show that they are doing as much work as possible, whereas the three endowed hospitals, St. Bartholomew's, St. Thomas's, and Guy's, have no such temptation.

Chairman.

989. You must take out Guy's, because they have appealed to the public of late?—Practically I think Guy's may be included, because they do not largely appeal to the public.

Lord *Clifford of Chudleigh.*

990. It is not my point that the hospitals try to exaggerate the number that they have; but one witness told us that in many cases these out-patients go, first of all, to one hospital, and then, not being satisfied with that advice, they go to another next day; and, therefore, these cases, the 551,000, would, in point of fact, be reduced by a fifth nearly?—I think if you reduce it by 50,000, that is enough.

991. Therefore, you think out of that 551,000 it would be safe to say there are 500,000 different patients?—Yes, I think so.

Lord *Lamington.*

992. Even estimating on the new basis of Guy's 40 fresh patients a day?——

Lord *Clifford of Chudleigh.*

993. If you take the larger calculation of there being a million and a-half of out-patients in the metropolis, would it be safe to say that out of 5,000,000 inhabitants 1,000,000 are out-patients in hospitals?—No, because I should not apply the same rule to special hospitals at all; I have no reliance on their statistics.

994. But with regard to these statistics of persons who attend the hospitals with schools, you think the statistics are reliable?—Yes, more or less so.

Lord *Monkswell.*

995. I understand that these numbers in the return before us mean the new patients as far as they can be ascertained?—Yes, not the attendances, but the separate cases.

996. Does that go on from one year to another, or do they close them at the end of the year?—Yes, they close them at the end of the year.

997. The next year they begin again?—They count them as fresh cases.

Lord *Lamington.*

998. Guy's is put down in its 1887 Report as having 37,000 odd out-patients; according to their new system the number would not be much over 14,000, the real practical number in the hospital?—I do not know whether that includes the casualties or not; I think it is the whole of the out-patients; I think probably the limit of 40 has to do with out-patients, that is to say, those that are at all events supposed to be seen by the physician or surgeon; but casualties are seen at all times of the day, and I think that that would bring the number up to that given in the return.

Chairman.

999. About this number of out-patients, did I understand you to say that you believe that these numbers either the million and a half for the whole metropolis, or 270,000 for the three large hospitals were new cases?—Yes, furnished by the large hospitals.

1000. Therefore the actual number of attendances would be very much in excess of those that appear?—Yes, certainly.

1001. Is it a fair average to put down each out-patient as paying three visits to a hospital?—I should think it is.

1002. That is not overstating the case, you think?—No.

1003. Therefore we have the one million and a-half to be multiplied by three?—There again that million and a-half includes all the special hospitals, and their statistics we must strike out of the case as far as we can.

Lord *Clifford of Chudleigh.*

1004. You were talking about St. Bartholomew's, and I understood you to say that on some Mondays there were as many as a thousand people that came there, and that on the other days there were not so many, but that it would not be an exaggerated estimate to say that there was an average of about 500 people every day?—Well, that is a simple division of the 150,000 people by 50 weeks.

1005. I only want to test these figures in the return before us, and looking at these figures I find that the number of out-patients is put down at 150,000; if you take away one day a week for the Sunday you will find out that that will work out very much to an average of about 500 a-day; but the 500 who come there are not all new cases; a good many are cases that have been going on from week to week; is not that so?—No, they must be new cases; else there would not be 150,000 in the course of the year.

1006. That is begging the question. You told me that there were 500 people generally in the room on an average in a day who come to be seen. I want to get at the fact whether those 500 are new cases, or whether they are not the old cases that come week after week?—Judging from the estimate given by the hospital, which is practically all I have to go upon, I should say that they are new cases.

Earl *Spencer.*

1007. When you call them "new cases" they may be cases that have been dismissed and then return again?—Yes.

1008. So that the same individual might come back 10 or 12 times in the year?—He might, but I do not think that is the usual experience; because, if it were a bad case, he would be continued till he was somewhat better, and if it were only a slight case he probably would not have more than two or three illnesses in the course of the year.

Chairman.

1009. As regards this average of 500 out-patients a-day at St. Bartholomew's, I suppose the only thing you have to go upon as to that is your personal observation?—And the statistics.

1010. But I mean you could not possibly form any idea whether they were new cases or old cases?—No.

Lord *Monkswell.*

1011. You said from your own personal observation that there were a thousand cases on Monday and an average of 500 a day?—No, that is what has been reported.

1012. I understand you have reason to believe that that is the average; but according to you each patient goes on an average three times; therefore, if your theory is correct, there must be 450,000 separate attendances?—I have not constructed a theory to meet all these objections at all. I was asked by the Chairman whether that was a fair number to give, and I think it is.

1013. The question is whether 150,000 patients are seen every year at St. Bartholomew's or 450,000?—That is a question for the authorities at the hospital.

1014. You do not know which the statistics refer to?—Yes, they are suppose to refer to new cases, and I consider that for hospitals to publish the number of attendances as if they were new cases, is simply a fraud upon the public; it is representing that they are doing a great deal more work than they are; and that is why I drew attention to the fact that these three endowed hospitals have no necessity whatever to exaggerate their

Lord *Monkswell*—continued.

their numbers, and that therefore more dependence may be placed upon their statistics than upon those of the others.

1015. My point is that there must be three times as many persons, according to your theory, attended to at St. Bartholomew's as you have reason to believe are attended to; you said the average was 500 a day?—I said that was got by dividing the 150,000 by the number of weeks.

1016. But I understand you to say, according to your theory of each patient representing three visits, then there must be something like 150,000 separate attendances?—Yes.

1017. And that would mean that instead of there being 500 separate attendances daily, as I understood you to say just now was your opinion, there must be something like 1,500?—There would be, supposing that all attended three times.

1018. I thought you said the average did?—That is not the case with averages; a great number of those persons attend once because they are only casualties; another case will attend ten times.

1019. You cannot give us any idea, then, of the average number of attendances of each person?—No; that is for the authorities of the hospital to state.

Chairman.

1020. The only observation you said you could make is from your going to these out-patient departments and seeing the room crowded?—Yes.

1021. And you could not form any idea whether the patients had been there once or a dozen times?—Except from hearing the names of students called out who had treated them.

1022. But did you attend on several days?—No, I did not.

Earl *Cathcart.*

1023. I think Dr. Steele said that numerous people have acquired a morbid taste for medicine, and are constantly coming back day by day; that is not your experience, I gather?—Not so much; there is a little of that everywhere.

1024. I want to ask you one comprehensive question, and it is this: The Metropolitan Poor Law Act of 1867 has created really, has it not, a revolution which has never been sufficiently recognised in regard to hospitals and everything associated with medical charity?—That is quite true.

1025. Is that Act what is called Mr. Gathorne Hardy's Act?—Yes.

Earl *Spencer.*

1026. I think you stated just now that the mere application to a poor-law dispensary for relief did not make the applicant a pauper?—I think that is so.

1027. But under what Act?—I think it is under the Act of 1867.

1028. But are you aware of the Act of the 48 & 49 Vict. c. 46?—I am afraid I am not.

1029. You cannot say under which Act there is liberty for a person to receive medical relief without disqualification?—No; my impression is that it is under Mr. Gathorne Hardy's Act of 1867.

Earl *Spencer*—continued.

1030. Are you aware that the Act of 48 & 49 Vict. c. 46, enacts that it is not a disqualification of a person as a Parliamentary voter or as a voter at any municipal election; or as a burgess, or as a voter at any election to an office under the provisions of any statute, to receive medical relief?—That was my impression.

1031. But that it is a disqualification for voting at the election of any guardian of the poor; or of any member of any parochial board in Scotland; or of any other body acting in the distribution of relief to the poor from the poor rate?—Yes, I am quite aware of that, and that, of course, one would consider natural, because it would not be reasonable that a person actually in receipt of any form of relief should elect guardians of the poor, the guardians who are administering it.

1032. But this particular Act does not give him any exemption from being placed on the pauper roll because he receives medical relief?—I think that is what has been always understood, that as it did not take away his Parliamentary franchise he was not looked upon as a pauper.

1033. You are not aware of any other Act?—No; that is the enactment that I refer to.

1034. And you are not aware of any other?—No; I am not aware of any other.

1035. If you had your way you would like to see a great change in regard to the out-patients?—Certainly.

1036. You would limit the number?—Yes.

1037. How would you carry out this great change?—I should make the rule that no one was to be admitted an out-patient unless he brought with him a note from some medical officer.

1038. But how would you get that rule enforced at the different hospitals?—At present the different hospitals can do just what they like, and I do not know whether your Lordship means to ask by what means I would acquire power to enforce it.

1039. That is exactly what I want to ask your opinion upon?—In the first instance, I should require all hospitals to be registered, and I should have a Government inspection of all hospitals annually, or more frequently if required; and I should have a board sitting, not perhaps in connection with the poor law, because that would perhaps be considered offensive by some of the hospitals, but certainly more or less in connection with the Local Government Board, which would arrange the various matters connected with hospitals, and I would give that Board power to make certain rules and regulations with regard to out-patients.

1040. And you would refuse them their license if they had indiscriminate out-patient relief on the present system?—Certainly.

Earl of *Winchelsea and Nottingham.*

1041. May I ask you one question with reference to that point of disqualification: If it were shown to you that there is such a feeling in the minds of the poor people that they are disqualified by any act of medical assistance, would not that modify your opinion as to the advisability

Earl of *Winchelsea and Nottingham*—continued.

advisability of passing them over to the poor-law dispensaries?—I should not think it would, because I should still hold that there are plenty of other ways by which they could get the necessary vouchers to bring to the hospitals.

1042. Then I do not quite understand your scheme; as I understand it, it is this: that you propose to abolish the out-patient department in all cases as a court of first instance?—Precisely.

1043. It is proposed that there should be brought to the out-patient departments of the hospitals only filtered through cases, and important cases, on the recommendation of the medical authorities of the poor-law or provident dispensaries?—Yes; or independent medical men. Then my answer to your question would be this: if it were found that there were poor persons who objected to go to the poor-law medical officer to have his opinion, there are always plenty of medical men in the neighbourhood to whom they could be sent, and who would not charge them anything.

1044. Sent by whom?—Sent by some friend who knew them; in exceptional cases I should think that might be done.

1045. Would you be disposed to admit that patients always, in order to be cured, ought to be treated at as early a stage as possible?—Yes.

1046. And would you further be disposed to admit that they are very apt to put off even now the application to the proper medical authority?—No; I think, on the contrary, that they are a great deal too ready to rush to the out-patient department when there is next to nothing the matter with them.

1047. Is it not your experience that many persons are apt to put off the application?—In some cases they do; not as a general rule; not while the doors are thrown open as at present.

1048. If there is added to their supposed disinclination to go to the medical authority early enough the further inducement that, if they did, the result would be to disqualify them or place them on the poor-law; that might deter them altogether, might it not?—I do not think any mischief would be done by it.

Chairman.

1049. Do I understand this: that in the case of a person who could not pay for medical assistance you would send him by some friend of his to a professional man who would treat him for nothing?—No, not "treat" him; but, supposing an opinion to be necessary, would give that opinion. Of course I mean in exceptional cases. Of course one constantly meets with cases of persons who are reduced in circumstances; those would be principally the cases where they would object to apply to the poor-law medical officer, and such persons always have some one who has known them in what were perhaps their better days, and would take them to a medical man who would say whether it was a fit case or not to go to the out-patient department of a hospital.

Earl of *Kimberley.*

1050. The result of what you recommend would be very much like what exists in a rural district: that there is a hospital at the county town, and from the nature of the case the distance of other places is so great that only special cases that are recommended are sent to it?—Yes.

Earl of *Kimberley*—continued.

Lord *Zouche of Haryngworth.*

1051. The man would still, under your proposal, be treated as an out-patient?—That would depend on the case.

1052. You would not abolish the out-patient department as a treating one?—I would have it in a consultative form for all except those who had already been in the hospital, and whose treatment it might be desirable to continue.

Chairman.

1053. Does not the competition of those out-patient departments affect very much the practice of those gentlemen who attend upon the very poorest class?—I have heard so, but I have not a great deal of practical knowledge, or any facts to bring before you on that matter.

1054. There are a large number of hospitals, are there not, in the metropolis, which have been founded or completed within the last 10 years, which go under the name of special hospitals?—Yes, there are a number.

1055. In this memorandum, with which we have been furnished by the people who drew up the petition, these special hospitals are stated to be for the treatment of special diseases?—Yes.

1056. We have been told by one witness already that if half the special hospitals were done away with, in his opinion the public who attend these hospitals would not suffer; is that your opinion?—Yes, only more so; I should say three-quarters.

1057. Then do you consider that some of these special hospitals are bad in the advice they give, ill-situated as regards other hospitals, and ill-conducted generally?—I would not like to make such a sweeping statement as that.

1058. Perhaps you will put it in your own way?—I would say that they are unnecessary generally; that they are detrimental to the large hospitals with schools, because so far as they succeed they are simply taking away cases that could be as well treated at the general hospitals, and would there be useful for the instruction of students; and then I would say, in the third place, that there are a number of them which are well known to be run, if I may use the expression, for the special advantage, either of the secretaries and officials or the medical officers without any regard whatever to the advantage of the public.

1059. Are there a large number of such hospitals?—I should say that a least three-fourths would come, more or less under that description of special hospital.

1060. But how do you distinguish between the good special hospitals and the bad special hospitals?—There are a few specialities which are perfectly well recognised, and which partly from the nature of the case must be treated in special hospitals. For instance, ophthalmic diseases; they could not as well be treated in general hospitals, though to a certain extent they do get cases at the general hospitals of those diseases;

Chairman—continued.

diseases; but the treatment of ophthalmic cases would never have been brought to the same perfection if it were not, for instance, for Moorfields, which has done a great deal for ophthalmic science. In the same way my personal opinion is that orthopœdic hospitals are useful, because at an average hospital it is quite a chance whether any of the surgeons attached to it might have devoted any attention to orthopœdics at all. And in the same way I think it may be said that hospitals for women have justified their usefulness. I might just mention the Samaritan Hospital, which has given Sir Spencer Wells the opportunity of doing work which is known all over the world, which he would not otherwise have done.

1061. Could he not have done an equal amount of good work in a general hospital?—Certainly, if he could have got attached to it; but at the time he did that, to have done the operation which has made him most celebrated would have rendered him liable to a criminal charge; in fact, one surgeon attached to a large hospital said that anyone doing it ought, if followed by death, to be prosecuted for manslaughter.

Earl of *Erne*.

1062. What operation is that?—Ovariotomy. I think those three classes of special hospitals may be said to have justified their existence to a certain extent. I do not mean that any amount of them is to be spread over London, but a certain amount, sufficient to give employment to a certain number of specialists, we ought to have in a big place like London.

Chairman.

1063. Would you increase that list of yours by including the hospitals for children?—I think not.

1064. And would you include in it the cancer hospitals?—No, certainly not.

1065. Would you include in it the chest hospitals?—No, certainly not.

1066. You think that diseases of the chest ought to be treated in a general hospital?—Yes.

1067. Ought not children, at any rate, to be put in wards by themselves?—Certainly, separate wards, as there are in many hospitals.

1068. If that were the case, why should you not have children's hospitals?—Because, for one thing, I think that every general hospital, if properly organised, ought to be able to treat children's diseases as well as any other diseases. There is nothing so peculiar in the treatment of children's diseases that they ought to be separated; and, on the other hand, there is the inconvenience of getting together a vast number of children from all parts of London, whereas they would be quite as well treated in the several general hospitals.

1069. But do you think, to take, for instance, the Great Ormond-street Hospital for Children, that they have any difficulty in filling that hospital?—On the contrary, not the slightest; their rooms are crowded. If you let the public suppose that they can treat children's diseases better there than anywhere else, people apply there from all parts, and that is one of the evils complained of.

Chairman—continued.

1070. You have mentioned among good special hospitals Moorfields; and women's hospitals, what are the names of those?—Soho-square and the Samaritan, for instance.

1071. And the Orthopœdic?—Yes; there are three orthopœdic hospitals in London; there is the Royal Orthopœdic, and the National Orthopœdic, and there is one in the City. I say that that speciality is all right, but I do not think there is quite room for these three; I think that two probably would be enough.

1072. What are bad special hospitals?—Bad special hospitals are those that are set up for the purpose of bringing profit to the secretaries, or prestige to the medical officers.

1073. Are there any that you wish to mention?—I do not wish to mention them with that label on them, but I culled out of the total a few that have been established within the last 10 years which, for various reasons, might have been done without. I think that is as strong a way as we need put it; because anything said here may be reported, and I do not know what unpleasant results it may have.

1074. You understand that this is a public inquiry?—Yes; therefore I do not say that these hospitals I am going to mention are bad, but I say that they could be done without, in my judgment. They have been founded in the last 10 years, and, in my judgment, they could be done without. All I say is that these special hospitals could be done without. I have taken the names. The St. Andrew's Eye and Ear Hospital. The medical staff consists of one oculist and aurist, one dentist, and one teacher of the deaf and dumb, three in all.

Earl *Cadogan*.

1075. Where is this?—Situate at Wells-street, Oxford-street.

Chairman.

1076. Do you know how many beds there are in that hospital?—I am afraid I cannot tell you. I do not know that it is down in that list before you, because I took it out of one of the medical directories as having been founded within the last 10 years.

1077. Is there anything you wish to say about it?—No, nothing more, except that the eye patients could be quite as well treated at one of the ordinary ophthalmic hospitals.

1078. Now, do you personally know anything about this hospital?—No; I do not know anything about it, except what I have seen in the directory.

1079. That is where you have found its staff?—Yes.

1080. And you do not know what they treat; they may treat anything?—I suppose they treat what they profess to, the eye and ear; but my point is that such a hospital in such a position is quite unnecessary.

1081. Are there any out-patients too; you do not know that?—I presume so; I presume that the out-patient would be the principal point in such a hospital.

1082. I will only ask you about what is within your

Chairman—continued.

your own knowledge?—I simply picked out these that seemed to me unnecessary. Then another is the Queen's Jubilee Hospital, Gloucester-terrace, Queen's-gate.

1083. What is its speciality?—A number of specialities all rolled up in one.

Lord *Clifford of Chudleigh.*

1084. Are you sure that that still exists?—I am not; I should think, if it does, it is a very shaky concern.

Earl *Cadogan.*

1085. And do "a large number of specialities rolled up into one" constitute a general hospital?—Yes, I think so.

Chairman.

1086. Is this called a special hospital?—No; it is called the Queen's Jubilee Hospital, and it gives out, or it did, about the time of the Jubilee, that it treated a number of specialities; it gave a number of special departments.

1087. Where did you get that from, from the report of the hospital?—No, from the medical journals.

1088. Do you know what any of those specialities were?—I really cannot remember now.

1089. Is there any general hospital near Gloucester-terrace?—At all events, it is in rather a flourishing part of the West End, where you do not find the poor that require it; that is my particular point about that hospital.

1090. And do you consider that, as the result of placing it in that part of the town which is supposed to be a fairly well-off part of the town, it ought to be a better speculation?—It ought to be a better speculation.

1091. There appear to be some doubts in the minds of some Members of the Committee whether this hospital still exists?—That I cannot give your Lordships any information upon.

1092. Can you tell us at all how a person would set about getting up a special Hospital?—Yes; it is very simple. A medical man who wanted to get fame and reputation would get a few friends of his together, and form a committee; then someone would be got, a young man who had not a great deal to do, who would work the thing, who would run it, as the Americans say, and he would issue a number of advertisements pointing out that such a hospital had been long wanted, and supplied a great void, and that the staff was the most capable that ever was known for treating special diseases of women and children, and the eyes, and the nose, and the toes, and every other part of the body. Practically, that is what has been done in this particular case, I believe; and an arrangement would be made by which the secretary would receive a certain proportion of the receipts, and he would get some friend to advance a little money, and they would take an old house, perhaps a tumble-down house which no one could be got to rent in ordinary circumstances, and he would fit up a few beds in it, and open an out-patient department, and then the thing is done.

1093. Does such a hospital as that get on to the Hospital Sunday Fund?—Certainly; as soon as it had been established for three years it gets on the Hospital Sunday Fund.

Chairman—continued.

1094. But how do they manage to exist during the three years?—That is a question which I think probably the secretaries know more about than has ever been published; but all one can judge from is, that occasionally there are revelations. There was, for instance, in the case of a special hospital for skin diseases; in which it appeared that the secretary, after taking up a hospital like that, worked it a great deal for his own benefit; the arrangement was, that he got 15 per cent on the receipts, and he worked it up from, I think, 1,400 *l.* a year to about 3,000 *l.* a year, on which he would get, of course, 450 *l.* a year, partly from payments of the patients, and partly from the contributions of the charitable, to whom it was represented that the hospital was doing a most important work, and had to be supported, and all the rest of it.

1095. Then, I suppose, there is also the annual dinner and bazaar?—Annual dinner and bazaar, and fireworks of all sorts.

1096. I fancy the bazaars are not confined to special hospitals?—Not at all.

1097. Sometimes a very great deal of expense is undertaken, which is entirely speculative, and the returns are not equal even to the original expense of the undertaking?—Yes; that sort of thing is overdone.

1098. Is it the case that the better the position of the president the better the chance of the hospital?—Yes.

1099. The treatment in any hospital is not very expensive to the hospital, is it?—Do you mean of persons as in-patients or as out-patients?

1100. As in-patients?—As in patients it is expensive.

1101. Is there a profit to be made in a general way out of a charge for a patient of a guinea a week?—No; I do not think there is. I think the speculative hospitals, which I understand your Lordship to be referring to, do not lay themselves out so much for treating patients as in-patients as they do for treating them as out-patients; it is from the out-patients they make their money; the out-patients will pay 1 *s.*, 2 *s.*, 3 *s.*, 4 *s.*, or 5 *s.* for treatment.

1102. Are you speaking now of the Jubilee Hospital?—No; I am not speaking now of the Jubilee Hospital; I do not know anything more of the Jubilee Hospital than I have already told you.

1103. You were speaking of the manner in which speculative hospitals manage to get on?—Yes; they can make considerable sums from the treatment of out-patients, and they do; and it was principally by the treatment of those out-patients that that hospital to which I referred, the Skin Hospital, made its money.

1104. Will you continue your list?—The next is the London Skin Hospital in Cranbourne-street, Leicester-square. My objection to it is, in the first place, that skin hospitals are not wanted, and in the second place, that if they were, there are already two skin hospitals, which are quite sufficient for the wants of the inhabitants who are afflicted with those diseases; they can be treated at general hospitals quite as well as at special hospitals, and there are already two, one at Blackfriars and the St. John's, two well-known hospitals.

1105. Are

Chairman—continued.

1105. Are those large hospitals, the St. John's and the Blackfriars?—They treat a good many patients; a good many out-patients principally.

1106. Do you know anything about this hospital; how it was founded, for instance?—No, nothing. Then there is the Lady Gomm Memorial Cottage Hospital, Rotherhithe, for dock labourers, with five beds, 47 in-patients in the year, and 1,500 out-patients.

1107. That is a hospital which, I presume, appeals to the public for funds?—I presume it does, but in that case also I know these things only as appearing in the directory. Of course, a small hospital of that kind is wasteful, necessarily wasteful. It is necessarily wasteful to have a small hospital of that kind, because the expenses must be largely out of proportion to those at a large hospital; neither can they have the advantage of the staff of a large hospital. All those patients could be far better treated at a large general hospital.

1108. To return for one moment to that skin hospital in Cranbourne-street: in this return, which has been furnished to us by the Charity Organisation Society, there is no record of the cost of occupied beds, or the number of in-patients, or the cost of in-patients; there is nothing except the notification of 725 out-patients?—That probably will be because it was only furnished in 1887; it is one of the new hospitals, and that return, I think, dealt with those treated in 1887.

1109. Yes. Is there anything else you wish to add to the list?—There is the Grosvenor Hospital for Women and Children in Vincent-square.

Earl of *Arran.*

1110. Is this Lady Gomm Hospital a special hospital?—Yes; it only treats dock labourers.

1111. But does it treat special complaints?—I think not. The next I have on the list is the Grosvenor Hospital for Women and Children in Vincent-square, with 14 beds.

Chairman.

1112. Have you got the average number of occupied beds?—No, I have not.

1113. Now, in this return the average number of occupied beds there is stated to be 11; the cost of each bed is 70 *l.*; the number of in-patients is 107; the number of out-patients is 2,128; and they have a balance in their favour of 20 *l.* But now, is there any other hospital in close vicinity to that?—Well, I think perhaps the best way of answering the question would be, if I were to hand in to your Lordships a map which I have made out, showing the position of the hospitals. The whole of the West End, I may say, is covered over with hospitals, and this map, if you will look at it, will show how they are studded about (*producing a map*).

1114. This hospital in Vincent-square would be close to the Westminster Hospital?—Yes.

1115. Do you consider that any patients who now go to that hospital for women and children could equally well get the advice and assistance that they require at the Westminster Hospital?—Certainly.

Chairman—continued.

1116. Is there a poor-law dispensary close at hand there too?—I cannot say; I am not sure.

1117. And you do not know whether there are any free dispensaries close at hand there?—I should think not; because there are two or three hospitals not very far off. There is St. Thomas's on the other side; then there is Westminster; then there is Charing Cross. The three hospitals are not very far off from one another, and you hardly ever find any free dispensaries in the immediate neighbourhood of hospitals, any more than you do provident dispensaries; people crowd to the hospitals.

1118. And you said a great number of people will travel great distances to go to some general hospital other than the one that is close to them, merely because they happen to fancy it?—Yes. Then there is the Gordon Hospital, for fistula, piles, and other diseases of the rectum, with eight beds, in Vauxhall Bridge-road.

1119. Do you know what the staff of that hospital is?—It is a very small staff.

1120. According to the return before us it has seven beds; the average number of beds occupied, four; cost of occupied beds, 150 *l.* 9 *s.* 4 *d.*; 98 in-patients, and 504 out-patients; no income from the samaritan fund; one sister and nurse; and a deficit of 48 *l.*: the assets and liabilities, 480 *l.* Now, is it your opinion that 150 *l.* per occupied bed is very extravagant?—Extravagant beyond all bounds, I think.

1121. Do you think that is extravagantly conducted, and that one of the reasons for its being extravagantly conducted is that it has got such a small number of beds?—Yes.

1122. But, again, the Vauxhall Bridge-road is a long way away from any general hospital?—It is some distance.

1123. Would the fact of its being a long way away from any general hospital be more of an excuse for its existence?—It would, if you admit the necessity of such specialities at all; but my idea is that the diseases which they treat could be quite as well treated in any poor law dispensary.

1124. Do you know how that hospital was first founded?—No.

1125. Do you know how long it has been in existence?—It has not been long; I have the date of its establishment, 1884.

1126. Will you continue your list?—That is all the list which I have of those started within 10 years.

Earl *Cadogan.*

1127. In reference to your answer with regard to 150 *l.* a bed, that obviously is a very high expenditure?—Yes.

1128. We have a list here before us on page 16, and the Gordon Hospital, Vauxhall Bridge-road, is the first one on the list in that page; and the third, which is called the St. Peter's, Covent Garden, Hospital for Fistula and Stone, shows an expenditure of 285 *l.* per occupied bed?—Yes; I think that is the highest of any in the Metropolitan Sunday Fund list.

1129. There are in that nine beds occupied, on the average, according to the return, whereas the Gordon only has four?—In all these, of course, it is a matter of comparison; and the cost is very much

Earl *Cadogan*—continued.

much greater than the most extravagantly conducted of the general hospitals; and these, again, are immensely dearer than the most extravagant of the poor-law infirmaries.

1130. There is one question I wish to ask you. You mentioned your wish that some of these special hospitals should be abolished; but there was one class of special hospitals; to which you referred, in regard to which you stated that certain special hospitals were unnecessary because of the existence of other special hospitals?—Yes.

1131. Then am I to take it that you would not abolish all the special hospitals, those, for instance, for the skin; you mentioned that one of the skin hospitals was apparently unnecessary, because there was already the St. John's Hospital for the treatment of these cases?—And another at Blackfriars.

1132. Therefore I may take it you do not think it necessary to abolish all special skin hospitals?—No, in the present state of affairs; they have arisen in consequence of some of the general hospitals not giving sufficient attention to these special departments; but if the general hospitals were properly organised, I think it would be possible to abolish the special hospitals without any detriment to the public interest.

1133. And that applies to the children's hospitals as well?—Decidedly.

Earl *Spencer*.

1134. You only mentioned, I think, six or seven hospitals that you think ought to be abolished; and yet there are a great many on this list before us that do not come into the category of those diseases that you think ought to have special hospitals?—I was illustrating what was mentioned, that fresh hospitals are being established constantly without adequate cause, and I picked out these half-dozen as having been established within the last 10 years.

Earl *Cadogan*.

1135. Would it, in your opinion, be desirable to abolish those hospitals whose object is specially the promotion of the interests of a certain physician?—Decidedly; I think the good of the public ought to be taken as the standard.

Earl of *Winchelsea and Nottingham*.

1136. As to special diseases, you do not include in them diseases of the ear?—No; I think diseases of the ear hardly require special hospitals by themselves; they do require special treatment, but as a rule they are not sufficiently numerous to require a special hospital.

1137. You would take that out of the category of the special hospitals that you would allow to remain special hospitals?—Yes; and I would have a special ear department in connection with every general hospital.

1138. Hospitals for incurables, would you do away with them?—Certainly not, I think they are quite necessary; but they are almost out of the category of the ordinary hospitals; they are more asylums.

1139. I understand, with regard to these special hospitals which you would do away with, you put them in two categories: first, those which rest on such a bad financial basis, almost an immoral one, that you think they ought to be done away with for general reasons; namely, those hospitals from which certain people derive a benefit without appearing to do so?—Yes; I think if they are simply kept for the benefit, either of the secretaries or the medical staff, they ought to be done away with.

Earl of *Winchelsea and Nottingham*—continued.

1140. Then with regard to the others, which are not of that character, would you discourage endowments of special hospitals, supposing the endowments are sufficient to maintain them?—Certainly not.

1141. Your objection is confined, then, to those which appeal to the public for funds, and so divert part of the funds which you think would be better employed in the general hospitals?—Yes; at the same time I would have them all refomred.

1142. But you would not discourage the endowment of special hospitals?—Certainly not.

1143. Then, is your contention with regard to the small hospitals, that the smaller they are, supposing the management to be equally good, the more they cost relatively?—Certainly, that is one contention.

1144. And, therefore, that the public by subscribing to them do not get the value of their money?—They waste their money.

1145. And you also contend that the work might be done equally well at the general hospital?—Certainly.

1146. Is it not possible, though, that there are cases which would be better treated in special hospitals; cases, for instance, requiring perfect quiet and rest, which you could not get in a general ward?—You can always get it; there are small wards in every hospital where one can have as perfect quiet as in a small hospital.

Earl of *Kimberley*.

1147. Do you think those that subscribe to special hospitals would subscribe to the other hospitals if the special hospitals were done away with?—I think they would; I think they did before the special hospitals originated. The great development of these special hospitals has been within the last 20 years, and previous to that time the general hospitals were much better supported than they are now; and it is a very curious fact that during that time, while there has been hardly any new free dispensary started, there has been an immense number of these special hospitals started, and they get the money somehow. Of course they get hold of some men who are able to beg well, that is the primary qualification; and they manage to get money somehow or other, and they go on and prosper.

1148. Do you think that these special hospitals are in any way required in order to give an opportunity for treatment that may not be called orthodox treatment?—No, not at all; I do not think they are ever used for that, unless it were the Homœopathic Hospital in Great Ormond-street; but that, on the other hand, was only established

Earl of *Kimberley*—continued.

established after the unorthodox treatment had got its position.

1149. You said Sir Spencer Wells would probably not have been allowed to attempt his operation at a general hospital; and that tends, does it not, to show that there may be cases where a special hospital gives an opportunity which is not afforded by a general hospital?—But I did not quite understand your Lordship in the same sense in using the expression "unorthodox." The operation might rather have been said to be *sub judice* at the time; it was never exactly unorthodox, but there had been such bad results that it was greatly decried, and Sir Spencer Wells might not have been successful in getting a position at one of the general hospitals such as he got at a special hospital. To that extent I admit that they may be useful.

Lord *Lamington.*

1150. Are the returns generally to be relied on?—I place no reliance on any of the returns given from the majority of hospitals, and perhaps I may give the reason why. Some years ago one of the hospitals used to return itself as treating between 80,000 and 90,000 patients a year; when we began to investigate the matter, and they were challenged as to whether they did treat these numbers, it turned out that there were only between 30,000 and 40,000 treated. For years that hospital had been going on publishing to the public that they had treated such an immense number of cases.

1151. Take the converse case with regard to the hospitals which represent themselves as being more cheaply managed than they are in reality?—The Hospital Sunday Fund has established a certain system, according to which returns must be sent in, and must put down so much to management and so much to maintenance, and if the management is more than a certain proportion in relation to the maintenance, they will not give a grant to the hospital; but then the result is, as I have heard privately from secretaries and others, that they have to manipulate the accounts; they have to show that they come within the rules laid down. Therefore I say that I place no dependence whatever upon the majority of the accounts of hospitals. Another thing is that no accountant that I have ever come across has been able to understand the mode in which the different hospitals furnish their accounts.

Earl of *Kimberley.*

1152. Is it not looked upon as a good thing to show a large debt, and then apply to the public to pay it off?—Yes, that is a most important thing.

Lord *Monkswell.*

1153. I see that this hospital for fistula, to which you have referred, the Gordon Hospital, is one of the few hospitals where admission is only by payment. You said that 150*l.* a bed was very extravagant; but might not it be that it was for a different class of patients requiring superior accommodation to that in the free hospitals?—Yes, but even then I should consider it extravagant; because Guy's Hospital and St. Thomas's have made arrangements for treating that class of patients, and in their case it does not cost anything like that.

1154. But still you can hardly apply the same rule to hospitals to which admission is by letter or free, as you would apply to hospitals admission to which is solely by payment?—No; but I am referring to the parts of those hospitals where they admit those patients only by payment.

1155. It may possibly be that you might have a hospital that gave very superior accommodation indeed, and in that case 150*l.* a bed might not be extravagant?—Yes.

1156. Are not the doctors who get up special hospitals sometimes very able men?—Yes, they are sometimes.

1157. You have yourself known instances of that?—Yes.

1158. The special hospitals that were a real necessity, how were they started; by young men?—In the same way.

Earl *Cathcart.*

1159. The map which you have produced appears to be of little use without the book belonging to it?—I handed in that map for a certain purpose, which I intended to mention by-and-bye; but I may as well mention it now. You will see, if you look at it, that the hospitals are represented by stars in the map, and you will see that they are all crowded in the West-end district of the town.

1160. Congested there?—Congested there. I have drawn a line parallel to the Elephant and Castle running to the river, and below that you will find that for three or four miles there is no general hospital whatever. And in the same way in the East of London to the east of the London Hospital in Whitechapel-road, there is no voluntary hospital accommodation, and yet at the same time you will see that the hospitals are so thick in the western part of the metropolis, that one can hardly put the stars close enough.

1161. Dr. Steele told us that he did not regard any orthopœdic hospital as being of use; those cases he thought were as well treated in the general hospitals; but you hardly agree with him, because you would only suppress one of the three?—Yes, and perhaps not that one, if I knew it to be well managed.

1162. You attach obviously great importance to an impartial and uniform audit of hospital accounts?—Yes.

1163. And that would apply to all hospitals?—Yes.

1164. What you would wish is to have a general and impartial audit on a uniform system at all hospitals?—Yes, special and general.

Lord *Zouche of Haryngworth.*

1165. But if many of these special hospitals were done away with, would not it render necessary a very large increase of accommodation in the general hospitals?—No, I do not think it would, because, at the present time, there are a large number of these special hospitals that have vacant beds; and another thing is that a number of special hospitals are filled by persons who can afford to pay for their own accommodation, and who

Lord *Zouche of Haryngworth* --continued.

who could be treated equally well at the general hospitals, while living at home probably.

1166. You do not think any difficulty would arise in that respect?— I do not think the slightest difficulty.

Chairman.

1167. You would like to see some uniform system among all the hospitals of keeping accounts, whereas now every hospital keeps accounts in a different way?—Yes.

1168. The Sunday Fund give orders for their accounts to be made up in a certain way?—Yes.

1169. And one which differs entirely, does it not, from the way in which the Saturday Hospital Fund have their accounts made up?—I believe it does, but I cannot say with certainty.

1170. Now, as regards the variation in the cost of stimulants in hospitals, have you anything to say?—Might I say, with regard to the general cost, first, that it varies most remarkably in the different institutions. I have here a list of the returns furnished by the Metropolitan Hospital Sunday Fund, and they are calculated out by an expert in these matters. I do not know whether I am bound to mention his name or not, but I think they can be depended upon; and they come out in this way: Charing Cross Hospital costs at the rate of 106 *l.* per occupied bed per year; Guy's Hospital costs 81 *l.* per bed per year; the French Hospital costs 88 *l.*; the German Hospital, 89 *l.*; the Great Northern Hospital, 96 *l.*; King's College Hospital, 94 *l.*; the London Hospital, 80 *l.*; the Metropolitan Free Hospital, 181 *l.*; the North West London Hospital, 60 *l.*; the Poplar Hospital, 88 *l.*; the Royal Free Hospital, 81 *l.*; the St. George's Hospital, 89 *l.*; St. Mary's Hospital, 94 *l.*; the Middlesex Hospital, 102 *l.*; University College Hospital, 107 *l.*; and Westminster Hospital, 71 *l.*

Earl of *Kimberley.*

1171. You have not mentioned St. Bartholomew's and St. Thomas's?—St. Bartholomew's and St. Thomas's do not apply to the Metropolitan Hospital Sunday Fund, and they do not issue their reports to the public; they send them to the Charity Commissioners.

Chairman.

1172. Are these figures taken from the Hospital Sunday Fund of last year's return?—No; they are calculated from the Metropolitan Hospital Sunday Fund accounts of 1885.

1173. We are furnished with a later list than that in the memorandum before us?—Yes, but they are not calculated out in the returns. This is on the returns made to the Metropolitan Hospital Fund; I do not know whether those in the returns before you were.

1174. Do you throw doubt upon the accuracy of this return at the close of the petition of the Charity Organisation Society?—No, I do not. I only meant that I did not know whether it was calculated on the same figures.

1175. Will you go on, and tell us what you are leading up to?—My view in bringing these figures before you is to show how much more the occupied beds cost in one instance than in another,

Chairman—continued.

and then to compare them. It would do equally well to take those figures that have been furnished to you, only that these have been furnished to the Metropolitan Sunday Fund, and I thought that was more official.

Earl *Cadogan.*

1176. As I understand, the difference between the two returns is this: the return which you have read out is a return furnished by the hospitals themselves, to the Hospital Sunday Fund, with a view to get the best, the greatest assistance they can for themselves; whereas this return in the memorandum before us is a return I think furnished by the Charity Organisation Society?—Yes, from an independent source. Not only that, but these calculations which I gave you just now are made I may say by Dr. Steele, who is a great authority, and were given by him to me. The calculations from the returns were made by him, and therefore they may be depended on.

Chairman.

1177. Made on what?—From the reports of the hospitals to the Metropolitan Hospital Sunday Fund. I have the figures of the Metropolian Hospital Sunday Fund, and, according to those figures, Dr. Steele has calculated the expense per occupied bed.

1178. But did I not understand you to say that it is almost beyond human intelligence to make out from the reports of any hospitals what they spend or receive?—Yes; but if anyone has a superhuman intelligence in that line, it is Dr. Steele; and I accept his figures and quote them. I was going to say, in the first place, that these figures must be compared with one another. If 80 *l.* per occupied bed is sufficient in one large general hospital, there does not seem any reason why it should cost 100 *l.* per occupied bed in another institution, of the same class, because it means an immense increase in expense.

Earl *Cadogan.*

1179. With the same number of beds?—With a similar number of beds.

1180. But the greater the number of beds, the less, I suppose, the expense per bed?—Sometimes, but not always. You will observe that the Metropolitan Free Hospital is put down, with 20 beds, as costing 181 *l.* per bed. That will be, undoubtedly, an instance of what you say. That is partly the reason why I say that small hospitals are wasteful. Then, I think, also these figures ought to be compared with the expense in the poor-law infirmaries, in which the patients are now treated quite as well as they are in the majority of these general hospitals. Now, in the returns of the poor law to the Local Government Board, you will find that the expense never exceeds 50 *l.* a bed, and the average expense is about 35 *l.* per bed per annum. If you ask anyone connected with one of these large hospitals what is the reason of the difference between 35 *l.*, and 80 *l.* or 90 *l.*, he will tell you that it is the medical schools attached that cause the great difference, and he will also perhaps allow something for the out-

patient

Earl *Cadogan*—continued.

patient departments Well, I think, putting those two together, both the medical schools and the out-patient departments, it is a great deal too much to pay for them, this immensely larger cost per occupied bed in the voluntary hospitals as compared with that which they cost in the poor-law infirmaries. There is, I may say, just in my neighbourhood one of the large poor-law infirmaries, capable of accommodating about 700 persons; it is fully equal in every respect to Guy's Hospital; as far as the building is concerned it is much superior (because it has been much more recently built) in every sanitary matter; and it is as perfect as a hospital can be made in the present day. It is provided with the best of food and drugs, and everything of that kind; and it is perfectly equal to any hospital I have ever been in. The cost there will certainly not exceed 50 *l.* per occupied bed; so it seems to me that it wants explanation why it should have cost 30 *l.* or 90 *l.* at Guy's or St. Thomas's.

1181. Do you consider that the patients are as well nursed, as fully nursed, in the poor-law infirmaries as they are in a general hospital?—Well, I speak of the one that I know about; they are nursed only by trained nurses in that hospital, and the only disadvantage is, that they get such a number of chronic and incurable cases that it throws harder work upon the nurses; there are not as many trained nurses as there would be, for instance, in Guy's, but the quality of the nurses is quite equal.

1182. Do you think that the average would be about this in a poor-law infirmary; for instance, in the one that you are acquainted with; that there would be a nurse to every two-and-a-half patients?—No, nothing like that.

1183. Or a nurse to every three-and-a-half patients?—No; I was told the other day of a nurse having something like 20 patients; two nurses to a ward of 40 patients.

1184. But I mean, comparing the number of nurses altogether with the number of patients?—I think that is about the ordinary amount; the wards will hold about 40, and I believe that there are two, at the utmost three, nurses to one of those wards. Of course there is not anything like the same amount of surgical work to be done there as there is in Guy's Hospital; and that necessitates at Guy's a great number of operation cases, where they must have a nurse to each case.

1185. Would it not be the case that the larger the number of nurses you have to the same number of patients, the larger would be the expense per occupied bed?—Yes, that would be one item in the expenses.

1186. Do you know in the return you have there what items of expenditure are included?—Yes; it gives at the bottom as a note to the heading, "Percentage of cost of management to that of maintenance," "Management includes printing, advertising, stationery, postages, secretary's and clerk's salaries, collector's poundage, law, and other incidental charges connected with management;" "maintenance includes provisions, drugs, household, rent, wages, and other charges for maintaining patients."

Earl *Cadogan*—continued.

1187. Are rates included there?—Rates are not mentioned there; they ought to be.

1188. That is an annual return?—Yes.

1189. But that is for 1885?—Yes.

Chairman.

1190. Will you go on with your statement; you were leading up to the subject of stimulants, I think?—With regard to the stimulants, the only thing that I have to say with regard to that is, that they vary a great deal in their cost in different hospitals, and one of the results of the hospitals not keeping their accounts on any uniform system is, that there is great difficulty in ascertaining exactly what the cost of stimulants is; and also there is a difficulty in ascertaining how much of the stimulants is for the patients, and how much for the resident staff. My reason for referring to that at all is, that a few years ago Mr. Sturge, who was well known as a benefactor of hospitals, and as taking a great interest both in the hospitals and in the teetotal question, applied to some of the hospitals to know how much of the cost of the stimulants was spent upon the patients, and how much was consumed by the staff, and he could not get a satisfactory answer; and I thought at the time that it was very unsatisfactory indeed that the accounts should be kept in such a way as would not enable them to distinguish, as is done in provincial hospitals, between the amount both of provisions and stimulants used by the resident staff and that used by the patients.

1191. In fact, that emphasises what you said before, that there ought to be some system of accounts for all the hospitals which anybody can understand, all the subscribers?—Yes.

Earl of *Winchelsea and Nottingham.*

1192. As to the two nurses to a ward of 40 patients, does that mean one by day and one by night?—No, two by day, and one at night.

1193. There would not be one nurse alone in charge of the 40?—No, except at night.

1194. With reference to this audit and control, do you suggest that an effective audit and control, ought to reduce, and probably would reduce, the cost per bed to something like what it is in the poor-law hospitals?—I certainly think it worth trying, reducing it within some measurable distance of that. Of course you must allow something where there are medical schools.

1195. But that probably would be kept under a separate heading?—It ought to be.

1196. You would be prepared to allow a separate and reasonable cost for that?—Yes.

1197. *Qua* beds themselves, there is no reason why a hospital should not be conducted as economically as a poor-law infirmary, is there?—Not the least.

1198. That is the constructive suggestion that you offer?—Yes.

1199. An effective public control and audit, it would be followed, you think, by that and other salutary results?—Decidedly, that is my opinion.

Lord *Lamington.*

1200. Do any of these hospitals pay rent, or do they generally acquire the land which they occupy as freehold?—I think they acquire the land freehold, or in some instances it has been given.

Lord *Lamington*—continued.

1201. Rents do not appear to come into their general expenses of the year?—No, except in the small special hospitals; of course they, as a rule, have to pay rent.

Lord *Monkswell.*

1202. You said just now that you thought, as regards the cost per bed, the infirmaries ought to cost as much as the hospitals; but is it not the case that the class of patients in the infirmaries being somewhat different from the class of patients in hospitals, there are fewer doctors required in the infirmaries in proportion to the number of patients?—There are fewer doctors; but I do not think that diminishes the expense, because the largest number of the staff at the large hospitals are paid nothing; a great many of them, at all events, are paid nothing; and another thing is, that where they are paid anything they are paid by the fees of students, where they have schools, but not paid from the funds of the hospital.

1203. Does not that come into the hospital expenses, that item of the fees paid by students?—No; that is paid over to the medical officer.

1204. And in calculating the cost per bed you do not take into account the fees that are distributed in that way?—No; that has nothing to do with it.

1205. I should say it was rather difficult to establish any common measure between the cost of hospitals and infirmaries if you do not take all the receipts and all the expenses into consideration?—I cannot see, myself, what the fees paid by students to medical men have to do with it. The cost of the patient is the same; only that in the one case it has to come out of the fund of the Poor Law, and in the other case out of the fund of the voluntary hospital.

1206. Then do not the hospitals enjoy a benefit, inasmuch as they get the best advice, as far as the public is concerned, at all events, for nothing?—Yes; or, in cases where they do pay the medical men, they pay them at the rate of 100 *l.* a year; whereas a resident medical man in one of the large infirmaries would be paid 400 *l.* or 500 *l.* a year.

1207. Consequently, then, the hospitals enjoy an advantage over the infirmaries?—They enjoy an advantage in that respect. On the other hand, of course, in the hospitals the medical schools attached recompense the medical officers.

1208. And then, what about the servants and so on; do not infirmaries get an advantage in the way of getting workhouse pauper labour without paying for it?—Not with regard to the nursing; that is in all the best infirmaries done without pauper labour.

1209. But they scrub the wards and so on, I suppose, by pauper labour?—No; they employ scrubbers to scrub the wards, and pay them.

1210. Do they never employ any paupers?—They do not employ any paupers.

Chairman.

1211. But do they not employ paupers and pay them?—No, I do not think they employ paupers at all. I speak of the one I know; they may in some.

Earl *Cathcart.*

1212. In regard to these calculations as to the cost per occupied bed, if the data are not uniform the results can only be misleading, obviously?—Certainly; and that is one of the first necessities, to get some basis that you can work upon.

1213. And you say that in your own mind there is no certainty that the data we have in the return before us are exactly uniform?—Not the least.

Earl of *Erne.*

1214. You alluded to one infirmary; did I understand you to say that there were 700 beds in it?—About that.

1215. Is that about the average number of beds in an infirmary?—In the large ones there are between 600 and 700.

Earl of *Winchelsea and Nottingham.*

1216. As to these misleading data, can you tell us whether in some instances such items as rent and interest on money are included in these accounts, and sometimes not?—I cannot; but I should not be at all surprised if it were so.

Chairman.

1217. Is that all you wish to say?—No, I have a great deal more to say yet. I have been dealing with the cost of in-patients; the next point is with regard to the cost of out-patients. I applied some few years back to the treasurer of St. Thomas's, to know if he could give me an estimate of the cost of out-patients, because it is a matter on which you hear all sorts and varieties of opinions; and this is the answer I had in reply: "It is rather difficult to arrive at the correct cost of out-patients, but I have made a rough estimate that each regular out-patient costs 2*s.* 3*d.*, and the casuals who are only seen once, and sometimes merely require the simplest treatment, 2*d.* each; these figures include the cost of drugs, salaries, wages, coals, water, and gas. I have heard at other hospitals that the cost has been variously estimated at from 1*s.* to 5*s.* each." If you look in the list published, you will find that there are even greater amounts than that; at some hospitals they are said to cost a good deal more than that; 10*s.* and even more each. But I wanted also, as an illustration of the manner in which accounts at the hospitals are kept, to quote the instructions given: "To find the cost of out-patients, reduce the total number of out-patients to *genuine continuous patients* by deducting from the total number of out-patients all minor casualties and dental cases; divide the number deducted by 28 (as the latter are looked upon as one-attendance cases, and this division makes them into continuous cases). Add the result to the number remaining after minor casualties and dental cases have been deducted from the first grand total. This will, therefore, give *the number of genuine continuous* out-patients. Next deduct from the total cost of drugs the cost of surgical appliances, and items ordered only for in-patients, such as ice, scientific appliances, surgical instruments, and mechanical aids (leave 10 per cent. of the last as out-patient expense). The balance of expenditure n drugs, &c. is to be divided equally amongst the number

Chairman—continued.

number of in and out-patients. To do this, find the daily cost of these medical and surgical items as follows: (*a*) Multiply the number of in-patients by the number of days' residence (this number is found by multiplying the number of occupied beds by 365 days, and dividing by number of in-patients). (*b*) Multiply the corrected number of out-patients by 28, their average days of attendance. (*c*) Add these two results together, and you get the total number of days for which medicine and surgical appliances have been supplied, of a kind common to both in and out-patients. Now divide the total cost of dispensary and surgery expenditure common to both in and out-patients by the total number of days, and this gives the cost per patient per day for medical and surgical items. Use this result to find the part due to out-patients, multiplying this daily cost of patients by the days of out-patient attendances. To this add dispensary expenditure (partly real, partly estimated, which would not be wanted were there no out-patients). To this add: (*a*) cost of drugs and honorarium to out-patient medical staff; (*b*) salaries of dispenser or dispensers, as paid for out-patient work; (*c*) a third cost of clerks; (*d*) a fourth cost of porters employed in issuing and re-sorting tickets and keeping order in the waiting rooms; (*e*) surgical and medical waiting, hall porters, and occasional cleaners; (*f*) estimated minimum cost of coals, water, steam, gas, whitewashing, repairs, and printing; (*g*) cost of nurses for out-patients' bath-room and female patients. These give the total cost of the out-patient department; and dividing this by the corrected total of genuine out-patients, you get finally the real approximate cost of each genuine out-patient. Multiply this by the number of genuine out-patients, and deduct the result from the total current expenditure before dealing with the in-patients." I think anyone who does that sum would deserve a premium; I should be very sorry to do it.

1218. That was a proposal made by what hospital?—Those were instructions given by the London Hospital for ascertaining the cost of out-patients. I should just like, if I may, to draw attention to the various efforts that have been made by medical men at different times to get a reform of these abuses. I think it might naturally be said, If the abuses are so great as you represent, what have medical men done in the matter? Well, in the first place, about 20 years ago there was a great meeting of the profession in 1870–71 known under the title of "Sir William Fergusson's Committee." I hand in a report issued by that committee which contains a great deal of valuable information upon the question of out-patients (*handing it in*). The facts ascertained by that committee are most valuable and they have never been disputed; and they deal with all the branches of the question, both as regards the work of the general hospitals themselves, the special hospitals, the free dispensaries, and the poor-law dispensaries. They recommended at that time that a great change should be made with regard to the poor-law dispensaries, that the whole system should be reformed; and I may say that that has since been done. They considered that that was

Chairman—continued.

necessary before the out-patients department could be reformed; and, as I say, that has now been done, and therefore that difficulty is taken out of the way. Then, about the same time as that committee was sitting, a case occurred which impressed me very strongly with the difficulty which men who are actually working these departments have in doing anything in the way of reform. A young medical man who had qualified at Oxford and had taken a good position there (he was a fellow of his college and also coroner for a time) came up to London to St. Bartholomew's wishing to get further experience, and also to be connected with the hospital, and he took the position of house physician there. He no sooner got into his work than he found that he was simply overwhelmed with this mass of out-patients, and he came to the determination not to see more than 50 new cases in a morning. I may remind you that 15 is what is the limit at St. George's. However, upon his refusing to see more than this 50 he was instantly dismissed by the authorities of St. Bartholomew's Hospital. He went out in the public service; and some years after, writing to him about the matter, asking him to take part in some agitation that was going on, I had a letter from him (he has since died, I may say) in which he says: "My opinion of the state of things at St. Bartholomew's has not at all changed, but I am unwilling to enter on a controversy which would probably take up much time and demand a good deal of attention. It was clear on the last occasion that the public took little interest in the matter, and that there was little chance of uprooting so well-established an abuse." "Nevertheless I shall be glad to see anybody else succeed where I failed." After that one of the physicians to the Metropolitan Free Hospital was moved by the iniquities of the system, as he saw them, to represent the matter in the public press, and he wrote a number of articles, and he was called upon by the committee of the hospital to resign, which he refused to do, and on the next occasion on coming to the hospital he found the door shut in his face.

Earl *Spencer*.

1219. I do not ask you to mention his name, but is it a gentleman who is now at Paris?—Yes; I may mention his name, it is perfectly well known, Dr. Chapman. Then in 1873–74 a number of medical men formed an association called "The Hospital Out-patient Reform Association," to try to get the most flagrant abuses reformed, and we sent a circular to all the principal hospitals in London asking them to adopt three reforms. The first was, that the patients should not be seen by any but a properly qualified medical man, and that no unqualified student should be allowed to treat patients. The second was, that they should stop the unlimited supply of medicines; that medicines, as a rule, should not be given; that is carrying out the idea of a consultative department, that it should be for consultation; and the third was, that they should appoint an officer to see that the place was not abused by persons coming who were able to pay. We could not get anything done; in the most cases our circular was simply acknowledged, and nothing was done by

Earl *Spencer*—continued.

any hospital, as far as I know. Then, in 1877–8–9, we had a committee of the British Medical Association that went fully into the whole matter, and particularly examined into the case as regards endowed hospitals, and we found that originally the endowed hospitals, that is to say, St. Bartholomew's and St. Thomas's, were under the control of the aldermen of the City, and we therefore made out a petition to the aldermen, pointing out to them the defects which we thought were existing in the hospitals; particularly that the patients were not being seen by duly qualified medical men, and that the hospitals were not being kept for the poor and needy, as the aldermen and the City had originally agreed, when the charities were given into their care by Henry VIII. and Edward VI. We found that in order to present this petition (a copy of which I have here in print) it was necessary to get the signature of an alderman, and we could not get any alderman who would give his signature, and we were therefore prevented from ever presenting our petition to the body of the Court of Aldermen.

1220. What is the object of this, to prove that some inquiry is necessary?—I am showing the efforts that medical men have made without avail, showing that some more power is necessary than that which we have; that medical men themselves, though they are most intimately acquainted with the defects, are impotent to reform them, and therefore that there must be some other power brought into play if anything is to be done.

Earl *Spencer*—continued.

Earl *Cadogan.*

1221. May I ask whether you think that these efforts were supported generally by the opinion of the members of the profession, or were all these efforts made by individual members of the profession?—The last effort to which I have alluded was made by a committee of the profession, appointed by the British Medical Association, the largest medical body in existence.

Chairman.

1222. It represents about 13,000 or 14,000 people, does it not?—It does.

1223. Are you of opinion that the great majority of the medical profession recognise that there is something extremely faulty in the hospital system?—Yes, I think so.

1224. And that they view with approbation the appointment of a Committee to inquire into it?—Yes; all of them, except those who themselves are connected with some of the most faulty hospitals.

1225. With the exception, you mean, of some directly interested in special hospitals?—Yes.

Earl *Cathcart.*

1226. I understand your opinion to be that a permanent central authority is wanted for the metropolis?—Undoubtedly, that is my opinion.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 15° *Maii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Lauderdale.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Sandhurst.
Lord Fermanagh (*Earl of Erne*).
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

Chairman.] My Lords, I have received a letter from Mr. Nelson Hardy, who gave evidence on the last occasion, giving the dates of the Medical Journals in which certain cases to which he referred in his evidence were published. He was not able to state the dates at the time, but he has now furnished them as follows: "The British Medical Journal" of November 9th, 1878; December 7th, 1878; June 13th, 1874; July 25th, 1874, and September 5th, 1874; and "The Lancet" of July 11th, 1874.

Mr. WILLIAM BOUSFIELD, is called in; and, having been sworn, is Examined, as follows:

Chairman.

1227. Are you a supporter of the petition that was presented by the Charity Organisation Society?—Yes, I signed that petition.

1228. You have been, I believe, Chairman of the Committee of Management, King's College General Hospital?—I have been a member of the committee for 15 years, since 1874.

1229. Not chairman of it?—I have never been chairman of it.

1230. But you have been a member of the committee, and you have, I presume, attended the sittings of that committee?—I have always taken an active interest in the work of the hospital, and up to six years ago I used to attend very frequently, and was constantly in the wards, and was thoroughly acquainted with everything that took place. Since that I have not attended quite so much, but I am still acquainted with nearly all the work of the hospital.

1231. You have also been chairman of a general lying-in hospital from 1879 to 1881?—From 1878 until early in 1881.

1232. And, in addition to that you were chairman of the committee of the Poor Law infirmary of Kensington?—Yes, from 1880 to 1882.

1233. And you also are connected with the Metropolitan Provident Medical Association?—I was with Sir Charles Trevelyan and some others concerned in the formation of that institution; and since 1882 I have been chairman of it, and still remain so.

Chairman—continued

1234. And the result of that Association was that certain provident medical dispensaries were established in different parts of London?—Yes, that is so; there are 15 dispensaries and medical clubs in various parts of London which have been established by that Association.

1235. I think we will take the question of the charity first, and we need not go into every minute matter of detail in regard to King's College, because in course of time we shall have the advantage of seeing the different administrators from that hospital, and shall get those details from them; but King's College Hospital is a general hospital, with a school, is it not?—It is attached to King's College.

1236. Is that a college principally for the education it provides to medical students, or is it more for the advantage of the public?—It is a general college for the promotion of education, but it has a very important medical school attached to it, and the hospital is used as a field of experience for the students and for teaching connected with that school.

1237. I should like to know about what number of beds it has?—The number of beds at present is approximately 190, but I think that there are only about 170 now in use, as one ward is closed for want of funds.

1238. We have been told by various witnesses that there is a great want of organisation generally amongst hospitals, and in particular in

Chairman—continued.

regard to the out-patient departments?—That is my strong opinion.

1239. And that there are a great number of cases that come to the out-patient departments which might be put back, for instance, because of the trivial nature of the ailment, and also that there are many cases which would be equally well treated by the Poor Law?—I have no doubt that that is so, and also that a considerable number of the patients could afford by means of insurance or providence to provide for their own medical attendance. Perhaps I ought to mention that in King's College Hospital, for instance, amongst the out-patients are counted a very considerable number of casual applicants.

1240. Would you on that point please define the difference between a casual and an ordinary out-patient?—The out-patient department at King's College Hospital (and I may say it is the same at the London Hospital and other hospitals at which I have made inquiries), is more or less an organised department. There are certain rules for the attendance of the patients who come at certain hours; and at the King's College Hospital and at the London Hospital some inquiries are made with regard to them. The numbers certainly at King's College Hospital, and I believe at other hospitals, of out-patients are not materially increasing; but there is another order of out-patient, the department for which is entirely unorganised and which is rapidly increasing at most of the Metropolitan hospitals, that is the casual out-patient. The origin of the department was, that accidents and sudden cases of emergency might be treated without going through the necessary delay of the out-patient department; and in consequence of that a large number of patients have been seen not in the out-patient department at all, but what is generally the front surgery of the hospital. I may say that at King's College the number of out-patients at the present time that pass through the out-patient department with all its inquiries and formalities, amounts to 8,447 in the course of the year; but the casualties amount to 10,439. The number of out-patients has been slightly diminishing, not for the last two years, because there has been a slight increase, but previous to that time; but the number has been fully kept up by the number of casualties. The fact is that the poor have found that by going to the front surgery, to the casualty department, they have had immediate treatment at any time of the day without any inquiry, and the consequence is, the numbers of that department have very much increased and are very much increasing.

1241. That means to say, I suppose, that a great many patients who would have been out-patients some years ago are really now practically casuals?—That is so.

1242. You say that there is not so much delay in the front surgery as there is in the out-patient department; is that because of inquiries being made in the out-patient department?—No; it is because the hours are unlimited at which the casual patients can come. There are no formalities certainly, and the cases are, as a rule, seen by young medical officers, house surgeons and house physicians, who are engaged in the hospital; they are not seen by the surgeons and physicians of eminence who attend the out-patient department.

Chairman—continued.

1243. But with regard to the officers who see these casualty people, are those students in many cases?—I have no doubt that in many cases they are seen by students.

1244. Students, then, do practise in that department?—But the casual department is scarcely at all made a field for medical study in the same way as the out-patient department is.

1245. Would you tell us how you proceed to make inquiries about the means of out-patients?—At King's College Hospital there was no kind of inquiry made up to, I think, the year 1876. I was then a member of the sub-committee which considered the whole question of out-patients, and we recommended that a skilled officer should be appointed to sit in the out-patient department, and to take down the names of the applicants, their addresses, whether they had been previously under medical advice, the trade of the bread-winner, the father of the family, and his earnings, and any other particulars which were necessary. There was also a proviso that in any case in which the inquiry officer had any doubt he might send particulars of the case, on a form which was agreed upon, to the Charity Organisation Society, who should make inquiry through its committees. Well, as a matter of fact, a very few cases were sent to the Charity Organisation Society, but the mere knowledge amongst the poor that some inquiry was made into means had the effect of enormously reducing the number of out-patients. In the year 1871, at King's College Hospital, there were 33,111 out-patients; in 1872 there were 31,818; in 1873 there were 33,886; in 1874 there were 31,297; in 1875 there were 28,232; in 1876 there were 21,346; in 1877 there were 20,337; in 1878 there were 18,143; in 1879 there were 17,058; and in 1880 the numbers sank to 14,069. The numbers have gradually increased again, until last year they amounted to 18,916, including the casualty patients.

1246. When did your casualty department commence?—I think the casual department was always existing; but its present size is comparatively recent.

1247. Then, do you think that this very large decrease in the out-patients was because a number of the patients feared inquiry, and therefore became casualty patients instead of out-patients?—No; I do not think that they became casualty patients; I think that they ceased to come to the hospital altogether for a time.

1248. And went to other hospitals, do you suppose?—That I cannot tell; but from experience I may say that where the out-patients of a hospital are reduced, there provident institutions are sure to spring up.

1249. Now, as regards these out-patients, when you are making inquiries do you ever deny a person who comes to the hospital what is called first treatment?—No; that was arranged; but I believe cases have happened in which the patient was so clearly unfit to be treated that they have told him that he was not a fit case, and he has gone

Chairman—continued.

gone away; but that has been rather his own action, on its being pointed out to him that he was not a fit patient.

1250. Do not you consider that it is extremely difficult to discriminate between those people who can pay, and those who cannot pay, unless the most careful inquiries are made?—Yes.

1251. I mean to say the dress of the patient gives you no idea whatever of the means of the patient?—Undoubtedly that is so; but I think the patients have a very clear idea in their own minds whether they are fit patients; certainly the working classes, if one talks to numbers of them, would quite admit that those who have a certain amount of wages and who are fairly well off have no business to go to the out-patient department for ordinary complaints. I am not speaking at all of the in-patient department, because I think that rests on a different basis from the out-patient department.

1252. You mentioned that a skilled officer first saw all these people in the out-patient department, and made notes in writing; was he merely a clerk, or was he a medical officer?—He had been an officer of one of the Charity Organisation Society's committees previous to his appointment, and though he was appointed in 1875, the same officer is still employed.

1253. Still employed at King's?—At King's.

1254. In regard to these inquiries by the Charity Organisation Society, did you find that they were very slow in obtaining any information about the cases?—There were so few cases, that I could scarcely express an opinion; but undoubtedly the inquiry took some days, I think, fully a week.

1255. Now as to the rapidity with which cases are treated at King's, could you tell us at all what sort of time would be devoted to each patient?—We made inquiries on that point some years ago, and it transpired that some of the patients were seen extremely rapidly. I think that three in certain cases were seen in a minute; but on the other hand, a very considerable time was given to certain other cases which were considered "interesting," and valuable for the medical school.

1256. But some of these cases that come to an out-patient department (and in that include the casuals too), are cases that are really extremely trivial?—Extremely trivial. It was reported to us that many of them practically required no medicine at all, and there was a kind of stock-bottle, composed of materials which was supposed to be medicine, which was given to them as they were not satisfied if they went away without medicine of some kind or other.

1257. That is at King's?—Yes; I am speaking now of an inquiry made at least 10 years ago; I cannot tell you whether it is the same now.

1258. Do the same officers practice in the out-patient department and in the casualty department?—The officers who practise in the out-patient department are generally either professors of the medical school of King's College, or gentlemen of eminence, for instance, Professor Ferrier is one of the out-patient physicians; but the officers who practise in the casualty department are quite the young officers, gentlemen who have only just ceased to be students, in fact have only just received their medical qualification.

Chairman—continued.

1259. But in regard to these people, who have such trivial complaints, does it not amount to this: that they have got nothing particular to do, so they think they may as well go to the out-patient department, and have a chat with their neighbours, with the possibility of a drink from this stock bottle?—There is no doubt that such cases do occur. I have always considered that those ordinary cases, the ordinary cases of common illness which occur in every working man's family, ought not to be treated at the out-patient departments of hospitals; that it was unjust to the general medical practitioners, who were practising amongst the poor, and that it was a serious discouragement to the thrift of the working classes if these kinds of ailments were treated at the out-patient departments of the hospitals. The Metropolitan Provident Medical Association have always urged that the provident dispensary should act as the family doctor of the working class family, and that only those cases should be sent to the hospitals for treatment that really required either consultative advice or some kind of treatment which could not be given by an ordinary medical practitioner or a provident dispensary within the reach of the poor. The number of such cases of common ailments coming to the hospitals is exceedingly large, and though a certain number of them may be valuable for the teaching of students, they come in numbers far too great to be of value to the medical schools; and it has been held by a number of medical men (I may mention Sir William Gull, Sir Spencer Wells, Sir William Fergusson, Mr. Timothy Holmes, and others who have been working with us) that they ought to be sifted by some machinery before they come to the out-patient department of the hospital, so that those cases only should come which need the skilled and special advice given by the hospitals, and which are likely to be useful to the medical schools. But I have found that the hospital physicians are very much frightened of any change. They are so anxious that important cases should not be dropped that they are willing, in many cases, to put up with the present disorganisation rather than trust to anybody else to provide them with the proper cases for the medical schools. I may mention that, in talking over the matter with hospital surgeons and physicians, when I have been urging that some change should be made in the hospital practice in the matter, they have frequently said that they could not trust other members of their profession to send on from provident dispensaries, or from any other organisations, fit cases. They seemed to think that a valuable case, or a case of special interest, was likely to be so valuable to the medical officer who saw it first that he would be unwilling to send it on to the hospital for advice, and to be made use of in the medical school.

1260. In regard to these cases, has it been your experience, while you have been on the board of your hospital, that beds were kept empty by surgeons to have them ready for interesting cases?—I think there are generally a few

Chairman—continued.

few beds kept vacant for cases of special emergency; that is necessary, of course, because the metropolitan hospitals have to take in casualties from the street and other cases; but I have no doubt that they have also been made use of for receiving cases of special interest sent from the country and from persons in communication with the physicians and surgeons who have beds in the hospital.

1261. Your answer points more to the fact that beds are kept vacant for emergencies; for instance, supposing the hospital nearest to it is burnt; but I meant more particularly in regard to the interesting cases whether your experience is that surgeons keep their beds vacant in the hope or possibility of putting patients into those beds having ailments which are more interesting than many cases which ought to come on the charity?—I can scarcely express an opinion upon that, but I would say to a certain extent where the hospital is meant for the purposes of a medical school the beds might be properly kept vacant. I may say that King's College Hospital was formed by a joint committee of those who were anxious that the medical school should be an important one, and charitable persons; in fact King's College Hospital was formed very largely for the purposes of a medical school, and therefore I should say it would be quite proper to keep beds vacant if any special cases of interest were likely to be put there.

1262. Is King's College Hospital close to any other general hospital?—It is not very far from Charing Cross Hospital; it lies at the back of the Law Courts.

1263. Is it your opinion that there ought to be an inquiry into each out-patient case, and that the out-patient department ought to be used more for consultative purposes than for anything else?—Yes.

1264. Do you consider that on the whole the general hospitals of London with schools, the great general hospitals, I mean, are economically and well managed?—I think they are. I think it is very desirable that there should be some common system of keeping accounts. The cost of the beds in the various hospitals appears to be very different. If you look at their reports, for instance, there is very considerable difference in the cost of a bed at University College and King's College Hospitals; but I believe that really arises from certain parts of the expenditure not being charged to the beds at University College Hospital when they are charged to the beds at King's College Hospital.

1265. Therefore in taking a return of the cost of beds from the various hospitals it is almost unreliable?—I think so; I think you must look very carefully into the basis upon which the accounts were prepared.

1266. Have you not an opinion that it would be wise to map out London into territorial areas?—Yes; I hold that very strongly. The general hospitals in London are not working together, nor are they working with the special hospitals, nor with dispensaries in their districts, nor with provident dispensaries. The whole of the hospitals of London are competing against each other for funds, and to a certain extent for

Chairman—continued.

patients; and that I feel sure is a very bad thing for the poor, and also for the hospitals themselves; and I should like to see the dispensaries and the Poor Law infirmaries, and the special hospitals united to a certain extent with the general hospitals.

1267. When you speak of dispensaries, you mean provident dispensaries, as I understand you?—I mean provident dispensaries and free dispensaries also.

1268. Then would you have a general hospital, with a provident dispensary, affiliated to it?—I would have a general hospital, with a number of provident dispensaries affiliated to it. The area of a general hospital would be much larger than the area of a provident dispensary. For instance, the London Hospital may be said to take practically the whole of East London; but you would need a considerable number of provident dispensaries to act as the feeders of the hospital. Then again there are a number of free dispensaries in East London; there is the Leman-street Dispensary in Whitechapel, and there is the Tower Hamlets Dispensary, and there is another dispensary to the north of the Whitechapel-road; these dispensaries are all partly endowed, but also largely dependent upon subscriptions: and they compete very largely with the London Hospital in its work. They have no medical schools; they exercise very little discrimination except that in some cases they require a governor's letter before admitting a patient; they do not give evening attendance, which is so important to the working classes; and I may say that they are anachronisms; they sprang up as a rule in the last century, when hospitals were not developed as they are at the present time, and they require to be brought in to some general scheme for the benefit of the poor, and used also for medical teaching.

1269. These dispensaries that you speak of, you say, are partly endowed and partly kept going by subscriptions?—Yes.

1270. Is that the subscriptions of various donors round the town, or subscriptions of the working people themselves?—They are subscriptions of charitable donors; and I may say that, as a rule, their subscriptions have fallen off very much during the last twenty years, and in their reports you see the most piteous appeals for continued support.

1271. Is that because there is such a large number more of hospitals that have sprung up?—I think it is because, in many cases, the residents have left those districts of London where they exist, and the large firms that have taken their place do not always subscribe; but I think it also arises from a doubt in the minds of many of the subscribers whether they are really doing adequate good. Perhaps I may mention, with regard to that, that we have made a number of efforts to turn those partially endowed dispensaries into provident dispensaries, and lately in three cases we got the consent of the managing committee, or of the sub-committee which had been appointed to consider the subject, to a scheme for opening provident branches with evening attendance at these endowed dispensary buildings which were generally very good, and which

Chairman—continued.

are well known by the poor; but in all these cases at the last moment a prejudice against reform crept in, and at the meeting at which the arrangement was to be finally confirmed, it was thrown over by a small majority of the subscribers or of the members of the committee.

1272. In these dispensaries that you mention, do you include what are termed part-pay dispensaries?—Yes, I should do so.

1273. You would include them in the territorial area of which you spoke just now?—Yes, certainly.

1274. I can understand the territorial scheme to a certain extent; if they were in the district where the London Hospital is, because the London Hospital stands by itself in Whitechapel you say; but if you come a little further west, you find, not far from Tottenham-Court-road, the Middlesex Hospital, University College, a sick asylum very close to it, and there is Charing-cross Hospital, not far from it. St. George's again and King's College; how would you map out that part of London according to your scheme?—Undoubtedly there are grave difficulties, owing to the position of the hospitals; but if any comprehensive scheme were made for London, I think that it might be possible either to remove some of the hospitals, or, at all events, although not quite convenient, territorial areas might be attached to the hospitals in their present position. With regard to the sick asylum, which I presume you mean is a Poor Law sick asylum?

1275. Yes?—I think that should be undoubtedly affiliated to the general hospital nearest to it, or of its own area.

1276. Surely the removal of a hospital or hospitals as you suggested just now would be an undertaking of a most gigantic size, would it not?—It would be a serious matter, but St. Thomas's was removed from the neighbourhood of London Bridge to the embankment on the other side of the river; and the great increase in the value of land in certain parts of London might make it not so very expensive an arrangement. Then again, hospital buildings are very much improving; in almost all the other important hospitals large sums have recently had to be spent in adapting them to modern nursing and modern requirements, and it might be more convenient to build an entirely new hospital than to patch up an old one at very great expense.

1277. But St. Thomas's is hardly a case in point, is it, because it has large endowments of its own to spend?—Yes; but it received a very large sum for the site of its old building which, as far as I recollect, recouped the governors for the purchase of the land on the embankment.

1278. Did it also recoup them for the amount of money spent in foundations?—I cannot say. The cost of St. Thomas's was very large indeed; it was built on a new system altogether, and I do not suppose so expensive a hospital would again be built.

1279. Then assuming that you could bring into play some such scheme as you propose, would you require any central body to direct the management of it?—I think there would undoubtedly have to be some central body which should exercise some control. It is exceedingly difficult where charities are supported by voluntary contributions to insist upon any particular course being taken, because if the course suggested happened to be unpalatable to the subscribers, they might withdraw their subscriptions: but I think myself that if a body like the Charity Commissioners, accustomed to make schemes, accustomed to secure the co-operation of one charity with another, were to put out a scheme, which, to a certain extent, was voluntary upon the part of the hospitals themselves, they would gradually see their way to falling in with it. I think that the public who are taking more and more interest in hospital management would practically insist on a hospital falling in with a scheme evidently devised for the benefit of the public, and that, although there might be objections on the part both of the medical staff and of the hospital committees (who are extremely conservative), to make any change, yet it would be gradually done; and if it were done it would be of enormous advantage to London.

1280. If you had a scheme of that kind you would require some system of registration of these hospitals?—Undoubtedly they ought to be registered.

1281. And that directing body would have the registration?—Yes.

1282. That would check to some extent the rapid growth of special hospitals?—Yes; I think that special hospitals have been formed very much to the detriment of the larger general hospitals; they have been got up by doctors principally anxious, very often, for their own reputation, and they have taken away money from the general hospitals.

1283. That remark does not apply to every hospital that you might call a special hospital, does it?—No, by no means.

1284. Would you include in the remarks which you have just made about special hospitals, for instance, Moorfields, or one or two children's hospitals, and the Cancer and Chest Hospitals?—I certainly should not include the hospitals for the chest, because, as a rule, a general hospital cannot take consumptive patients; they are naturally thrown either upon the workhouse infirmaries, which contain a great number of consumptive patients, or upon special hospitals such as the Brompton Hospital; but I should include the hospitals for cancer, because I think those cases would be treated in the wards of the general hospitals where they were made the subject of medical teaching.

1285. Then do you consider that there should be special hospitals for children?—I think there is more to be said for special hospitals for children.

1286. And then hospitals for women?—I do do not think that there is a necessity for hospitals for women in the cases where they can be properly treated in the wards of a general hospital, Of course the Lying-in Hospital is a different thing; that is necessarily apart from a general hospital; it would not be safe to have confinements taking place in a general hospital, and, in fact, the management of the lying-in hospitals requires every possible care to secure them from septic disorders and puerperal fever.

Chairman—continued.

1287. Are the lying-in hospitals now very much improved?—They are very much improved; I may say that when I became chairman of the General Lying-in Hospital it had been closed in consequence of a series of deaths amongst the women; but with good nursing, with the use of the anti-septic system, and by a reconstruction of the hospital buildings, the puerperal fever has been entirely banished from the hospital, and has not existed since that time, whilst those hospitals are most valuable for the training of midwives and monthly nurses; you cannot train them without some teaching in hospital, and it is only by bringing such cases together that you can give the proper teaching for midwives and monthly nurses.

1288. What number of beds is there in the General Lying-in Hospital?—I think there are about 40 beds.

1289. Now, are they separate wards or are they large wards, with seven or eight beds?—There are wards with six or seven beds in them, but the patient, of course, is removed to a separate ward for confinement.

1290. Are there any male students in this lying in hospital?—No, there are not, and I think there are very considerable dangers in introducing male students into a lying-in hospital. They would necessarily live out of the hospital; they would go about very often as students in other hospitals at the same time, and it would be very difficult to get the necessary care to prevent any septic disorders coming into the hospital.

1291. The danger is to the patient?—The danger is to the patient. At the General Lying-in Hospital last year, 484 women were confined, of whom four died; and that is a larger number of deaths than have taken place for several years.

1292. Have you any female clinical clerks at the General Lying-in Hospital?—No.

1293. Have you any at King's College?—No.

1294. The attendance at the Poor Law infirmaries is very much improved, is it not?—It is very much improved, more especially with regard to the nursing. Miss Louisa Twining and Lady Montague were, some 10 years ago, instrumental in forming an association for the promotion of trained nursing in workhouse infirmaries, and I acted on the committee from the commencement; and they have been most successful in improving the nursing, getting the guardians in the various infirmaries, not only in London but in the country, to have trained nurses. But a very great deal has yet to be done. At the same time there are certain infirmaries in London, the Marylebone Infirmary and the Kensington Infirmary, which are really admirable hospitals, not provided with as large a number of nurses as a general hospital, but still with nurses almost equal to those of a general hospital.

1295. They train their own nurses?—Those two infirmaries train their own nurses.

1296. Do many women lie-in in the Poor Law infirmaries?—A large number.

1297. And how is that conducted as a rule?—As a rule there is a lying-in ward, under a midwife and nurses; but the patients come in with very little inquiry indeed. I, some time ago, read a paper before the Metropolitan Poor Law Guardians' Association upon that point, and Miss Louisa Twining read a paper upon it at the South Eastern Poor Law Conference last year. Almost anyone can come in and be confined there, without any inquiry being made as to their character or antecedents, or whether they are able to pay, or who is the father of the child, or, in fact, any inquiry whatever. The rules of the Local Government Board oblige any case which is stated to be destitute and which is in urgent need of medical relief, to be taken immediately into the infirmary, and this is known widely amongst the poor and amongst the class of domestic servants, and they come in very large numbers into the workhouse infirmaries throughout London.

Chairman—continued.

1298. Domestic servants, you say?—Domestic servants; and it is a very bad thing. Women are frequently confined without their parents in the country knowing anything at all about it; they make arrangements for the child to be taken care of; and the consequence is that the children are sometimes deserted and sometimes die.

1299. And sometimes the children are left at the workhouse at the infirmaries?—Yes. There are committees of ladies in many of the London infirmaries looking after these girls and their children, and they have done a great deal by watching the children, and by keeping up the interest of the mother in the child, and by communicating with the parents of the woman herself to secure that the child is properly looked after, and that the woman is kept from going on to the streets.

1300. Are they allowed to leave the children there by law?—No; the guardians might permit it, but they are not in the habit of doing so. The lying-in-ward of the Kensington Infirmary has recently been rebuilt at very great expense, and it has been divided into two, one side of which is always in disuse, and is being purified and disinfected while the other is used. But my experience goes to show that there is a great deal of moral contamination that takes place within that ward; the women lie in adjoining beds, and I have known cases in which girls have been persuaded by persons whom they met in the lying-in-ward to take to an immoral life subsequently. Of course many of these girls have been seduced, and are really comparatively pure, although they are occupants of that ward. I think that it is most necessary that in the infirmaries, and specially in the lying-in-ward there should be separation for moral as well as for medical causes.

1301. Now is the attendance for these lying-in cases as good in a Poor Law infirmary as it is in a lying-in hospital?—I think that it is very good as a rule. The mortality in the lying-in ward of the workhouse infirmaries was formerly very much smaller than in that of the lying-in hospitals, but it is not now so.

1302. Is the Kensington Infirmary, of which you were chairman, one of the new infirmaries?—It is not one of the newest, but it was built specially for an infirmary after the passing of Mr. Gathorne Hardy's Act.

1303. Now in the hands of whom is the medical control

Chairman—continued.

control of that institution?—It is in the hands of a young medical officer, and of his assistant; and I am very strongly of opinion that although these gentlemen may be (I have great respect for them and I think they are) very capable members of their profession, still it is necessary that it should be put under a wider control. I think that there ought to be a visiting staff of physicians and surgeons for the infirmary as there is at the hospitals.

1304. Would you tell us how many beds there are in that infirmary?—There are 700 beds.

1305. And at present you have only two medical gentlemen to look after them?—We have only two medical gentlemen.

1306. And that you consider insufficient?—I consider that insufficient.

1307. Have you ever considered the using of your infirmary as a medical school?—Yes; when I was chairman of the infirmary we made an arrangement with the West London Hospital that they should send some of their students to study the cases of disease in the infirmary; but that was put an end to as the Local Government Board considered that it was illegal. The original Act forming the Poor Law infirmaries in 1867, provided that medical students might attend, but that was subsequently repealed, and I think it has not been re-enacted.

Lord Archbishop of Canterbury.

1308. I suppose those "interesting" cases which you say lead to the desire to have as many out-patients as possible, are not merely matters of interest for teaching, but I suppose they tend to progress in medicine and treatment?—Undoubtedly. As a rule they are difficult cases as regards the recovery of the patient himself, as well as being interesting to the medical school.

1309. But it is important that the hospitals should collect cases of that kind for the benefit and the progress of medicine?—I think so. I do not think any system would be complete which did not provide for cases of importance of that kind gravitating to the general hospitals.

1310. So that the weeding would have in any case to be very carefully done?—Certainly.

1311. Do the formalities of obtaining admission, letters of admission from governors and so on, serve to weed out certain cases, to distinguish between good and bad cases at all?—I think scarcely at all.

1312. They are merely given in a charitable way?—Yes. At most of the general hospitals the number of cases received with subscribers' letters is extremly small; I should think at King's College Hospital less than 5 per cent; and although governors' letters are very important in the case of hospitals for the chest and others to which there is a very considerable demand for admission, I think that the subscribers' letters might be done away with in the case of general hospitals without affecting the practice at all.

1313. Are these letters of subscribers sent in to bring in domestic servants, their own personal servants, to any great extent?—There are many cases of that.

Lord Archbishop of Canterbury—continued.

1314. Servants who ought not to be sent in?—I think so.

1315. Does the simple registering by a person sitting in the out-patients' room weed them, or do the out-patients know that there is a further inquiry beyond that. Have they any idea that the Charity Organisation Society will investigate it?—I think there may be the fear of further inquiry; but I think that it is the putting to the persons themselves their own position that has the effect. They have to consider, "Am I a fit applicant for this charity?" and, I believe that that affects them in many cases.

1316. And do you think it is a sufficient method of weeding if it reduces the number of out-patients of a general hospital below one-half of what it was before?—No, I do not think so. I think it ought to be rather more thorough than that.

1317. But can you suggest what it should be, if the medical men object, as I understand you to say they do, to have a previous medical examination?—I think it must be an inquiry as to means. You see there are two grounds for admission to a hospital; the first is want of means; the second is medical need, or perhaps medical need would come first. But if arrangements were made for sifting the cases, and providing that the proper medical cases came to the hospital, either from general practitioners or from provident dispensaries, I think that then the great question would be the pecuniary question, whether the person was able to provide such treatment at his own expense.

1318. But is not the first part exceedingly difficult, because these cases are chiefly in the hands of the first dispensary or the first practitioner to whom they go; is there any means of getting the patient on to the hospital?—Yes; my experience is that the doctors who would work the dispensaries have their hands so full that they would not be anxious at all to keep the cases for themselves, and that if you could give them the kind of Imprimatur which would be given by the affiliation of their dispensary to the general hospital they would take a very vivid interest in the hospital, and would be only too glad to send on to it any case which they thought was suitable for hospital practice. I may say that that has been our experience in the provident dispensaries of my association.

1319. So that it comes back again to territorial areas and affiliation?—Yes.

1320. May I ask whether the wards for casualties were not originally intended for severe and pressing cases?—Yes.

1321. So that they have absolutely departed from their original intention if they receive patients that would not be received in the out-patients' department?—Yes. You may have had evidence as to St. Bartholomew's; there the casual department is of enormous magnitude. A few years ago one of the hospital physicians wrote a most interesting pamphlet dealing with the question, and pointing out far more strongly than I have seen pointed out elsewhere the abuses prevailing. The patients waiting in the out-patient and casual departments at St. Bartholo-

Lord Archbishop of Canterbury—continued.

mew's and Guy's are so numerous that they have provided restaurants where the patients may get refreshments while they wait.

Earl *Cadogan.*

1322. With reference to that system of casualties to which you have referred, did I understand you rightly that these cases are only seen by young medical officers and students, and not by the higher medical officers?—As a rule. I have no doubt that any cases of importance which came to the casualty department would be reserved for a further opinion, and they might of course be admitted to the hospital, but the great bulk of these cases would only be seen by the younger medical men.

1323. Did I understand your evidence rightly that there are casuals at King's College?—It is the case at other hospitals as well.

1324. There is a recognised separation as between casuals or casualties and out-patients?—No, I should say there is no classification; the classification is made by the people themselves; it depends upon which door of the hospital they apply at.

1325. But in the ordinary arrangements for hospitals, a casualty ward or room is part of the arrangement of the building?—Yes.

1326. And are there any hospitals in which they have an out-patient department and no casualty department?—I am not sure of that. I believe that the development of the casualty departments is quite a recent innovation, and have increased without the will of the hospital committees. At the London Hospital, they have now a committee considering the whole question, and I believe they are determined to reduce the number in the casualty department.

1327. We have had it in evidence, that one of the chief objections to the out-patient departments is, that cases are seen very frequently by the students, and not by properly qualified medical practitioners; am I to understand that the same objection would apply to the patients in the casualty department?—Yes, undoubtedly. I am unable to express an opinion as to how much of the treatment of these patients is done by students, but that it is done at times, I know.

1328. May I understand that your opinion is adverse to the out-patient department in hospitals generally?—I think that out-patient departments should be organised; that as far as possible they should be mainly for consultative treatment; that is for patients who have had previous advice of some kind, either at provident dispensaries or from general practitioners; and I think that a letter, either from a provident dispensary or from a general practitioner practising amongst the poor, ought to be the passport into the out-patient department. I do not say that there ought not to be other cases; I believe that for the purposes of the medical school a certain number of cases of ordinary common disorders are required; but there is a class between the pauper class that we naturally expect to go to the Poor Law dispensary, and the poor who could belong to a provident dispensary which might be admitted to the out-patient department after investigation into their means, and would supply such cases.

Earl *Cadogan*—continued.

1329. Do the weak points which, in your opinion, apply to out-patient departments, generally apply also to the casual departments?—To a much greater extent, because casualty departments are less organised.

1330. I think you gave us the opinion that if cases were turned away from out-patient or casualty departments, as if out-patient departments were done away with, the result would be an immediate increase of provident dispensaries?—I have not the least doubt of it, because I know that the converse is true; that no provident institution can live in the neighbourhood of the unrestricted competition of the free hospitals.

1331. You do not think that those patients would be driven to Poor Law infirmaries?—To some extent they might. Undoubtedly the applications to the Poor Law dispensaries have been reduced owing to the unlimited giving of charitable assistance by hospitals, and there might, under the circumstances which you have supposed, be some increase in the number applying to the Poor Law dispensaries, but it would be quite from the lower pauper class if there were an increase.

1332. Do you think that the feeling still exists that used formerly to exist, or that it is dying out, of the degradation of those who apply for relief to Poor Law infirmaries?—Undoubtedly it is vanishing very much. I had an opportunity of a conversation yesterday with Dr. Dudfield, who is a well-know doctor and sanitary officer; he is also one of the Poor Law medical officers at Kensington; and he told me that he was in the habit of urging the poor to go into the infirmary, and to state that it really was the parish hospital; he dropped altogether the title of either "pauper" or "Poor Law" and he urged that the patients should go into the infirmary. My own experience is that gradually all objection to entering the infirmary is passing away. And I should like to mention at the same time that in the infirmaries one meets with people who are not really of the ordinary pauper class, but as the hospitals only admit into their wards cases for a very limited period, the Poor Law infirmaries supply the only method of in-patient treatment for long periods for chronic cases; and I have known medical men and in one case a clergyman and many who have come from the better ranks of life, in the workhouse infirmaries; in fact there is no doubt that the general tendency is to make the Poor Law infirmaries state-aided hospitals rather than Poor Law institutions. It has its bad side as well as its good side, but that is undoubtedly the tendency.

1333. In fact we may take it generally that if any such modification were made tending to the abolition of the system of out-patients and casuals in hospitals these cases would find their way to provident dispensaries and Poor Law dispensaries?—I think so.

Earl of *Kimberley.*

1334. Is no inquiry made at the Poor Law infirmaries as to the means of persons applying?—Yes, although those persons are frequently admitted

Earl of *Kimberley*—continued.

admitted before inquiry takes place. Anyone who presents himself at the infirmary doors who is considered to need urgent treatment by the doctor would be admitted; but the gravest difficulty is in getting payment even in cases in which there is every reason to believe that it ought to be made.

1335. You said any person was admitted who was considered by the doctor to be a case that was urgent; you mean, I suppose, by the doctor of the infirmary?—Yes, by the doctor of the infirmary.

1336. The person would be examined by the doctor, and admitted if he thought it was a case of urgency?—Yes.

1337. I suppose that where persons are absolutely able to pay there the expenses are recovered?—Yes, efforts are made to do that.

1338. You mentioned the case of a clergyman; a clergyman might fall into such circumstances as to be a pauper, but if you had a clergyman who had means, would he not be obliged to pay?—Undoubtedly. In the particular case to which I alluded, the clergyman was unfortunately a pauper; he had no other means.

1339. You have mentioned what has been very obvious to every one who has attended to Poor Law administration for a long time, the number of girls who go into Poor Law infirmaries in workhouses to be confined with illegitimate children; do you see any remedy for that evil?—I think that a power on the part of the guardians to detain those girls until inquiry was made about them would be in some cases a check to their going in; but further it would enable the guardians to make arrangements with their friends which should preserve them from going entirely to the bad.

1340. Then do you mean that any person who applied for admission to a hospital to lie-in, being an urgent case, would be subject to having a full inquiry made as to her history and circumstances?—Yes, certainly.

1341. Do not you think that that would be looked upon by the poor as a very great hardship?—I do not. It is what would naturally occur. The guardians are obliged to discover whether an applicant for Poor Law relief, that is relief from the rates, is a destitute person, and also whether any of the relations are liable to support that applicant. Surely that would imply complete investigation into all the facts of the case. Then supposing that the child born is an illegitimate child, the guardians have had power, under the law, of obtaining payment from the father for the expenses of the confinement. Practically they never are able to take the necessary steps because the woman goes out so soon after the confinement that no proceedings can be taken; but the existing law presupposes a full investigation into the circumstances of the case, and I feel certain that the poor would not object to it.

1342. You are quite aware that no such proceedings could be taken without the consent of the woman?—Quite so.

1343. Therefore, if the woman chooses to go out and take the child with her, the guardians would have no opportunity of investigating the

Earl of *Kimberley*—continued.

case and recovering the expenses?—Yes. The Metropolitan guardians asked the Local Government Board to get legislation providing that the guardians themselves, without the consent of the woman, could take proceedings against the father when it was a matter of public notoriety who the father was, where, in fact, the mother had been living with the man as his wife; but at the present time it is much more difficult to get payment in case of an illegitimate child than of a legitimate one, and the position of a man who lives with a woman without marriage is much better than the position of one who is married, as far, I mean, as the payment for such expenses is concerned.

1344. I think I gathered from your evidence that you would be in favour of admitting clinical teaching in Poor Law infirmaries?—Yes, I think that it would tend very much to raise the character of the workhouse infirmaries, and it would be very valuable, because the class of chronic cases, which is very useful indeed for teaching, is practically excluded from the ordinary hospitals where students at present get their teaching.

1345. You are aware, I daresay, that the original permission to introduce clinical teaching was repealed, because it was said that the poor had a great objection to clinical teaching; do you think that is now the case, that they would object?—I do not think so. I believe that a poor patient is only too pleased and proud to show his disorder to anyone; he would consider it rather an honour than otherwise.

1346. I believe there was some feeling that post-mortem examinations would take place of those who died, and that that was thought to cause prejudice; have you ever heard that?—Yes; I think the poor might possibly have some objection to that, but I feel sure that the objection would be got over by their further education. They are very reasonable; if they saw that it was for the advantage of the public that the post-mortem examination should take place, I believe they would agree.

1347. You said that you thought there were not infrequently cases where domestic servants were sent into the hospital who ought not to be so sent in; did you mean because their cases were trivial or because they were cases where they ought to have provided medical assistance for themselves?—They ought to have provided medical assistance for themselves. I think that a certain number of donors to hospitals look upon them something in the light of provident dispensaries, that if they give a good subscription to a hospital they have a right to send all their dependents for hospital treatment. That arises from a total misapprehension, I think, of the nature of charitable contributions to a hospital, but it puts the hospital authorities into very great difficulty; occasionally they are obliged to receive patients (I know that has been the case at St. George's) that they think ought not be received, rather than offend an influential supporter.

1348. The cases might be serious and, therefore, might require special treatment?—Yes.

1349. It might happen that though the pecuniary circumstances of the master, and even of the servant, were sufficient, that could not be

Earl of *Kimberley*—continued.

given in the house for want of proper accommodation?—Undoubtedly.

1350. And that would be the case more with reference to domestic servants than it would be with reference to persons living in their own houses?—Undoubtedly cases of difficulty might occur in that way; but if there were some method of obtaining payment for patients in hospitals, as a matter of right, it would do away with the difficulty in that respect; and that would be one of the advantages of having a regular scheme adopted for the whole of the hospital management, because it would be easy to arrive at some general scale as to payment in such cases.

1351. For example, with reference to domestic servants, there might be many masters who would be willing and anxious to pay for their servants, but the case might be one that could not be treated adequately except in a hospital?—Certainly.

1352. And in that case you see no reason why it should not be admitted?—Not the least, provided that the payment were an adequate one according to the means of the individual.

Chairman.

1353. Is it your experience that people sending their servants to the hospital do or do not, as a rule, make some small payment to the hospital?—I think that they do make payments frequently, but I have been surprised in one or two cases what small payments have been made by people themselves who have been received into hospitals for treatment.

1354. That is to say, payment for a domestic service, for instance, in addition to the annual subscription very likely paid by the master?—Yes.

Earl *Cadogan.*

1355. If the hospitals introduced such a system as that of payment, do you think that the cases of those who are able to pay would eventually crowd out the cases of those who could not pay?—I do not think so; but I think that there would be no difficulty whatever in providing additional accommodation in London if it were necessary. What we want is a reorganisation of the beds which exist at the present time. That alone would do a great deal to mitigate any pressure. But I feel certain that the community would be prepared in one way or other to provide any number of beds that were realiy required by the population.

1356. But without additional accommodation, taking matters as they now stand, is it your opinion that paying cases would crowd out non-paying cases?—I do not think so.

Earl *Cathcart.*

1357. In point of fact, the experiment is now being tried in several of the large hospitals (I merely quote from this Memorandum that we have before us), and the results have not been great?—Yes; in some cases, of course, the payment department is very considerable.

Chairman.

1358. That is rather a different subject; those are beds to which richer people can go, paying sums varying from one guinea to three guineas a week?—Yes.

Earl *Cathcart.*

1359. There are smaller sums mentioned in this Memorandum, three shillings a week, for instance?—At all events, it has not become a sufficiently recognised and definite system in London to be able to say how it would work if it were thoroughly organised.

Earl of *Kimberley.*

1360. The introduction of such a system would require on the part of the hospitals thorough consideration of the accommodation requisite, and the terms upon which the persons were to be admitted, so as not to lay an undue burden upon them?—Yes.

1361. Without such an examination one can hardly see how it would work?—No.

1362. You said you thought it might be possible to introduce your territorial plan even with regard to the existing hospitals, though they are, some of them, very near one to the other?—Yes.

1363. If that plan were introduced, would the patient of that particular district be limited to that hospital; would everyone in that district be compelled to go to that particular hospital?—I think it would be sufficient if it were a general understanding that they should, unless there were other reasons, go to that particular hospital. Of course a great number of cases go to the various hospitals because workers amongst the poor, or medical men, have interest in those hospitals, and it would not do to prevent, say, a doctor in a poor part of London, who was keeping up his connection with his own old hospital, and knew all the leading physicians there, from sending his case to that hospital; but arrangements of that kind would not prevent the great bulk of the patients being treated by their own territorial hospital, and I think it would be a great advantage to them; it would save them money and they would know where to go. At present the patients come from all parts of London to all sorts of hospitals. I have been perfectly surprised to find how patients, living at the doors of one hospital, go to another hospital on the other side of London, and so on. That involves a great deal of waste of time and of expense on the part of those patients; they go because they know very little about it, and perhaps some charitable person or some friend amongst the poor has told them, "Mr. So-and-so is a capital man; if you will only go there he will give you very good advice," and they go there. But any definite system, such as a system of provident dispensaries to which the poor naturally belong, affiliated to the general hospitals, would secure a rapid treatment of disease which is not had at the present time, and which the poor would benefit by very greatly, I am sure.

1364. But I do not quite see at present how you would prevent the same thing happening as happens now, namely, that the people would see the territorial hospital which was at their doors

but

Earl of *Kimberley*—continued.

but go to some other territorial hospital which was not at their doors?—That happens now, because now there is no territorial idea.

1365. How would you get the territorial idea into their minds?—If they belonged to a provident dispensary which was affiliated to a great hospital, they would naturally go on to that great hospital; they would be recommended by the medical officer of the dispensary to go there, and they would go there, and they would get it into their minds that it was the natural place to go to. This matter has been very largely discussed recently by the working men's clubs in London. The two federations of working men's clubs appointed a medical committee, and the medical committee originally thought that the best arrangement would be that the whole of the working classes should be treated at the out-patient departments of the hospitals in return for payments made to the hospital, either through the Hospital Saturday Fund, or through a fund formed by the clubs themselves. They had a number of meetings; there was one at Cannon-street Hotel, at which the Marquess of Lorne took the chair, and there have been meetings in East London since that time; and I think they see that that is an impossible solution. In fact this medical committee has recommended the provident dispensaries of the association of which I am chairman to the notice of the members of the clubs; but it was said by them all that what they wanted was some system of treatment near their homes which would prevent their having to go to distant parts of London.

1366. So that your plan is this: that by affiliating the subordinate institutions in the district to a particular hospital, you would produce a habit of always resorting to that hospital which would soon become so general as to effect what you desire?—Yes.

Lord *Lamington*.

1367. With reference to your scheme of territorial hospitals, you do not share the fears of the hospital doctors that cases would not be passed on to them?—No: I believe that it would become a matter of honour as well as a matter of convenience that the patients should be sent on in suitable cases.

Lord *Monkswell*.

1368. You say the King's College Hospital has, you think, about 33,000 out-patients; do you mean 33,000 separate people, or 33,000 separate treatments?—Thirty-three thousand was the maximum number treated some years ago.

1369. But do you mean persons or separate treatments?—I was inquiring yesterday as to that very point, and I am afraid that the accounts kept in 1873–74, the year alluded to, were not very accurately kept, so that I cannot quite answer that question; but the clerk there informed me that he thought, if anything, that that number was an exaggeration, if it was to be taken as meaning separate patients. At the same time the committee, when they inquired at the time, believed it to be separate patients.

1370. Now what is the practice when you put out these statistics; do you mean separate treatment or patients?—Separate patients.

Lord *Monkswell*—continued.

1371. Do you know how many treatments on an average a patient would have?—The total number of attendances for 18,916 persons was 25,005.

1372. The number of attendances therefore is not greatly in excess of the number of patients?—No.

1373. You say that cases valuable to medical schools seem to be carefully attended to; do you think the needs of the patients are sufficiently attended to if the cases are not valuable to the medical school?—I think there is a tendency to treat them very quickly.

1374. You do not know what the average amount of time devoted to each patient is?—I cannot tell exactly what it is now, but I should suppose not more than half a minute.

1375. We have had some evidence as to the cost of beds in infirmaries and charitable hospitals, and it has been put before us that the cost of beds in hospitals is two or three times as much, on an average, as of beds in infirmaries; do you think that is so?—Yes; I think it is largely greater, owing to the requirements of the medical school and the larger staff of nurses in the case of the hospitals.

1376. Does that sufficiently account for it without its being necessary to suppose that the large general hospitals are other than economically managed?—I believe, as a rule, they are very economically managed.

1377. Have you any statistics of the recoveries in the old hospitals as compared with the new ones?—No, I have not.

1378. You say that in Kensington Workhouse children are not generally kept long after their mothers have been confined, but that they go out with them very soon; is that the case all over London, do you believe?—I believe the same difficulties occur in other Poor Law infirmaries in that respect.

1379. I know in Chelsea we have a great many children who remain there a long time?—There are always a number who remain; I have known cases of women coming in for their confinement who have practically never left the infirmary subsequently; but I was speaking of cases in which it might have been possible to get a payment from the father.

1380. It has been suggested in Chelsea that the names of these women who are in the lying-in ward should be published on the workhouse door; what do you think of that suggestion?—I think that it would be too harsh a remedy.

1381. I should say that the suggestion was made, but not adopted?—I should like to say, with regard to that, that the communication with the parents of the young woman should be made in her own interest, with a view of improving her position, as well as any possible chance of the guardians getting repayment.

Earl *Cathcart*.

1382. Will you attend for a moment to these figures. It has been publicly stated that an analysis has been made of 641 cases of out-door patients in one of the large hospitals, and of those cases 103 gave false addresses; of 69 no information could be obtained; 12 could afford to pay a medical man; 231 could

Earl *Cathcart*—continued.

afford to subscribe to provide dispensaries; 57 were purely Poor Law cases; and only 169 of the 641 cases were suitable cases for that out-door department. Now, would the results of that analysis be consistent with your experience?—I think that that is possible where no inquiry had previously been made, and where large numbers of the poor had been in the habit of coming; may I ask which hospital it was?—It was the Royal Free Hospital.

1383. That which I have just read to you was publicly stated; I merely ask you generally whether the results of such an analysis would be consistent with your experience?—Yes, I think that would be so.

1384. You have mentioned the subject of territorial areas for medical purposes; have you ever considered what those districts should be; would you adopt some existing district, such as the postal district?—The area of the Poor Law union would be a convenient one, inasmuch as there are infirmaries connected with these unions (though not always within the parish); but the position of the hospitals must necessarily give the lines of the area, and I have not attempted to map out London in that way.

1385. There is one very important class of hospitals which has not been referred to at all; that is the Lock hospitals; you were asked no question about the Lock hospitals; have you any knowledge of the working of the Lock hospitals?—Very little. I should believe that they were, at all events some of them, well-managed, and undoubtedly cases of that kind ought to be kept separate from the other patients in the wards. I would propose that in such a case as that the Lock hospitals should be affiliated to the general hospital of their district, and that the students should have the advantage of visiting in the hospital without bringing the buildings together.

1386. You mentioned the difficulty of admitting students to a lying-in hospital, because of the danger of their bringing in infectious diseases. Now we heard a great deal from Doctor Steele about the externs in that practice; how do they manage to prevent externs in the larger hospitals carrying about infectious diseases to the patients that they visit?—I can scarcely express an opinion as to that; but I would point out that there is much less chance of infectious disease being conveyed to confinements in private houses, because only one confinement takes place in the particular spot; whereas in a lying-in ward or hospital, many cases take place, and, of course, if the disease is once brought in, it may spread to a large number of patients; but undoubtedly the greatest care is requisite in the other case as well.

Lord *Zouche of Haryngworth.*

1387. In regard to your territorial scheme, do you think there could be any practical difficulty in removing a large hospital, say from one part of town to another, because that would be almost a necessity, would it not, in some cases?—Yes.

1388. But would that be a thing that could not be done without a great deal of difficulty, or might it be got over?—I have no doubt it would be a question of very considerable difficulty, but

Lord *Zouche of Haryngworth*—continued.

I do not think that difficulty ought to stand in the way of a general reform of our medical charities and putting the matter on some sound basis; because it is of such vital importance to the poor, whose time is limited and whose bread depends upon their being well enough to earn it, that there should be really some good arrangement for coming there; and the charities, I consider, are made for the public and for the poor, and that mere vested interests should not stand in the way of really sound reform.

1389. Of course the great thing to avoid is congestion?—Yes.

1390. Supposing there were a graduated scale of payment for paying patients, do you think there would be any risk that any suspicion could arise that a better class of paying patients received better treatment than a man who came in for nothing, or on a smaller scale of payment?—Of course there are always difficulties where you have to make a special order with regard to a particular person; at the same time I think that a really competent committee having the case brought before them, would be practically able to say generally how much should be paid in the particular case; and if the decisions were generally just, I do not think that any objection would be taken.

1391. You do not think there would be any fear of any jealousy or that sort of feeling arising among the public?—I do not think it would be serious enough to stand in the way of such an arrangement.

Earl of *Lauderdale.*

1392. I think I understood you to say that one difference between the out-patient department and the casualty department is this: that in the out-patient department they are limited to certain hours, and in the casualty department they are not?—Yes.

1393. Your opinion would be that it would be a good thing to abolish both these departments as it were, and let the people go to the provident hospitals?—No; some kind of casual treatment is absolutely necessary at a hospital in case a street accident may be brought in; there must be the proper means of treating it; but I think that that treatment ought to be restricted to such cases of emergency.

1394. How would you propose to weed the casualty department?—It must be done from the medical or surgical side; a doctor must be instructed to say whether this was a case which really needed immediate treatment, and treatment of a kind which could not be given at an ordinary provident dispensary or by an ordinary doctor or in the out-patient department.

1395. Failing any such immediate necessity, would you refer that patient to the out-patient department, so to say, of a primary hospital?—Yes, I would send him to a provident dispensary affiliated to the general hospital, and I would tell him that if his case required subsequent hospital treatment, he would be sent on by the provident dispensary to the hospital.

1396. You spoke of the "stock bottle practice" 10 years ago; have you any idea of the proportion of the patients who would get medicine from these stock bottles?—I cannot tell you; it was reported

Earl of *Lauderdale*—continued.

reported to us that there were such bottles, and I suppose the number of patients provided with medicine from them must have been considerable.

1397. You could not tell us what proportion of patients received their medicine from them?—No.

1398. You referred to the varying cost of beds in the different hospitals; are you aware of any different methods of calculating these costs; for instance, is it the practice in any hospital you are aware of to credit the amount realised for some of these beds let out on payment, so to speak, as a sum received on that account, to that particular department, and then divide the balance by the number of beds?—No, I cannot explain the various methods which are in use, but the results show that various items which are debited in many hospitals to the beds are not debited to them in others.

1399. All sums realised on account of these beds are credited to the general revenues in all hospitals?—They ought to be.

1400. But you do not know, as a matter of fact, that they are?—No, I do not.

Lord *Thring*.

1401. With respect to servants who are sent to hospitals under the present circumstances, are you not rather hard on the subscribers who send their servants there. I myself subscribe a large sum to a particular hospital, and I do it that I may be able to send my servants there?—I think it involves a false theory of the nature of a charitable subscription.

1402. If the particular hospital would let me, I should be willing to pay; but instead of that I subscribe a larger sum to the hospital because I send my servants there; is that wrong?—I think that that principle would not be admitted by the hospital authorities as a sound principle.

1403. But is it not a sound principle in charity, till you have a mode of paying for your servants. What am I to do; I cannot nurse them at home?—I admit that there are difficulties, but I regard charitable subscriptions as a charitable gift for the benefit of the poor and not a sum in the nature of insurance for the purpose of securing adequate medical treatment for your servant when he or she becomes ill.

1404. Suppose I subscribe 20 *l.* instead of 10 *l.* to a hospital 10 *l.*, being intended for charity pure and simple, and 10 *l* for an insurance fund, as we may call it, surely that is right?—It is difficult to say that it is wrong, but I think that it is inconvenient if the amounts are lumped together in one charitable subscription.

1405. But I cannot help it; I offered to pay at a particular hospital and they would not allow it, and said that they could not do it. It is of great importance that the hospitals should make an arrangement such that when a subscriber sends his servant to them it should not be said, "That is shabby," because he sends his servant there, at the same time giving an adequate subscription?—I have no doubt that many hospitals would be willing to accept payment upon that footing, but the cost of medical treatment in the hospital is very large, and it is only from the fact that a very small proportion of the letters that are issued to subscribers are really used that it is possible to give that number of letters to any subscriber. A subscriber does not really pay the cost of one patient by sending his guinea or so and so for a year, and therefore the subscriber that uses it is not really paying adequately.

Lord *Thring*—continued.

1406. I am quite aware of that, but I will assume that a man chooses to pay an adequate sum, what he can judge from consulting a doctor to be an adequate sum for the service that is rendered to his servant by a hospital; is there anything wrong in his so availing himself of the privileges of a hospital?—I must say, as I said before, that I think it is contrary to the principle of charity. The reason why letters are given to subscribers is that they are supposed as taking an interest in the hospital to be likely to find fit objects for the charity. I am presuming that the servants of subscribers would not be fit objects for the charity ordinarily, and therefore they are really sending in patients of a different class from that for which the hospital was originally formed.

1407. I will not press you further on that point. With respect to the old hospitals, in your opinion are they in a satisfactory sanitary condition. I was struck with what was stated by a witness here, that at Guy's probably it would require great improvement to make it up to the present standard?—I think that is most probable; I can only mention what we have done at King's. We laid out a very large sum some years ago in putting the hospital, as we believed, into good sanitary condition. Subsequently there was illness among the nurses, and a further inquiry was made, and it was found necessary to spend a great deal more money upon the sanitary arrangements.

1408. Is it the fact generally that the sanitary wisdom of two years ago is the sanitary folly of to-day?—That is perfectly possible.

1409. Then with respect to our great hospitals, there are some points which seem to me vague. Take, if you please, medical students; are they under any practical control: supposing a medical student misbehaved himself in the wards (which young men will do sometimes), who really punishes him, or is he punished at all?—He is reported to the hospital committee, and the hospital committee has the power to punish him, or to suspend him. Discipline of that kind is exercised by a hospital committee.

1410. But is the control over the medical staff in the great hospitals sufficient in your opinion?—I think it would be better if it were stricter in many cases.

1411. Then with respect to the nurses, are you in favour of lady nurses or mixed lady nurses and ordinary nurses?—I should be in favour of mixed lady nurses and ordinary nurses.

1412. And there again what control would you place them under?—They must be placed under the lady superintendent of nursing; but they are bound to carry out implicitly all the instructions of the medical officers.

1413. But they must be placed under a lady as to other matters?—It would be most unfair to place them under any but a woman in a case of that kind.

Lord *Thring*—continued.

1414. Then again, as regards the arrangements for the food; what power has a patient practically to complain if the food is bad?—The patient would naturally complain to the nurse, whose duty it would be to bring the complaint, if necessary, to the notice of the committee.

1415. Do you think, as a matter of fact, that the patient has sufficient encouragement to make these complaints?—I think so. Most hospitals are in the habit of appointing members of the committee as visitors for a certain period; these visitors go round in the wards, and I have frequently had questions put, and even complaints made to me.

1416. Take a case; who is responsible for the milk or the bread being good in a hospital?—The management of the hospital would vary so much; in some cases it is under a steward; in some cases the superintendent of nursing might act as a kind of housekeeper of the hospital.

1417. I will ask you a general question: Do not you think there might be great improvement in the administration of the hospitals by having somebody distinctly responsible for the quality of the food, say?—I should be sorry to say there was room for improvement in all cases; I have no doubt there might be in many cases.

1418. Do you not think in many cases in hospitals (I am not speaking without knowledge) there are instances in which the food might be bettered?—I think that is very likely; it is very difficult to keep the contractor up to the standard.

1419. I am told that in several hospitals the cookery for the nurses, the way in which the nurses are fed, is extremely bad, their meat badly cooked and badly served, and not such as ladies or women, indeed, ought to have after a hard day's labour?—If that is so it is very bad management; they ought to have exceedingly good food.

1420. In any hospital you have had to do with, were they properly fed?—I believe so. At King's the nurses have a separate kitchen of their own, and their cooking is under their own control, and if the cooking is not good it is practically their own fault.

1421. Then I will just close with this question: You think that in a well-administered hospital the cooking of the dinners of the nurses ought to be under the control of the lady nurses or one of the nurses?—Yes; I think it is desirable as a rule that they should have power of inspection, even if they were not themselves responsible, because some hospitals are so large that it must necessarily be a separate department.

1422. You said that some of the hospitals were dearer on account of the requirements of the medical schools; do I understand that the medical schools involve more expense to the charitable funds of a hospital?—I think so.

1423. In what way?—A medical school has to keep its appliances and everything connected with it in the forefront of discovery and of the most approved science, and that is necessarily a costly thing.

1424. But I go back to the case of the subscriber; when I subscribe to a charity that has got a good medical school, is a portion of that subscription a subscription to the medical school, as in contradistinction to a subscription to the patients?—Certainly.

Lord *Thring*—continued.

Chairman.

1425. Do you think that applies universally?—I am not aware of any hospital in London in which the expense of the treatment of patients in the wards, which is brought up to its cost through the exigencies of the medical school, is charged to anything else than the charitable funds.

Lord *Thring.*

1426. Are we to understand then that the medical profession in London is partly educated by charity?—Undoubtedly; the hospitals are maintained by charity.

1427. But my question is not exactly that; the hospitals are maintained by charity, and of course the fact that they are open to the medical profession for study may be said to be of assistance to them; but I ask whether the education proper, as distinguished from the access to the hospital, is partly paid for by charity?—Not as far as I am aware; but it is the treatment of the patients which is made more costly by the exigencies of the medical school, and that entirely falls upon the charity. For instance, you may have a new invention which is purchased at a considerable cost for the use of the patients; that invention may be still a good one, but a better may be discovered, and that is purchased and the old one is thrown aside. There are a variety of circumstances of that kind which largely add to the cost of hospitals.

1428. But that is surely a requirement of the patient, not a requirement of the medical school?—It is the requirement of the patient, but it is made necessary, or rather it is probably used, because there is a medical school anxious to improve the teaching, and it would probably not be used at a small hospital in which there was no medical school.

1429. Do not you see the distinction. I asked you whether a hospital which had a good medical school was more expensive by reason of that school than if it had not that school, and you say Yes?—I think so.

1430. Do you mean because the doctors would require more expensive instruments for the patients?—Yes.

1431. Then you mean that a hospital with a good medical school is better for the patient than one without it; that is what you mean, do you not?—No; I think that experiments are constantly made, necessarily made, and very properly made, and the expense of those experiments naturally comes out of the fund which is supporting the hospital, and those experiments would not be made if the medical school were not at work there.

1432. I must ask you another question; are those experiments made for the benefit of the patient or for the benefit of the medical school?—They are undoubtedly made for the public benefit.

Earl *Cadogan.*

1433. Is there a separate account kept of the expenses specially pertaining to the school as distinct

Earl *Cadogan*—continued.

distinct from those of the hospital?—At King's College Hospital, which is the only one as to which I can speak, the school is really entirely distinct from the hospital; it is carried on at King's College, and the accounts are kept separate. I am not able to state what is the case at other hospitals where there is no separate school.

1434. Taking the illustration you have given, would a new surgical instrument be found among the separate accounts relating to the school, or among the accounts relating to the hospital?—Among the accounts relating to the hospital.

Lord *Thring.*

1435. Do you know as a general rule how the medical officers of the hospitals are paid?—The medical staff at King's College is not paid at all; they give their services entirely gratis.

1436. Do not the students pay their instructors?—Yes; but that does not come in any way into the hospital account. They receive a salary as professors at the college, but not as having beds or treating cases at the hospital.

1437. Do I understand you that the surgeons do not provide their own instruments?—Certainly not.

1438. Not provide their own operating instruments?—No; those are provided by the hospital.

1439. Are you aware or not that the poor are very much afraid about their bodies being examined after death?—There is a feeling of that kind.

1440. Have you been told that when those bodies are examined frequently or sometimes no pains is taken to sew up the body so as to prevent the mutilation being painfully obvious to the relatives?—I cannot tell as to that; but I may mention that as a Poor Law guardian I have had that matter before me. In fact when I was chairman of the infirmary, we made regulations for meeting the views of the poor as much as possible, and we had this security: I think there is an officer who acts for all the hospitals in London and collects the bodies for dissection from the various Poor Law infirmaries, and he gave us assurances that they were treated in the most reverent manner.

1441. Mine is rather a different question; it is not a question of the bodies for dissection, but it is as to the bodies that are opened, and rightly opened, I presume, to ascertain the cause of disease, and are then handed over to the relations; and I am told that not infrequently they have not taken the pains to sew up the body, I do not know whether I am using the right term, but in ordinary language they have not taken the pains so to do away with the effect of the opening as not to make the body anything which may horrify the feelings of the relations?—I am not in a position to answer that, but in London where, of course, there is such an enormous number of cases, undoubtedly there will be some cases where all that is justly required is not done.

1442. Then the question is, at these general hospitals whose duty is it if any one's, to take care that these things are properly done?—There is a hospital porter who has special charge of the post-mortem room.

Lord *Thring*—continued.

1443. Do you mean that there is no superior officer, no doctor, or head, or secretary, or treasurer whose duty it is to see or employ somebody to see that these bodies are properly treated with a view to avoid shocking the feelings of relatives?—I think there is; of course it would be the porter's duty in the first instance to see that the body was handed over to the friends in a proper condition.

1444. But only the porter's?—It would be the duty of the secretary, and I believe it would also be the duty of the doctor to see that the proper regulations were observed. I am not sure what is the exact rule.

Earl of *Kimberley.*

1445. I want to ask you a question with regard to the mode of admission to the Lying-in Hospital; could you tell us how cases are admitted?—They were admitted as a rule by governors' letters, but they were also admitted by a recommendation from the Charity Organisation committee of the district, and from certain clergy in the Lambeth district where the hospital was. Then a certain number of the cases were unmarried cases; the rules of the hospital made it necessary that there should be only a small number of unmarried cases, and those were, I think, in all cases investigated by the Charity Organisation committee.

Chairman.

1446. In the out-patient department the medical officers frequently have to examine women?—Yes.

1447. Do you have a nurse always present when that is going on?—Yes, at King's College there is always a nurse present when a certain class of women's cases are being considered; and the nurse is allotted to the out-patient department and can be summoned at any time and for any other case when women are concerned.

1448. It is quite possible, is it not, that you might have two women being examined in different rooms at the same time?—As a rule there would be only one doctor examining these cases at one time.

1449. Then students are present during all these examinations?—Yes; but I have no doubt that the medical officer in charge, who is one of the medical officers of some standing in the hospital, would exercise some discretion in that matter.

1450. At the same time you say this, that you consider all reasonable steps are taken for the examination to be conducted with propriety?—The committee have been most anxious that that should be so.

1451. I have heard it stated that it would be a good thing if you could have evening attendances at the out-patient department, because of the difficulty that working people experience through loss of time, and so forth, by coming in the daytime: do you think that such a thing as that would be practicable?—I do not think it would be practicable. With men of the same eminence as you get at the out-patient department, with men of standing and a practice of their own, you could not expect that they should attend in the evening.

Chairman—continued.

1452. Besides, as a rule, in most hospitals, those medical gentlemen who attend are honorary officers of the hospital?—They are honorary officers.

1453. And then, I suppose, light has something to do with it too, has it not?—I cannot express an opinion as to that, but I should think, probably, they could get sufficient light for the cases.

1454. Now, you have been, as you said before, one of the principal organisers of the Metropolitan Provident Medical Association?—I worked with others; I took a very considerable part in it.

1455. And do you find that there is a disposition on the part of the working classes of London to take advantage of those provident dispensaries?—Yes; we have had a very considerable success with most of our dispensaries, but in some cases we have not succeeded; and I think I may say, that in almost all cases, that is owing to the competition of the out-patient departments or of other free medical charities.

1456. Will you tell me briefly what the objects of that provident medical association were?—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 the second is, "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 over-crowd their out-patient departments, aad also have referred to them from the provident branches cases requiring special hospital treatment or nursing, or which are suitable for clinical instruction." "These objects are attained by the formation of provident dispensaries as branches of the association in suitable districts to which the local medical practitioners are invited to attach themselves, and which are under the management of a local committee."

1457. In the first place did you find you were met by the general hospitals?—We have not been met by the general hospitals with any organised system of co-operation. We have had a great encouragement from individual members of hospitals and even from hospital committees.

1458. When you say "individual members" do you mean by that lay or professional?—Both lay and professional; but the fears of the medical officers generally have prevented any definite scheme of co-operation. I may, perhaps, mention that we were founded in 1880 after meetings had been held, both of members of the medical profession, and of members of friendly societies, working men; and it was thought possible that we should be able to cover London with these dispensaries in a very few years; but the progress has been very much slower than was anticipated. In the first place there have been a number of sham provident dispensaries which have done us a good deal of harm. There are a certain class of very low medical practitioners practising amongst the poor at very small ready-money fees, sometimes sixpence, including medicine, and they have copied the name of our institutions and started what they call metropolitan

Chairman—continued.

provident dispensaries which have not been provident in any sense; they have been ready-money doctors' shops. Scandals have, from time to time, occurred with regard to these shops; and the working people in some cases, in many cases, have been prejudiced against real provident dispensaries by attributing to them the bad treatment of these other places. Then we have also not had sufficient capital to spread as quickly as we wished. There are an enormous number of friendly societies in London that have medical attendance for the husband, the bread-winner; they have a club doctor, and he is paid, as a rule, a shilling a quarter per member, and he looks after a member of the club when he is sick. But the sickness in working-class families is a great deal more amongst the wives and children than it is amongst the fathers of the families, and they have had no method whatever of providing medical attendance for the wives and families. Other friendly societies, like the Hearts of Oak, which is a very important society, have no medical attendance at all either for the men or the women, and very considerable numbers of them have joined our branches.

1459. Taking the Hearts of Oak, for instance, that society, I suppose, gives sick-pay?—It gives sick-pay.

1460. And that would enable the people receiving it to pay their subscriptions to your dispensaries?—Yes. But perhaps I ought to explain that the principle of our provident dispensaries is that people make insurance payments; they pay during health, and they get good medical treatment and medicine during sickness; and, of course, the payments of the Heart of Oak and other societies enable them to go on with the payments during sickness. We hoped that a very large number of the friendly societies would take the dispensaries as providing medical attendance, not only for themselves, but for their wives and families; but in order to gain them it was necessary to have dispensaries in almost every part of London because the members of friendly societies, although they meet at a particular place, often live at very considerable distances in a large number of districts, and unless they were able to join a dispensary near their own homes, it would be no good to them at all. Therefore we thought it was necessary, and we still consider that it is necessary, to have in every part of London where the working classes live, a provident dispensary near the homes of the members who would join. The fact that we were not able to form sufficient provident dispensaries quickly, prevented the friendly societies joining at the rate we expected. But we have formed, as I say, these 15 dispensaries.

1461. Fifteen still going on; going concerns?—Yes; there is one at Bloomsbury, Camden Town, Croydon, Deptford, Hackney, Kensal Town, Pimlico, Walworth, Westbourne Park, Whitechapel, and another has just been opened in connection with the University Club at Bethnal Green. Those have all dispensary buildings. In addition to that, we have medical clubs where the doctors give medicine, and attend at their own homes, at Clerkenwell, Dalston, Soho, and Tottenham.

1462. They

Lord *Lamington.*

1462. They attend at their own homes, you say?—They attend at the dispensary, where there are buildings, when they are able. Each dispensary consists of a good waiting-room, a doctor's consulting-room, and a dispensary where prescriptions are made up.

1463. I understood you to mean that they attended people in their own homes, too?—I meant that the doctors saw patients at their own surgeries, that the patients attended at the doctor's own surgery, and were attended at their own homes when they were unable to go to the doctor's surgery.

Chairman.

1464. Then there is a certain amount of home visiting?—There is complete home attendance when the patient is unable to go to the dispensary.

1465. Does that apply to the provident dispensary as well as the medical club?—Certainly, to both of them.

1466. These provident dispensaries, I think, which you mentioned (with possibly two exceptions, Soho and Westbourne Park, Westbourne Park would not be very far from St. Mary's) are a very long way from any general hospital at all?—Yes. At Clerkenwell we had a fully-organised dispensary, and we had to close it, because we had not enough subscribers to justify us in paying the rent. I looked upon that as owing to the competition of St. Bartholomew's Hospital and the large free dispensary which was in the neighbourhood of the Goswell-road. In Soho we had also a branch which we turned into a club, owing to the competition of free charities in the neighbourhood.

1467. That being a regular hospital?—It is; it was the first we founded. And at Dalston we closed our dispensary because the Metropolitan Hospital organised its out-patient department on a provident basis, on the footing of a recommendation which I was asked, as chairman of the Metropolitan Provident Medical Association, to draw up. Sir Edmund Currie asked me if I would help in reorganising the out-patient department, and I sent him this draft. I believe that in most respects the out-patient department of the hospital has been modelled upon the recommendation. Perhaps I might put this in (*handing it in*).

1468. Now, how are the medical men belonging to the provident dispensaries remunerated?—Each patient has a right to choose his own medical adviser from the medical staff, which is composed of good general practitioners in the neighbourhood, and then one-half of the members' contributions is allotted for the payment of the doctor, and is given to the doctor in proportion to the number of patients registered under his name. Altogether the payments to the doctors last year amounted to 1,915 *l.*

1469. Amongst how many?—That is amongst 71 doctors; but some of them had a very small number of patients; in fact, dentists are included in the 71, and they are paid by a small honorarium. Two dispensaries have only just been started, and the doctors are included in the 71.

1470. Now, how many did you start of these provident dispensaries altogether?—We have started altogether 16, together with two or three which had previously existed as dispensaries in other forms, and which we took over and modified according to our rules.

Chairman—continued.

1471. And of those, 15 are still going concerns?—All these 15 are still going concerns, though in some cases the premises have been given up so as to relieve them of the burden of rent, the doctors, as I said before, giving the attendance at their own surgeries and providing the medicine.

1472. How much money does it cost to start a provident dispensary?—It depends upon the locality and the nature of the rent; but you may say it takes from 200 *l.* to 300 *l.* to start a dispensary and to maintain it for a time, until, at all events, it approaches self-support. But originally we spent far larger sums than that; we thought that it would be necessary, in order to compete with the hospital out-patient departments, to have more decorated rooms and finer buildings than we have found subsequently to be necessary. At the present time the fitting-up is done with great economy, but I think also as comfortably as before.

1473. I suppose you thought that if you provided very smart waiting-rooms they would attract a larger class of people?—Yes.

1474. Have you found that they have not?—We found it practically make no difference.

1475. With regard to these provident associations, do any masters of large numbers of working men assure any of their men, as it were, or do they assist their men to pay the premium?—I am not aware of any. In several cases the workmen combine and pay together, because we give certain advantages in payment, to a considerable body of working men joining together in that way, as in the case of a friendly society.

1476. That would be nearly an actuarial calculation as to the average number that would be ill, I suppose?—Our rates have been arrived at by experience, and by gradually watching the progress of the dispensaries. I may say that the rates of payment have been increased considerably from those originally arrived at, and the workmen have in all cases agreed to that rise. In one or two instances the dispensaries have raised their rates at the working men's own instance, for the purpose of making them self-supporting.

1477. I suppose that association of yours had certain rules drawn up?—We had.

1478. What were those rules directed to?—Our rules have been altered from time to time, but in their present form they were drawn by a committee, composed of both medical and lay members, which was appointed at a meeting at the Society of Arts, held on December the 7th 1886, when Sir Andrew Clark took the chair. This committee was presided over by Sir Spencer Wells, and they passed a number of resolutions, which I think I perhaps had better read. There were two reports. The first dealt with the rules of provident dispensaries as desired by the medical profession, who were represented upon this committee; and the second dealt with the special methods of co-operation with the hospitals in the management of dispensaries. Perhaps I should mention that the medical men had not been quite satisfied with our rules. They complained, in the first instance, that we had no wage limit. The fact that there was no wage limit

Chairman—continued.

was caused by the members of friendly societies saying that the working classes would resent any kind of investigation into their means, in dealing with an institution of a voluntary nature of this kind. But we subsequently came to the conclusion that without any investigation we should be able to arrive, by the men's own statements checked by the members of the working class committee which managed the dispensaries, at their real pecuniary position; and the rules that were recommended were as follows: First, that all candidates for membership should be approved by the medical officer under whom they wish to be registered. Second, that all persons making application to join as ordinary members should pay a registration fee of 1 *s.* on a family or single card, which should be the only payment on joining. They should be free to benefit in four weeks from the date of joining, when their contribution should commence. Third, that the rates of contribution should be according to the following scale: (*a*) Single persons, male and female, 6 *d.* per month. (*b*) Man and wife, without children, 1 *s.* per month. (*c*) Man and wife, with children, 10 *d.* per month. (*d*) Children under 16 years of age, 3 *d.* per month each, not charging for more than four in one family. Fourth, that local committees are recommended to obtain from applicants for membership a declaration that in the case of a single person, or man and wife, that their average do not exceed 30 *s.* per week, or of a family 40 *s.* per week, or of domestic servants, 15 *l.* per year; those whose incomes are over these amounts being as a rule ineligible for membership. To meet the case of those requiring immediate attendance, the committee recommend that persons requiring immediate attendance should pay an entrance fee of not less than 2 *s.* 6 *d.*, which should entitle them to treatment for one week, after which, should they continue ill, they should pay not less than 1 *s.* per week if able to call on the doctor, and not less than 2 *s.* 6 *d.* per week if visited at home. Upon recovery, they should be expected to continue as ordinary members, with the consent of the medical officer." Then the committee proceeded to make further recommendations as to the rates of persons subject to chronic illness, as it was thought unjust that they should become members of an insurance association of this kind, simply paying the rates of persons who were only occasionally ill; and also they recommended: "That the fee to be paid to the medical officer for attendance on midwifery shall be 21 *s.*, and to the midwives, 7 *s.* 6 *d.*; such fees to be paid by the members at their option, by instalments of not less than 2 *s.* 6 *d.* Wives, being members, and not having had their confinements conducted by one of the medical staff, shall not be entitled to receive medical treatment until two weeks have elapsed from the day of confinement." "That only qualified midwives should be employed;" and, "Also that while each dispensary shall be connected through a central committee or council, and be conducted in accordance with the general principles agreed upon by such a body, they should be under the immediate management and control of a local committee, consisting of the

Chairman—continued.

members of the medical staff, an equal number of benefited members, a certain number of medical practitioners, and a limited number of representatives to be elected from the general hospitals, the council of the Metropolitan Provident Medical Association, and local men of position willing to accept office." And they also recommended: "That it be a cardinal feature of this scheme that each dispensary should be, as far as possible, self-supporting, and that no local committee should appeal for charitable aid in their district without the consent of the central council." I think that those are the principal resolutions. The committees of the dispensaries were originally entirely under the control of the working-class members elected at an annual meeting, but it has been found that very considerable friction took place between the working men and the doctors, and we have found it necessary to put upon all the more recently formed committees representatives of the more educated classes, to act as a sort of mediators between the working class and the doctors, and, as far as I can tell, that seems to be working very well, both to the satisfaction of the working-class members and of the doctors.

1479. How long have these provident dispensaries been going?—They have been going from different dates. The earliest was founded about 1882.

1480. And how many members have you altogether?—We have over 25,000 persons who are entitled to treatment, and we have 7,762 cards, showing the number of families.

1481. Could you say what the annual income is?—The payments of members amounted last year to 3,066 *l.*

1482. Is that increasing or decreasing?—That is increasing.

1483. Is it increasing in a satisfactory way; have you reason to think that the confidence of the working classes in these dispensaries is growing?—I think it is increasing. Occasionally we have had difficulties which have retarded a branch; they have generally arisen from some medical man upon the staff leaving, or some difficulty arising between a medical man and the dispensary.

1484. Do you mean that when the medical man leaves the people lose faith in the dispensary?—Not altogether; but if a medical man leaves, frequently some of the patients leave with him.

1485. You said that for midwifery cases you had qualified midwives?—Yes.

1486. Have you ever heard it suggested that it would be a good thing to register all midwives; and what is your view on that?—I think it would be a very good thing that they should be registered, either under the Obstetrical Society or some other society.

Earl of *Kimberley.*

1487. But would it not in rural districts cause great difficulty; would it not be very difficult there to find women who had passed examinations?—I think so; but I was alluding only to the metropolis.

1488. You

Lord *Lamington.*

1488. You talked about a low-class medical practitioner; of course he cannot practise without a diploma; you referred, not to his skill, but to his character, I suppose?—Many cases have come out in which doctors who are qualified have ostensibly opened these doctor's shops, but they have been worked to a considerable extent by unqualified assistants, and the medicine is very bad. I have often heard working men at the meetings in the East End and elsewhere complain of the bad treatment and the bad medicine that they have received, and I remember a working man saying that he went to one of these dispensaries and got a bottle of medicine which he thought did him good. He went back the following week, and said that he wanted some medicine of the same nature, and the doctor gave him a bottle of a totally different colour and taste from that which he had previously had, and he said it was not the right medicine. The doctor said, "Well, unfortunately I have not got any of it in stock; if you wait a little I daresay some patients will come with money, and I will send out and buy some of the same medicine at the chemist's for you," showing that it was started by a man without any kind of resources. And I have also been told that in some of these dispensaries they have only two or three medicines, which are given to all patients. I quite believe that those are the worst specimens of their class, but it shows how bad some of the medical agencies amongst the poor are.

1489. Would they not come under the law; could they be prosecuted or not?—It has been very difficult to prosecute. I see that the medical profession are taking steps now, but very often these things are not known until either by a coroner's inquest, or something of the kind, a case comes to notice.

Earl *Cathcart.*

1490. Do we understand from you that your 15 dispensaries, which make a great diagram in the map of London, are equally distributed?—No.

1491. It is very difficult to understand it without a map of some kind, and I think we should know how the dispensaries are distributed?—They have been as a rule placed with reference to the immediate requirements of the working classes as far as we could arrive at them. There are other provident dispensaries besides those of the association, and we have never placed our dispensaries where dispensaries which we believed were well conducted, were already placed.

1492. Your object being to select neglected districts?—Selecting neglected districts. We have entered into an arrangement with a number of provident dispensaries which are not under our own management for the purpose of the transfer of members who move from one part of London to the other, and the members of friendly societies.

1493. Then there is one other question of some little importance, it seems to me: Have you any general central system of inspection of any kind of the various dispensaries?—We have an organising secretary, who is constantly going round

Earl *Cathcart*—continued.

to the different dispensaries. Then each dispensary has a local committee, in many places consisting of persons of importance in the particular district; and I, as chairman, am in the habit of attending many of the committees myself.

Lord *Zouche of Haryngworth.*

1494. What is the meaning of a special dispensary which has been marked here (*pointing to a map*), it is a Charity Organisation map?—I think that those will very likely mean special dispensaries for women, not dealing with all classes, or dealing with special diseases. The Medical Attendance Organisation Committee, at the meeting of which Sir Spencer Wells took the chair, laid down rules for the co-operation of the hospitals and the provident dispensaries on the lines which I have been advocating, and these are the suggestions: "That the governing bodies of the Metropolitan hospitals be requested to co-operate with provident dispensaries, recognised by the Metropolitan Provident Medical Association, on the following conditions:—That applicants for co-operation are *bonâ fide* provident dispensaries for supplying medical aid to the industrial classes, and managed by a responsible committee. That such dispensaries shall in the main be conducted in conformity with the scheme of the Medical Attendance Organisation Committee." "That no pecuniary liability, apart from their own nominal expenditure, be incurred by the hospitals in consequence of this connection, and that either party be at liberty to terminate the arrangement at any time, with such notice as may be agreed upon." Then follows this: "That the objects of such co-operation shall be as follows: 1. *Suitable Members of Provident Dispensaries to be referred to Hospitals.*—"That the medical officers of these provident dispensaries be entitled to send cases to hospitals for consultative advice or treatment; such patients to bring a special form, approved by the hospitals, and issued by the Metropolitan Provident Medical Association. That the physicians or surgeons of the hospitals shall be at liberty, with the patient's consent, to retain, for hospital treatment, any case of clinical interest thus sent to the hospital. 2. *Limitation of the number of Out-Patients.*—That the number of out-patients received each day, and the hours for seeing then be limited, so that not more patients be received than can be deliberately attended by the stated officers of the hospital (and used for clinical instruction in hospitals having schools attached), and also that the present abuse of keeping patients waiting for a great part of the day be reformed. That the "casualty department" be strictly limited to accidents and street emergencies, and that only accident cases attend more than once. That in the interest of hospitals, provident dispensaries, and of the poor themselves, it is desirable that an agent, well trained and thoroughly conversant with the locality, rates of wages, &c., be employed at general hospitals and free dispensaries to fulfil the following duties: (*a.*) To ascertain whether the patients should receive advice and treatment gratuitously; (*b.*) To make inquiries and in-

Lord *Zouche of Haryngworth*—continued.

vestigations on the plan now in force at the London Hospital. 3. *Ineligible Applicants for Medical Relief at Hospitals to be referred to Provident Dispensaries.* That the committees of hospitals in co-operation with provident dispensaries be asked to recommend to applicants for out-patients' treatment, who are *primâ facie* able to make the necessary provident payments, that they should become members of the dispensaries, with the assurance that if they should need special or hospital treatment, they would be recommended by the medical officers of the dispensaries to the hospitals for that purpose, and be received by them. That notices, giving particulars of the provident dispensaries in co-operation with the hospitals, be placed in their out-patients' waiting-rooms. That this proposal be adopted, on the understanding that all patients, whose cases are *primâ facie* urgent, are eligible for first treatment, and also that those cases which are vouched for by the physicians or surgeons as of special interest be retained for hospital treatment. 4. *Students to be permitted to make use of Provident Dispensaries for the study of common disease.* That students of hospitals be permitted, under suitable regulations, to attend the practice of provident dispensaries in co-operation with their hospitals, when the medical officer see or visit their patients." Then the report says, "If these resolutions are finally adopted, and the co-operation of the metropolitan hospitals secured on the conditions stated, they may be expected to have a three-fold effect. In the first place, the members of provident dispensaries, who, in the opinion of their medical attendants, are suitable for hospital treatment, will have a ready and certain means of obtaining it. This would do much to popularise the provident dispensaries among the class of persons for whom they are intended; and would also, it is hoped, furnish the hospitals with a large number of cases of an interesting nature, suitable for clinical teaching, and are at present lost to them for the want of an easy and ready system of reference. In the second place, the hospitals would gradually be able to relieve themselves of a large number of comparatively trivial cases, which at the present time overcrowd their out-patients' departments, and unnecessarily occupy the time of their medical officers."

Chairman.

1495. It is mentioned in one of those resolutions that a certain system is pursued at the London Hospital; do you know what it is?—They have an officer, as we have at King's College, to take down the particulars of cases applying, with facilities for making further investigation at the homes of the applicants, where it is considered necessary; but that only applies to the out-patient department at the London Hospital and not to the casualty department. I should mention that those recommendations which I just read were referred to a subsequent hospital conference at which our medical attendants organisation committee, with Sir Spencer Wells as chairman, was represented; also the Middlesex Hospital, the St. George's Hospital, the Great Northern Central Hospital, the North West

Chairman—continued.

London Hospital, the London Hospital, King's College Hospital, St. Mary's Hospital, St. Thomas's Hospital, the Children's Hospital, Great Ormond-street, and the Metropolitan Hospital, Kingsland-road; and they agreed to all those recommendations which I have read, except the one relating to students of the hospitals going to the provident dispensaries, and they thought that there were difficulties with regard to that, although it would be a convenient system if it could be arranged.

1496. Did they endeavour to put those recommendations into practice?—Very little has been done with regard to that; but at the London Hospital they have a committee at the present time considering the matter, and I have every hope that an arrangement will be made with our provident branches in the East End. We placed the Whitechapel branch immediately opposite the London Hospital, within a stone's throw from it, by their own encouragement, with a view of being able to relieve them of casual cases.

1497. Then, in the face of the great out-patient department at the London Hospital, can the Whitechapel dispensary hold its own?—I do not think that we can unless we work in some way in concert with the hospital authorities, or they materially reduce their casualty department. I believe they are hoping to be able to do both of those things.

1498. The casualty department at the London Hospital is very large indeed, is it not?—It is enormous; it much exceeds in number the out-patient department.

1499. Is there anything else you wish to say?—I should like to put in the reports of these two committees, also one or two other papers connected with the subject (*handing them in*).

Earl of *Kimberley.*

1500. Have you ever considered whether it would be desirable to amalgamate the medical schools at any of the hospitals which are near one to the other, so as to have one larger school instead of two smaller ones?—I have not considered that question, but I think it would be very desirable that the special hospitals surrounding the general hospitals should be amalgamated with them as far as possible, so that they might provide a common field for instruction of the students attending the general hospitals. At present the special hospitals are very little good really for the teaching of medical students.

1501. Some years ago an attempt was made to amalgamate the schools of Middlesex Hospital and University College Hospital, they being very near one to the other; would you think that that would have been a desirable arrangement?—I think that it might be a very desirable arrangement. Of course University College has a college of its own; it stands rather in a different position from that of the Middlesex Hospital.

1502. The result, of course, of such an amalgamation would have been to have made University College the medical school for both Hospitals?—Yes.

1503. Would not there be considerable advantage in enlarging the school where it could be done

Earl of *Kimberley*—continued.

done by amalgamating the schools of two hospitals, so as to have larger scope for the clinical teaching?—I have no doubt that advantage would be gained.

Earl *Cathcart.*

1504. A vast deal of valuable material for clinical teaching now runs to waste?—Yes.

Lord *Thring.*

1505. We have been told that there is no school now of infectious diseases at all in London owing to the fact that they are not admitted into the general hospitals, and that the medical students do not attend the infectious diseases hospitals; have you any suggestion to make on that point?—I think it would be very desirable that the hospitals of the Metropolitan Asylums Board should be made available for medical instruction. Of course it would have to be subject to very careful restriction.

1506. But we were told, that taking the case of the Fever Hospital, no student, as I understand it, goes to the Fever Hospital or to the Small-pox Hospital?—I believe there are none that do. As to the Voluntary Fever Hospital I am not aware of there being any students there, and I know there are none in the Metropolitan Asylums Board hospitals.

Earl of *Kimberley.*

1507. As a matter of fact I believe it is the case that since the law was altered a very small number of students are now admitted to the infectious disorder asylums; but do not you think that in the interests of medical science it is absolutely necessary that there should be an adequate number of medical students admitted, because otherwise the young medical students will get no instruction in a very important class of disease?—I think so.

Chairman.

1508. Have you anything further to add?—I should like to add this: that the payments which I gave for members have been adopted in all the provident dispensaries except those of East London; and in East London we were informed that those rates were beyond the power of a working man to pay. In consequence of that we have made two scales, and the lower scale is, for a single card 4 *d.* a month; husband and wife 8 *d.*; children under 14 2 *d.* each; but that is with a lower wage limit than we have in the other dispensaries; where the cases are above the lower wage limit then they pay the same amount as is paid in the other dispensaries in other parts of London.

The Witness is directed to withdraw.

LIEUT. COLONEL EMANUEL MONTEFIORE, having been called in; is further Examined, as follows:

Chairman.

1509. I SHOULD like to ask you before you give us some alterations which you have to make in your evidence, what is the meaning of the figures as regards the cost of occupied beds in the tables which are attached to the petition?—I should like to explain that these figures are taken in some instances from the reports of the hospitals themselves. The secretaries who made out these returns would probably differ if they were to make a comparative table themselves; because one secretary may put in one thing in the calculation of the cost of a bed, and another may leave that out and put something else in; there is no uniform way of making that calculation. The figures here, where the hospital reports did not give themselves the cost of their own beds, are made out in the following way, simply as a matter of comparison. The total ordinary expenditure was taken, and the price of the out-patient was arbitarily taken as being 1 *s.* 6 *d.* each; therefore the number of out-patients would be multiplied by the 1 *s.* 6 *d.*; the product was then subtracted from the total ordinary expenditure; and that amount was then divided by the average number of occupied beds to give the cost per bed. In the case of the Ophthalmic hospitals the out-patients were valued only at 1 *s.*; and at the Lying-in hospitals there are special remarks made as to that, because the out-patient department there is very much more expensive than the 1 *s.* or 1 *s.* 6 *d.* or 2 *s.* which is taken in other hospitals.

1510. You have some corrections to make, I believe?—Yes; I find that in giving my evi-

Chairman—continued.

dence in answer to a question by your Lordship (Question 41), I stated "all the general hospitals are entirely free in the out-patient department," and Lord Clifford of Chudleigh reminded me that I had already said that at Guy's Hospital they charged 3 *d.* I then remarked, "I should have said that with the exception of Guy's all the general hospitals are entirely free"; it should have been: "all the general hospitals with schools." I have now inserted the words "with schools," which had not been put in before, because some of the other general hospitals, without schools have paying out-patient departments; for instance, take the Metropolitan Hospital of which I am a member of the committee; our out-patient department is on the provident system now. The Tottenham Hospital will receive payment from out-patients; at the London Temperance Hospital if a person goes there without an out-patient letter he is charged a very small sum; and the same with the North-west London Hospital; they are charged a very small sum according to their means, though I do not know what method of investigation they have to ascertain those means. And then I wish to correct an answer to a question put to me by the Lord Archbishop of Canterbury; it is rather late in the day for me to give the correction because you have just had it from Mr. Bousfield. At Question 92 I was asked as to the weekly payments in the case of provident dispensaries, and I mixed up the payment at the East London dispensaries with the others. I should have said at most of the dispensaries

Chairman—continued.

the weekly charge was 1½ *d.* for an adult, instead of which I said 1 *d.*, including the East London dispensaries, where that is the payment.

1511. How has your provident out-patient dispensary worked in the way of members; is that the Metropolitan Free Hospital?—Yes, it used to be the Metropolitan Free, now we have taken out the word "free," as we have made the in-patients pay to a certain extent.

1512. It does not pay its way entirely?—Indeed, no; we have to press for money.

1513. May they pay what they like?—No, there is a fixtd rate; 1 *d.* a week for an adult, and 2 *d.* a week for a man and wife, and then 2 *d.* a month for the children; that is, three children, so that the maximum charge for a man, wife, and a large family would be 1 *s.* 2 *d.*

1514. Have you found that reduce your numbers very much?—Yes, but still we have a very great number. It was the hospital in the Whitechapel road at one time, and it had there one of the very largest out-patient departments; and even when we moved up to Haggerston, there was still a very large number in the out-patient department before this provident scheme was started. Now we have issued something over 8,000 provident books, representing 1,600 lives, and to all appearance the people look exactly the same as those who used to come and pay nothing.

1515. By appearance, in fact, you cannot discriminate?—I do not think you can.

Lord *Lamington.*

1516. With regard to friendly societies' demonstrations on Sundays, and so on, is it not a very expensive and costly way of raising funds?—I do not know that it is costly to the hospitals, but to themselves, to the funds of the friendly societies, I believe it is.

1517. Do not the working classes contribute in that way, perhaps, in lieu of giving any direct contribution to the hospitals; does it not have that result?—I think it may do so The friendly societies having obtained money in this way, by processions, they then make use of the money; they give it to the hospitals, but it is not as a rule a charitable gift to the hospitals; they get so many letters for it, and they expect to be treated at the hospitals for those letters.

1518. It is a very small result for such a tremendous amount of energy?—I think so. There is no doubt that this is a question that will come up I think before your Lordships about the Saturday Fund and the whole of those friendly societies in regard to the way that they give money to the hospitals and expect quite a *quid pro quo* for the amount they give. At some places they are beginning to speak a good deal in the matter of the working classes coming to the hospitals as a right, having paid, as they consider, their way; that in the provinces is, I think, becoming a very pressing point.

Chairman.

1519. Then this might occur, might it not: that in one case a branch of a friendly society subscribes to a hospital, and they do not take as much out of the hospital as they might, but then the next branch of that friendly society might

Chairman—continued.

subscribe to another hospital, and they might take a great deal more out; it balances itself one way and the other, does it not?—It might be so, but I think, generally, they use the full extent of their letters.

Earl *Cathcart.*

1520. But in the case of a convalescent home you expect to have a *quid pro quo*, you expect to have the advantage of your letters?—I think the letters are generally given to charitable people for their subscription, and I do not think they use as a general rule the full amount of their letters. I think if all the letters were used that were given from convalescent homes those homes would soon be ruined.

Chairman.

1521. But, I suppose, convalescent homes are for the most part generally full, are they not?—In the summer, but not at all in the winter or autumn.

Lord *Thring.*

1522. I do not quite understand what you say with respect to convalescent homes: is not the whole object of them to give a *quid pro quo*?—I think that very often the letters, as I said before, are given not quite on a clear understanding, and more letters are issued to subscribers than the home can possibly take. For instance, homes at Ventnor and homes at Bournemouth where they are always poor people suffering from phthisis; they issue many more letters than they have any rooms for patients; and now if you have a letter and give it to a poor person that poor person has to wait eight or nine weeks before there is any chance of getting into one of those homes.

1523. They cannot do more than they can do; but surely a convalescent home is intended to be almost always full?—The homes that I have mentioned, issue, I think, more letters than they can actually accommodate.

1524. And if all those letters were used there would not be room for the patients. But is it not the proper thing to use them all?—I do not think it is.

Earl *Cadogan.*

1525. Is not that the system at all hospitals, not only at convalescent homes?—I think at all.

1526. I suppose if any large hospital found that all of its orders and letters were used it would be obliged to restrict the number issued?—Decidedly.

1527. It could not possibly exist otherwise?—Not on a commercial basis.

Chairman.

1528. A man says he will pay a certain subscription which entitles him to 10 or 12 letters, or four or five letters as the case may be?—Yes.

Earl of *Kimberley.*

1529. Is it not the case that hospitals calculate, and rightly calculate, upon a very large number of these letters not being used?—Exactly so; the danger is that these friendly societies

Earl of *Kimberley*—continued.

societies may not have that feeling, and that they may use all the letters that they get; and as a rule I believe the basis on which letters are given to them is nearly the same; they are given letters on the same basis as a charity to the public; and that is the danger that they may use them all and damage the hospital.

Earl *Cadogan.*

1530. Your point is that they may insist on exercising a right which has not been supposed to be fully exercised by the subscribers hitherto? —Yes.

Earl *Cathcart.*

1531. But every letter is given conditionally on their being room in the hospital?—Certainly.

Earl of *Kimberley.*

1532. But I think I understood your view to be this, that these friendly societies would probably be understood by their subscribers to be constructed on the basis that every one wanting assistance so far as the letters were concerned could obtain it?—Yes.

1533. And you think that the number of letters issued should be strictly apportioned to the accommodation that can be given?—Yes.

1534. Of course subject to its being occasionally above the average number of patients wanting admission; that could not be helped?—Yes; I think it is more in the out-patient department that the great danger is; and I think that these people, these members of friendly societies, who have these letters given them, and make use of them by going to the hospitals for very trivial complaints, and without any inquiry, should be treated elsewhere. That is really the thing wanted; that if there should be some inquiry, and some line drawn as to persons who could afford to pay. The doctors themselves could of course determine whether a man was a fit case

Earl of *Kimberley*—continued.

to be taken in in the hospital, and whether he had a letter or not; he would not be admitted unless he was a fit case for the ward. But if they go to the out-patient department in large numbers it will only make this vast crowd larger and larger.

Earl *Cadogan.*

1535. Do you think as matters stand at present the charities of London are the better or the worse for these collections that are now being made?—I do not think we could quite judge till the scheme took place. Do you allude to the penny a week collections, the late Lord Mayor's?

1536. I allude to these collections with the processions. At present we in Chelsea have a day set apart, I think a Sunday, on which the friendly societies perambulate the streets and collect a sum of money, which they propose to contribute to our Victoria Hospital for Children, and for that hospital we have derived a sum of nearly 300 *l.* per annum since that institution has been founded; and I only wanted to gather from you whether you believe that in the long run collections so made by friendly societies will or will not be beneficial to the institutions?—I do not think, in the long run, they will be beneficial to the hospitals.

1537. I want to ask you further why you think they will not be beneficial?—Because I think that the friendly societies will take as much, and more, out of the hospitals, than they put in, for the reasons which I have already stated.

Lord *Lamington.*

1538. Is not the money collected on those occasions chiefly collected from people interested in vestry matters, candidates, and so on?—Yes, I think so.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 19° *Maii*, 1890.

LORDS PRESENT:

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 SANDHURST.
Lord FERMANAGH (*Earl of Erne*).
Lord LAMINGTON.
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. HUGH WOODS, M.D., B.S., is called in; and, having been sworn, is Examined, as follows:

Chairman.

1539. YOU are a general practitioner, are you not?—Yes.

1540. Did you study at any hospital and medical school?—In Dublin, at Sir Patrick Dun's Hospital, and at Trinity College, Dublin, Medical School.

1541. Are you a surgeon or a physician?—I have degrees in medicine and surgery from the college, Doctor of Medicine and Bachelor of Surgery.

1542. What part of London is it you practice in?—In the North, Highgate.

1543. Is the population there a very poor one; are they very badly off as a rule?—In part of it they are very poor, and in another part very wealthy; it is a very mixed locality; in one street will be very well-to-do people, and then a locality of very poor people close at hand.

1544. And amongst which class does your practice generally lie?—Among both, pretty equally.

1545. Are you in close proximity to any large general hospital?—Not very close, but within about a quarter of an hour of the Great Northern Central Hospital.

1546. That is a general hospital, is it not?—It is a general hospital.

1547. You would hardly class yourself then as being a practitioner who practises among the very poor?—Not entirely; but, as is the case with most general practitioners, among both.

1548. And then, I suppose, for the very poor you have to have two classes of fees?—Yes, more than two classes of fees; usually fees of two or three grades.

1549. May I ask what is the lowest fee that you take from the poorest people?—A shilling is usually the lowest: but I do not at all object to see people for nothing if they are too poor to pay.

Chairman—continued.

1550. Because I have heard it said, indeed we have had it in evidence, that there are practitioners who pay three visits for a shilling?—There are.

1551. I am told that it is in evidence that there are practitioners who pay three visits and give three bottles of medicine for a shilling?—Yes.

1552. You are not one of those?—No.

1553. Do you consider that your practice is interfered with by a general hospital being close? It is.

1554. Would it be equally interfered with, do you think, supposing that instead of its being a general hospital and a free hospital it was a provident hospital?—I have not had personal experience of the provident hospitals, but they are spoken of very bitterly by practitioners in the neighbourhood as taking patients from them.

1555. That is to say that they take patients at a lower fee than any practitioner can afford to take them for?—And they compel the local practitioner to take lower fees, where otherwise they would take slightly higher.

1556. But there is another side of the question, of course, that a great number of these people whom you say you see for nothing if they have not money, cannot pay higher fees?—No, they could not pay high fees, but we suit ourselves to their circumstances; we do not press them if they are poor people.

1557. That I quite understand, but at the same time, my point is this: that if there were no provident dispensaries to assist these people at a very cheap rate their means would not enable them to improve the position of the local medical practitioners by paying higher fees than they do at present?—I quite approve of the system of provident dispensaries for the poor people if it is carried out in such a way as not to admit better-to-do people. Unfortunately they very often admit them, just as the hospitals do, without

Chairman—continued.

any check to their circumstances. Otherwise I consider the provident system a most excellent one for the poorer people. In the iron districts and colliery districts that is practically the invariable system; the men that are in work pay so much a week, and then they have attendance for the whole family gratuitously.

1558. That is a sick club?—Yes. The poor colliery and ironworks districts are on that system, which is the provident system practically.

1559. Have you personal experience of these provident dispensaries?—Not personally; I have not been connected with them myself.

1560. Have you any experience of hospital work; have you had hospital work in London?—No.

1561. As soon as you came to London you embarked in a practice of your own?—Yes.

1562. How long have you been in practice?—Two years in London; before that in South Wales; I was assistant to a doctor there.

1563. Then you are hardly in a position to speak really of the position of the hospitals in London?—I have studied the question very much lately, and consequently I know a good deal of them, by one means and another, although not having lived within their walls.

1564. That is to say, that theoretically you have some knowledge of them, but no practical experience?—I have had the benefit of a great deal of practical experience from many others, having interested myself very largely for the last year or two in the question; therefore I have really seen a great deal of the working of the hospitals.

1565. I think the most convenient course to pursue will be this: You see you have no practical experience of the general hospitals of London?—Well, it is according to what you would mean by "practical experience."

1566. And we shall have no doubt before us a good many gentlemen who have practical experience in the working of hospitals, and can speak to their working from their own personal observation. At the same time of course, I do not wish to curtail your evidence, but I think it would be well if you have any statement to make, that you should confine yourself to the effects of free hospitals upon general practitioners?—I have studied very carefully the general aspect of the hospital question, and such questions as the expenditure of the hospitals, with regard to which I may say, that living within the walls of a hospital gives no clue to it whatsoever; you have to look at it from a general point of view and study the whole.

1567. Then from your observation do you consider that the working of the hospitals is excessive in cost?—I do, decidedly.

1568. What leads you to that conclusion?—Because the same work precisely is done by similar institutions at a very much lower cost, and apparently, as far as I have been able to gather, quite as well done.

1569. You are condemning the expenditure of the general hospitals?—I cannot of course say that there are not individual exceptions; some are worked much more economically than others, but the vast proportion of the metropolitan hospitals, I consider, are worked at very much too high a price.

Chairman—continued.

1570. Extravagantly?—Extravagantly.

1571. Then what are the institutions which you say are worked at a much smaller cost?—I notice that taking the Meath Hospital in Dublin, which is a large hospital with a large class of students for clinical instruction, the cost per bed there is 49 *l.* 7 *s.* 10 *d.* The work there I know is thoroughly well done, and it is quite similar in character to the work of hospitals here.

1572. We must ask you to confine your remarks to London; we have not got so far as Dublin?—I was showing that, by contrast with others, and also by contrast with the provincial institutions, the cost of the London hospitals is high. In the English provincial institutions the cost per bed is not so high as in the London hospitals, and I think, by comparison with similar institutions all over the country, you can arrive at what their proper cost per bed or per out-patient should be. By merely taking individual institutions it is very hard to do; it must be done by a general consideration of the whole question, I think.

1573. But at present you see our inquiry is limited to Metropolitan Hospitals; if, in the course of time, the inquiry is extended to the provinces, it will then be for the Committee, after hearing all the evidence, to make the various comparisons?—The cost per bed of University College Hospital was said in the last return, for 1889, to be 50 *l.* per bed.

1574. From what do you quote?—From a return in one of the medical papers; it was published as that in one of the medical papers.

1575. Was that probably given for the Metropolitan Hospital fund?—It probably was quoted from the returns for that. In the Charity Organisation Society's list, it is higher, but still it is under 60 *l.*; it is 59 *l.* 11 *s.* 5 *d.*, which is decidedly lower than that of some other hospitals, such as St. Bartholomew's, where it is nearly 90 *l.*

1576. How do you know what the cost of a bed at St. Bartholomew's is?—It is returned so; in the Charity Organisation Society's list, it is given as 89 *l.* 7 *s.* 7 *d.* But there is great difficulty in this way, that the hospitals have no definite method of calculating the cost per out-patient, and the cost per bed is calculated after the cost of the out-patients is deducted. I consider that they give a great deal too high a cost to the out-patient; inconceivably high; their method of comparison is, on the face of it, wrong. The method adopted at the London Hospital, for instance, is extremely complicated, and has several sources of gross fallacy in it. They calculate there the cost of an out-patient as 4 *s*; if it does cost so much, it shows the extreme extravagance of that kind of work, because 4 *s.* would ensure a man for a whole year complete medical attendance at home and otherwise; therefore if each out-patient for the three or four times that he goes in the course of a year costs as much as would ensure him against sickness for the whole year, it must be too high.

1577. But where do you get the statement from,

Chairman—continued.

from, that 4 *s.* will provide a man with medical attendance for the whole year?—I know it to be the case; in the provident clubs it is usually lower, and in those ironwork practices to which I referred just now, and such cases as that, it is decidedly lower than that.

1578. From what document do you quote your statement that the charge for an out-patient is 4 *s.*; how do you know it?—It has been published several times. I had it, for one thing, on the strength of a statement of Dr. Rentoul, of Liverpool; it is given on his authority. I am sure it is accurate.

1579. That will not do quite for the Committee. Do you know if St. Bartholomew's publish their accounts?—I have not seen their accounts.

1580. I believe it is the fact that St. Bartholomew's, and the other two hospitals which are known as the endowed hospitals, do not publish their accounts; I believe that Guy's have done so, since they appealed to the public, and that the accounts of these hospitals are kept with the Charity Commissioners; have you had access to the accounts there?—No; it is quite possible that it may have been obtained by direct correspondence with the secretary.

1581. But you cannot personally say as to whether this is a correct statement?—No.

1582. We cannot receive anything that is not evidence at first hand. Then, I may take it that this is your opinion: that there ought to be some common system of account-keeping throughout all the hospitals in London?—Certainly.

1583. The object being that donors could easily discover the cost of a bed and the cost of an out-patient?—Yes; and there ought to be a definite method of calculating the cost of an out-patient, because they vary. By making a difference of a few shillings in the cost of an out-patient you can account for any amount of extravagant expenditure, which is commonly done. At some of these smaller special hospitals the in-patients are so few that you may practically neglect that item.

1584. You say that that system of calculation is "commonly done;" how do you know that?—The one method, I have it on good authority, is that used at the London Hospital.

1585. But you do not know this of your own knowledge; you see you are making use now of what is called second-hand evidence?—Well, there are many things that are matters of common knowledge, that are publicly stated before people quite competent to contradict them, and are matters of notoriety.

1586. But are you in a position to swear to it?—I think all that I have stated I have reliable evidence for the truth of.

Earl *Cadogan.*

1587. I think you gave it in evidence that the average cost at the hospitals, or the cost at some hospitals, was 4 *s.* per out-patient?—I believe it to be much higher in some cases. It has been stated by the secretaries to be higher. The secretary of St. John's Hospital stated it to be decidedly higher.

Earl *Cadogan*—continued.

1588. I am asking about general hospitals; is it within your knowledge that the cost of out-patients is 4 *s.* at the general hospitals?—I think that the methods by which they calculate it are not to be depended on.

1589. I think you gave it in evidence that the cost was stated in some particular hospital to be 4 *s.* per out-patient?—I am decidedly under the impression that it was calculated as such in their return.

1590. You do not know it of your own knowledge?—Except so far that it has been stated publicly in the medical journals without contradiction; that is, with regard to the London Hospital. The Charing Cross Hospital returned last year its cost at 2 *s.* per out-patient, which was a great deal lower.

1591. I do not wish to put words into your mouth which you did not use, but there was one other statement which I understood you to make which was, that the accounts for out-patients were so loosely made that they were able to put in some items which really belonged to other expenditure into their accounts; in fact, in other words, that they cooked their out-patient accounts?—Well, the things used for the out-patients are so mixed with the others that it is almost impossible to separate them. I do not blame them for having different methods, because it is extremely difficult to separate them. The drugs are very often exactly the same, and it is very often only by an estimate that they tell the proportion of drugs used for the out-patients; and they estimate a fourth or some other fraction of the cost of attendants, &c., as belonging to the out-patients; it is entirely an estimate. Consequently it depends, in the first place, on the system they adopt, and, in the second place, they can suit that system to what is wished to be the result; so that it leaves it open to them to decide practically what they will return as the cost for an out-patient, and what they will leave to go to the cost of a bed.

1592. In fact it comes to this, that the accounts returned are valueless?—Practically.

Earl of *Kimberley.*

1593. Are you in favour of an official audit of the accounts as a remedy for these deficiencies, so that they may be all made up on one basis?—Decidedly; I think there should be some general basis of auditing, because at present it is said by people in a position to judge, such as Mr. Michelli, that the auditing is left to young clerks who do not really understand hospital accounts; that is published in a pamphlet on hospitals; that it is very often left to a young clerk who has not seen hospital accounts.

Earl of *Lauderdale.*

1594. Can you take any two hospitals and show that the system is a different system in those two specified hospitals; are there any special facts that you can put before us showing that?—I think the great difficulty would be to find that there is any special system carried out at all.

1595. I mean, can you show that the manner of adjusting the accounts under any distinct head

Earl of *Lauderdale*—continued.

in two different hospitals is different?—I have the statements of secretaries, such as Mr. Michelli; he says distinctly that he has known cases in which such a thing as firewood has been shifted from "house expenses" to "incidentals" just in order to suit the whim of one of the committee; he mentions a distinct instance of it.

Chairman.

1596. Now you have studied, you say, the general procedure and management of hospitals; have you been at some of the hospitals and examined the accounts?—Not personally, but I have been engaged in a great deal of discussion on the subject, writing on the subject, and speaking on the subject, and attending a great many meetings; and I have heard views from various sources. I have attended meetings at the hospitals, and have heard the statements of the staff and the statements of those connected with them, and in the course of the discussions I have heard a great deal about them.

1597. And you have personally examined into the working of these hospitals yourself, not merely taken it from hearsay?—I have not examined their books, because, of course, I had no standing to search their books. I could, if I chose, I believe, examine the out-patient books at the Great Northern Central Hospital, but beyond that I do not suppose that I should be allowed to interfere.

Earl *Cathcart.*

1598. Do you know, practically, of any worthy medical man who could not obtain a livelihood in London because of the existence of these free hospitals?—I have received letters from doctors about themselves or others whom they have known, who have spent enormous sums of money in London, trying to work up a respectable practice, and have given up, and also speaking of others who buy practices with a view to earning a livelihood, and are unable to succeed afterwards.

1599. But you do not know of anyone who has tried to earn a livelihood in London, and has been driven out because of the hospitals?—It is very hard to know those things, because they would hide it; it would destroy their chance of earning a livelihood if it were known; but I am quite sure from what I hear that a great many do fail to earn a livelihood, and that a great many with large families are in distress.

1600. I am sure you, with your interest in the question, would like to see uniformity in the system of preparing the annual accounts of the hospitals?—Yes.

1601. That certain specific facts should be returned in the accounts of all the hospitals?—Yes.

Lord *Thring.*

1602. I understand that you have made it your study to consider the accounts of hospitals?—I have.

1603. And that you have derived your information partly from accounts and partly from oral communications from other people, and partly from your own investigation?—Yes.

1604. And I understand that the result of that mode of obtaining information is, that you are of

Lord *Thring*—continued.

opinion that the accounts of the hospitals are really and truly quite illusory?—I do not suppose that the large items are very far illusory if you take the expenditure of the hospitals; the statement of the expenditure is probably true up to this point, that they return all expenditure except such as is spent in the preparing of bazaars and things of that sort. In some cases that, as I understand from various sources, is not entered on the accounts at all; I mean the cost of getting up bazaars; otherwise I have no doubt that the statement of the large items of expenditure is true.

1605. But the accounts are illusory for the purposes of comparing one hospital with the other?—I think not, altogether. You can check the possible errors, and using checks for the possible errors you can arrive at pretty fair deductions.

1606. What do you wish to state with regard to the hospital accounts?—I think, in order to investigate them properly, the way to do it is by considering them all over the country and in various institutions; to arrive at what is the general reasonable cost of an out-patient, and the general reasonable cost of an occupied bed, and then, taking the number of patients of the two classes, to compare them with the general expenditure of the institution.

1607. Then, with respect to the effect of hospitals on the practices of general practitioners, you derive your information in the same way, from what has been told you by witnesses whom you believe?—Well, it is derived, of course, a great deal from my own experiences. I know that patients who would otherwise go to these doctors go to the hospital; and that there is only a limited amount of work to be done in certain districts, and that therefore the residue of work for these men is very limited, and therefore their incomes must, on an average, be extremely limited.

1608. And your opinion is that these hospitals are very injurious to the practices of the general practitioners?—I am sure they are.

Lord *Monkswell.*

1609. You say that hospitals are too costly even on their own calculations; I suppose you would say that if the calculations were properly worked out they would appear to be more costly than they now appear to be?—I think so, in several instances.

1610. Have you compared them with infirmaries as to cost?—Yes; according to the returns of the Charity Organisation Society they are very much more costly.

1611. But do you believe that the accounts of infirmaries are more trustworthy than the accounts of hospitals as to the cost per bed?—I think most probably so; but of course, not having examined into them personally, I cannot say.

1612. Do you know of any reason why a hospital should be more costly per bed than an infirmary, or *vice versâ*?—I think there is one point on which the hospitals would be justified in being a little higher, that is, that I believe they are better supplied with nurses. I think that the number of nurses, and perhaps the quality

Lord *Monkswell*—continued.

quality of nurses in the infirmaries, is a little too low, but I do not think that that is at all a reason for the great difference in cost that there is between the hospitals and the infirmaries.

1613. What would you say as to the medical advice; do you think that the medical advice would be cheaper in the infirmary?—The medical advice is not paid for at the hospitals except that a small honorarium is given to a few medical men.

1614. That would be a reason why infirmaries should cost more than the hospitals, would it not?—It would.

1615. As to this 4 *s.* which you believe is commonly put down as the cost of out-patients in hospitals, at all events in some hospitals, you say that that must be too high, because 4 *s.* insures against sickness for a year in provident clubs; but is that a fair comparison; because in provident clubs you take everybody, people likely to require a doctor and people not; and very often in a provident club a man may not require a doctor for years; whereas an out-patient is a person who actually comes to the hospital for medical assistance?—He only gets assistance from the hospital on the occasion of three visits, which would be a small average.

1616. We had it in evidence last time that one and a third treatments per patient would be the average?—It varies; I calculated that at the Blackfriars Skin Hospital it was about three-and-a-half.

1617. Have you made any calculation as to what the average treatment of a patient costs you?—The medicine supplied costs not more than 3 *d.* At the hospitals, at the Blackfriars Skin Hospital, I calculated it out that the cost of the medicine supplied to the patients was about 1¾ *d.* each for each visit.

1618. And do you think that any other charge ought to be added on to the charge for medicine?—Certainly; at the hospitals you must take into account the cost of keeping up, the building of the out patient room, the cost of attendance and the cost of dispensing; but that at the Blackfriars Skin Hospital runs the cost of each attendance of an out-patient up to about 8¼ *d.*, the cost of medicine being 1¾ *d.*; that is, of course, leaving a wide margin for the attendance.

1619. Still it does not seem to me that you have made out a case for comparing the cost of out-patients in hospitals with the cost of attendance on a healthy man, who is for years in a provident dispensary, because the chances are that the healthy man may not require any attendance at all?—But also the chances are very much that those who attend at the hospitals will be requiring medical attendance at night, or in serious cases when they are too ill to go to the hospital.

1620. My point is only this: you appear to think that because it costs 4 *s.* only to insure a man's having medical advice throughout the year, therefore the like sum charged by the hospital for each out-patient is too much. I was pointing out that there is that difference?—Looking at it from other sides, and taking the number of attendances of the out-patients, the cost of 4 *s.* would be exorbitantly high.

Lord *Monkswell*—continued.

1621. What would you put the cost of an out-patient in a hospital at, yourself?—I think the cost of each attendance ought not to go much above 3 *d.*, because the cost of the drugs is probably 1¾ *d.*, or from that to 2 *d.*

1622. Then you would say that 1 *s.* each was quite sufficient for the hospitals to put down in their accounts as an average charge for out-patients?—Unless it happens to be a hospital where there are very chronic cases treated, I mean the Blackfriars Skin Hospital especially, because skin cases are apt to be very chronic; they are cases which run on for a long while; there I found the average to be three or four visits.

1623. If the average was four visits per patient, it would only be 1 *s.*, according to your calculation?—It would.

1624. In your opinion about one shilling a head for out patients would be a fair calculation?—It would, in most cases.

Earl *Cathcart.*

1625. Do you, in your calculation, remember that expensive appliances are given; we have had it in evidence that sometimes people go from one hospital to another for appliances?—I think that is the case at some hospitals, and that ought to be taken into account if there are many expensive appliances.

1626. We have been told that expensive appliances are given; we had it in evidence that one girl went round to three places to get them? That would only apply to certain special cases, and I think the cost must be relatively small of the appliances given to out-patients.

1627. But still you must take it into account in your estimate?—Yes, you must. There are other points I wish to speak on if I might.

Chairman.

1628. What points?—The qualifications of medical men for hospital appointments and the connection of medical schools with hospitals.

1629. With the metropolitan hospitals, do you mean?—Yes.

1630. Will you proceed?—It is an almost invariable rule in the metropolitan hospitals that the members of the staff shall hold, for the post of physician, the membership of the College of Physicians, and for the post of surgeon the Fellowship of the Royal College of Surgeons of London. It is generally admitted by those acquainted with medical education that these qualifications do not in any way indicate a higher education, or, in fact, so high an education as the University degrees on the same subject. I think no one would maintain that the degrees of London University (to go no further) are of less value than the degrees of the Royal College of Surgeons; and yet in most cases the graduates of that university would not be admitted to the hospital appointments without obtaining the diplomas of the Royal Colleges; and the examinations for those diplomas are conducted in such a way that it causes very grave dissatisfaction. I have here a quotation showing that the November examination for the Fellowship of the Royal College of Surgeons in 1889 had results which tend to

Chairman—continued.

make one doubt its efficiency as a means of testing the real knowledge of the candidate.

1631. What remedy would you suggest?—I should suggest that the appointments at the hospitals should be open to all registered medical practitioners without requiring any particular medical diplomas, except that they must be registered men.

Earl of *Kimberley.*

1632. What is the exact requirement of the hospitals; is it that they should have diplomas from the College of Surgeons and the College of Physicians in London?—Yes, in London.

1633. And is it the fact then, that they do not admit any one who has, for example, obtained his diploma in Edinburgh?—Usually not; there are one or two exceptions in London.

1634. Are you speaking of a rule, or are you speaking of a practice?—Of course, each hospital has its separate rules; but those rules have that one point in common in almost every case.

1635. Am I to understand you that there is an absolute rule in any hospital or in all the hospitals in London that every practitioner who is admitted to the hospital shall have a diploma of one of the London colleges; or do you merely mean that the general practice of the hospitals is to appoint those that have such diplomas?—That there is such a rule.

1636. An absolute rule?—An absolute rule.

Chairman.

1637. Then does that mean to say that it is a fixed written regulation?—At most hospitals, not at all hospitals; there are one or two exceptions.

1638. If you can give the exceptions, it would be well that you should do so?—There are many which have this exception, that they add another qualification as well as those; I mean that they require not only those qualifications, but others as well. Those vary very much; sometimes they are one set of qualifications, sometimes they are another.

1639. Then I should like to put this question to you: You stated that it is a fixed written regulation, with some exceptions, that gentlemen, unless they have the diploma of the Royal College of Physicians or Surgeons, are not elected to be on the staff of the general hospitals in London?—Yes.

1640. And that you consider to be a grievance?—I do.

1641. But are you of opinion that, owing to that rule, some of the best practitioners are thereby excluded from the hospitals, and that the hospitals in consequence, and the public suffer?—I am quite sure they do.

1642. That is your definite opinion?—It is; and I could give instances to show that in other hospitals, where general practitioners are admitted, the results are of a kind more satisfactory than usually is the case in London. The Dewsbury Hospital is notable for the staff having gone on on such excellent terms with the management and the people that they made a testimonial to every member of the staff simultaneously, and

Chairman—continued.

the "Hospital" newspaper remarks upon that case, that it is probably due to the fact that, being general practitioners, they have a better knowledge of the world, are more courteous to their management, and so on.

1643. Do you consider that, as a rule, the hospital administration and the medical side of the hospital do not get on well together?—I would not like to give a general opinion. May I speak now with reference to the connection of the medical schools with the hospitals.

1644. What have you to say on that subject?—I have had experience of the medical schools in Dublin, and a slight experience of them in London, which makes me consider the system prevalent in Dublin very superior to that prevalent in London.

1645. You have personal knowledge, have you, of the medical schools in London?—To a certain extent, so far as I should require it, I think, for the purposes of my evidence.

1646. How long have you been in London?—Two years residing. I have been on and off in London before that.

1647. If you have a general statement to make the Committee will hear it?—I consider that the mode of having the general medical teaching done in connection with the hospitals is a bad system, for two or three reasons. One is, that it leads to an indefinite multiplication of small medical schools, with consequent great deterioration in the education given. It is only in connection with the large schools, such as are connected with universities and colleges, that they can have as lecturers men who really have made the subject the study of their lifetime. In London, for instance, the teachers of anatomy are not usually anatomists; they are surgeons who take up the teaching of anatomy as a secondary object; and it would be impossible with such a vast number of schools to have men of the highest standard as teachers on all those subjects. They must have at each school clever lecturers at least, and, consequently, they cannot at all the different schools have men of standing on those particular subjects, especially if they lecture at small medical schools, where the number of students is small. Then the number of medical students who study in London are not more than would suffice to form say three good satisfactory medical schools, taking, for instance, the number who entered last year.

1648. We have had it in evidence that there are about 2,000 medical students in London?—I was going to mention the number entering each year; but I think it was given at 620, or some such number. The numbers, however we take them, are not more than would constitute three good schools. I think you will find, on inquiring into it, that the numbers entering in 1889 were 620. I may say that if those figures err on any side it will be on the side of being rather too high, because the different schools like to show a large return; but 620 is given as the number for 1889. At the different medical schools the number varies considerably. There are some where 145 enter, others 38, 30, and so on. I consider that to have really efficient education they must have a large school; they cannot

Chairman—continued.

not keep up the smaller schools efficiently. In the "British Medical Journal" of January the 19th, 1889, there is a letter on the question of financial support of medical education, signed "F.R.C.P." In that letter the writer asks the question, "Are students to be educated as a matter of charity, or should the colleges be managed on ordinary business principles." Then he points out that it is very undesirable to make it too easy to get into an overcrowded profession.

1649. When this amalgamation of the schools, which I understand that you would wish to see, takes place, by that means do you think you would get more able lecturers?—I feel sure of it.

1650. Owing to their being able to take to lecturing entirely for their livelihood?—Yes.

1651. Instead of having to lecture and practise as well?—Yes.

Earl of *Kimberley.*

1652. And also your opinion is that there are not available a sufficient number of men of eminence to occupy these chairs if you multiply them?—Probably not; or at all events they would not be paying them so high as men of eminence would wish to be paid.

1653. I said men of eminence available; that is your opinion, as I gather, that there are not a sufficient number available if the chairs are multiplied?—Yes. I could give you the numbers of medical students entering back as far as 1884. Sometimes they were higher and sometimes they were lower. In 1884 there were 587; in 1885 there were 647; in 1886 there were 623; in 1887 there were 683; in 1888 there were 688; and in 1889 there were 620. That is a decrease, you see, in the last year.

Chairman.

1654. What is that return you are quoting from?—In the "British Medical Journal," of October the 26th, 1889.

1655. And you conclude that that is founded on the hospital returns?—"By the courtesy of the officials of the medical schools in London and the provinces we are enabled to publish the following list of recent entries of medical students;" that is how it is headed.

Earl of *Kimberley.*

1656. That does not include students preparing for the preliminary scientific examination in London University, does it?—It says, "The total number of students who have entered for the full curriculum;" therefore it would not include those not entering as medical students. The communication to which I have just referred is signed "F.R.C.P.;" and he remarks that the balance of revenue remaining at some schools must be barely sufficient to cover the working expenses without taking into account the remuneration of the teachers, upon whose energy the success of the whole school depends. Then I am not in a position to say positively whether the charitable contributions to the hospitals are used directly or indirectly in support of the schools, but I think you will find that the expenditure in the hospitals which have schools, especially the smaller ones, where they are in very close connection, is increased by the fact of their having those schools.

Earl of *Kimberley*—continued.

Chairman.

1657. Would not that rather depend upon how you define what is expenditure for the school; for instance, you might have some very expensive appliance for a patient; would not that be rather expenditure for the patient than for gratifying the wish of the medical school?—If it were it would be excuseable, but I think that the expense for apparatuses of that kind would not be very large; I have not in hospitals seen very much of unusual expensive apparatus used.

1658. Is there anything else you wish to say?—No, except that the teaching would be very much better, and it would be more desirable I consider to have the education under the control of a body capable of superintending education such as the universities and colleges; they are far better suited to control education than committees of hospitals, who may know something of it, or may know nothing. It seems to me a very unsatisfactory mode of controlling the education; and, as a means of attracting students to the hospitals, they start schools, when really, in their own judgment, they must know it is not desirable to do so. It attracts the students there, and for the sake of the fees they do it as a sort of speculation.

1659. Is it not the fact that in most hospitals the school accounts are kept quite separate from the hospital accounts?—I could not give a positive opinion upon that, but it must be difficult to keep them totally separate. At some of the larger schools I have not a doubt that they are, but I am not sure about the others. It also ought to be ascertained whether the fees that are paid for clinical instruction go to the hospitals or not. Now in Dublin the fees for clinical instruction went entirely to the hospital, and that added very largely to their funds; the fee of 12 guineas a year went entirely to the hospital, and the student involved absolutely no expense to the hospital whatever. The expensive part of the student's education is providing things for anatomy and physiology. If the fees for clinical instruction go to the hospital they are a gain, pure and simple, because the clinical teachers are not paid for their teaching in that respect. If they give lectures on medicine they are given in connection with the medical schools, and are paid for in connection with those medical schools.

Earl *Cadogan.*

1660. You say that in Dublin the fees of the students paid for clinical instruction go to the funds of the hospitals?—They do.

1661. Are you aware, in the case of the London hospitals, where the fees of the students go to?—I am not aware.

1662. Then I think you objected to the system of teaching in these schools, and you mentioned that the students are taught by men who have made anatomy a secondary subject; is it probable that a surgeon who was an instructor of students would make anatomy a secondary subject?—I mean

Earl *Cadogan*—continued.

mean that he does not devote anything like his full energies to the subject, and consequently is not at all so thoroughly educated in it as a man who makes anatomy the study of his lifetime.

1663. Would it be probable that a London surgeon, sufficiently eminent to be an instructor of students, would not be tolerably well acquainted with anatomy?—He probably would be sufficiently acquainted with it; but I do not think that his teaching would be as good as that of a man who was thoroughly up in all the modern teaching of the subject, and kept up with the times.

Earl *Cathcart.*

1664. Anatomy is a very progressive science, is it not?—It is, to a considerable extent.

Lord *Zouche of Haryngworth.*

1665. I suppose you would suggest that if you amalgamated the smaller medical schools, and had three large medical schools, they should, each of them, be in connection with some hospital?—If it was to start the thing anew, I think it is a great pity that they should be; I think it would be better if they were situated entirely separately and conveniently for each of the hospitals.

1666. Is a school supposed to be entirely confined to lecturing, the theoretical part of the profession?—It includes also the practical part, anatomy, and similar subjects.

1667. They could afford practical teaching without being connected with a hospital, could they?—Not clinical; not teaching connected with disease.

1668. That is why I asked, would it not be desirable that these new schools should be connected with some hospital?—In Dublin they have a large and fine medical school in connection with Trinity College. The students from there are allowed to go to any of a certain list of hospitals. Sir Patrick Dun's hospital is nominally in connection with the university, and the teachers are the same as those who lecture on certain subjects at the university, but the students need not go there unless they please; as a matter of fact, they put in the requisite number of attendances at one hospital, and then pretty much have the run of any of the hospitals in Dublin; they can go to any hospital, special or otherwise. The teachers would make inquiry if they saw a stranger: "Are you a medical student?" to prevent strangers going in; but otherwise they get their certificate at one hospital, where they must attend a certain number of times, and then they can derive benefit from any one they like to go to.

Lord *Thring.*

1669. I understand you to suggest that the medical schools in London, for instance, should be grouped in a university, really and truly; that they should form a university in which all the lecturing on anatomy, physiology and chemistry, and everything except the clinical teaching, should be done as a matter of university teaching?—I think it would be very much better done in that way.

1670. And that the students should be under university control, and that they should pay

Lord *Thring*—continued.

themselves for their education, like students at any other university?—Yes.

1671. That they should receive their clinical teaching by their being certificated from this university to be students of that university, and then that a scheme should be made by which they should be admitted to receive the clinical teaching at any London hospital?—I should suppose that the schools would name a list of hospitals which were large enough to give proper clinical teaching, and suitable in various ways; they might require special certificates from special hospitals, but certificates from recognised hospitals of standing.

1672. Then your scheme is to have a central medical university for medical teaching in London, with the hospitals so affiliated to it that the students might have effective means of obtaining clinical teaching?—Yes, but I think there might require to be more than one school; three, for instance.

1673. I will put it in this way: You think there ought to be three medical colleges, but being united to a central university, with relations which would enable the students to receive clinical teaching in any of the hospitals?—Yes, a little rivalry is useful.

Earl of *Kimberley.*

1674. Would you be in favour of an exclusive medical education for these students; what I mean by that is this: If there were established this teaching body would you be satisfied to give a qualification that was obtained by passing examinations simply in medical subjects without any general examination as to other subjects?—There would of course be a preliminary examination in general knowledge for all before they were admitted as medical students; and in some of the universities, such as Dublin, they require a degree in Arts before they give the medical degree.

1675. To that I should gather that supposing one could establish a system from the beginning, without reference to existing institutions, you would in fact prefer a university where there should be such general education as may be necessary as a preliminary, and where the medical education should be afforded to those who required it, the clinical teaching being obtained at the hospitals?—A university for the ones who aimed at a higher training, a university which would require a higher general training; and then other colleges which would require merely a sufficient general knowledge, just as in Dublin, the university requires a degree in arts from its medical graduates, and the Royal College of Surgeons merely requires the passing of an examination showing a certain amount of general knowledge, such as every doctor ought to have.

1676. But you would not be satisfied with a degree, or even a diploma granted, where there was not some test of general knowledge, apart from special medical knowledge?—I think not.

Earl *Cathcart.*

1677. I ought to have said in any question just now that anatomy is a progressive science, and implies that the professor of anatomy must be

Earl *Cathcart*—continued.

be *au fait* with the anatomical literature of the world?—I think it would be better if he was.

Chairman.

1678. Have you any other special point?—There was just one thing I wished to mention in connection with the influence of hospitals on the general practitioner. I have here a published statement by a number of medical men in North London, which might be interesting.

1679. A statement of these practitioners being interfered with by the hospitals?—Yes. It is in the "British Medical Journal" of the 10th August 1889.

1680. Did you sign this statement?—I did; I sent it for publication; and I may say that in trying to get signatures to this statement, out of the whole number I came across only, I think it was three, who would not sign it; and I think only one of those said that he disagreed with it; the other two wished it left over. There are several things in the statement which refer to the appointment of a committee of inquiry, which would be rather out of date now; but the other points are these: "We, the undersigned, medical men engaged in general practice, emphatically protest against the system of hospital management at present in vogue, and believe that the whole question is one which calls for a full and impartial inquiry. We maintain that the existing system acts injuriously to the bests interests of the medical profession. 1st. By encouraging the abuse of charity especially in the out-patient departments. Such abuse we believe to be so great as almost to amount to a national calamity, inasmuch as habits of unthrift are encouraged, and a direct incentive is held out to improvidence and fraud. 2nd. By encouraging the formation of low-class dispensaries. 3rd. By discouraging local practitioners, inasmuch as the latter, by being brought into unfair competition with the charities, are practically denied the professional benefits which might jointly accrue were they permitted to become members of the staff of the various local hospitals. We also maintain that, however philanthropic may have been the motives which led to the foundation of pay hospitals and pay wards, the result of their formation has been that many patients have been taken out of our hands without any necessity, and without any corresponding advantage accruing to the patients themselves." Then we ask that the general practitioners should be heard before any Commission to be appointed.

1681. You mention in that statement: "That a direct incentive is held out to fraud;" what does that allude to?—People who could well afford to pay for it receiving gratuitous advice.

1682. Does it allude to there being people getting medicine free, and then selling it?—It would of course allude to that, among other things. And one thing I should mention is that where any questions are asked, in cases where there is an inquiry officer, the present system of merely asking a few questions leads people to give false addresses and false references as to themselves; there is no inquiry made as to whether their statements are accurate.

Chairman—continued.

1683. And then you mentioned also the formation of "low-class dispensaries;" could you define what you mean by "low-class dispensaries?"—Dispensaries which are really shops taken, and the windows and everything got up in a stylish manner, with various writings on them to advertise the dispensary, and charging extremely low fees, such as are hardly consistent with proper attendance.

1684. Then you think that at these low-class dispensaries the medicines provided are bad, and the advice not of the best class?—It depends on what dispensary it is. I know some exceedingly able men, men as able as any of the younger London consultants, who are managing such dispensaries, and who, I believe, are conscientious men, and manage them well; but there are a great number of other dispensaries simply managed in this way: a practitioner who finds his own income not large enough gets an unqualified man to occupy a shop, done up in the form of a dispensary, in a populous district, and pays him so much a year, and then the profit over and above that he keeps for himself. If any difficulty arises in the way of signing certificates, and so on, the doctor, who always is cover to him, gets him over the difficulty, and very often signs the certificate without having seen the patient at all, I think; and in these cases I have known instances where utterly unqualified men, men who had not even the pretence of a medical training, have been practising for years.

1685. Can you specify where any of those cases are?—There was one, I forget the precise locality, but I remember inquiring into it when first I came up to London. I did not understand what the management of this place was, and I was inquiring after some that were advertised; I came across one of them, I forget the exact locality; I think it was in Queen's-road, Dalston, but I am not quite sure. I ought not perhaps to mention the road for fear there might be some dispensary there now. It was sold at all events, so that if there was such a one there now it would be in different hands. There was one there conducted by a non-qualified man, under cover of a medical man living the other side of London.

1686. Is there any other point you wish to bring before us?—I think not.

The Witness is directed to withdraw.

SIR EDMUND HAY CURRIE, is called in: and, having been sworn, is Examined, as follows:

Chairman.

1687. YOU are on the management of the London General Hospital?—Yes.

1688. And how long have you been connected with the London General Hospital?—I have been on the committee 34 years, I think.

1689. And you are also connected with the Small-pox Hospital of the Metropolitan Asylums Board?—I was chairman of the General Purposes Committee of the Asylums Board, and we had to deal with the two last epidemics of small-pox.

1690. You are also connected with the hospital that was known as the Metropolitan Free Hospital, which is now on a provident basis, I believe?—Yes; I joined it to work out the provident system.

1691. And you are still, are you not, connected with the Peoples' Palace?—Yes, I am chairman, and have been ever since it started.

1692. The London General Hospital is the largest general hospital with a school in London, is it not?—Yes.

1693. Can you tell me in round numbers the number of in-patients that you treat?—We have 776 beds.

1694. And of out-patients you have a very considerable number indeed?—One hundred thousand per annum. I ought to say 100,000 registered out-patients. I heard the last evidence given here, and therefore I should like to say that we have more than 100,000 registered out-patients; we have a great many more merely trivial cases that we do not register.

1695. But do I rightly understand that the term "registered patients" applies to what are called out-patients as opposed to casuals?—No; minor casualties, 68,342, are registered, as are the 22,848 out-patients, governors' cases.

1696. And you have a system of inquiries at the London General Hospital, have you not?—Yes.

1697. Do you happen to remember what number of inquiries you made, we will say, last year; I think there were 109,000 out-patients last year, were there not?—Yes.

1698. And I have heard that a little over 800 inquiries were made?—That figure is about correct; I know it is between 700 and 800.

1699. But is not that a very small number of inquiries out of such a very large number of patients?—Yes, but it only applies to the 22,848 out-patients; I do not think I have ever had very great faith in that part of the inquiry; I mean in dealing with the poor who come to the London Hospital one cannot judge of their poverty by the way in which they appear at the hospital.

1700. You mean to say you cannot judge by their dress, for instance?—By their dress and their bearing.

1701. Who is the person who conducts the inquiries?—We have a paid officer whose business it is; he reports to the house governor.

1702. Is the inquiry officer a medical man?—

Chairman—continued.

No, he is not; he is a man appointed, a clever fellow, who does his work very well, I think, as far as it goes.

1703. He is acquainted with the modes of life and the condition of the people in that district?—That is so.

1704. Then in cases where you make inquiries, do you refuse first treatment or do you make inquiry after the first treatment?—No, we do not refuse first treatment; every patient is treated once.

1705. And then, after that treatment has been given, inquiry is made into the circumstances of the patient as far as possible?—Yes; the man will go up to a patient if he thinks he or she is not of the class who ought to have the benefit of the hospital, and very often the very fact of speaking to them and letting it be seen that their cases are being inquired into, prevents their taking advantage of the hospital again.

1706. I do not quite understand why such a small number of inquiries is made out of such a large number of out-patients?—As I say, I do not think that any system of that kind, as peculiar to the London Hospital, though it has been admirably worked out by the house governor, is really efficacious in meeting the abuse which undoubtedly exists.

1707. Could you suggest any plan by which an improvement could be brought about in that respect?—Only, if you allow me, in answer to questions, to go into the provident question. I would not allow anybody to come to the London Hospital free except in cases of accident. What I mean is, that I do not think that anybody ought to come to the London Hospital to be treated free except for the preservation of life. Of course we are governed by a charter, and therefore we cannot upon the *ipse dixit* of the board alter our rules and regulations; the governors have privileges, and they send patients there whom they think fit to send; fit to give a letter to; and those persons, to the number of 22,848, have the benefit of treatment at the hospital; and with regard to those I do not see how we could prevent their being treated, because they are sent by the governors who have privileges given them by charter.

1708. But then do I understand that out-patients are treated on letters?—Out-patients are treated in two ways; they are treated on letters given them by the Governors of the London Hospital, or they come there simply presenting themselves at the receiving room and they are treated, or they have always been treated up to the present time (though now we are altering our regulations); they have walked into the receiving room, and been treated at all events once or twice.

1709. But you said just now that you think nobody ought to be treated free at the London Hospital, except in cases where life is in danger?—Yes.

1710. But now the district in which the London

Chairman—continued.

London Hospital is, is surrounded by manufactories, is it not?—Yes.

1711. And not very far from the docks?—Yes.

1712. And there must be an enormous number of accidents occurring?—The accidents have decreased in East London considerably of late years, because our factories have decreased. When I first knew East London, which is 35 years ago, we had big factories all round the River Thames, big shipbuilding firms employing several thousand hands; they have all ceased; we have become much more of a residential population, so to speak, than we were in days gone by when we had these big shipbuilding yards of Greens, Wigrams, Samudas, and the Thames Iron Shipbuilding Company's. We have not now so many factories in East London. I think it is a good thing for East London that we have not these big factories in one way; I think it is much better to have a number of small ones. So the London Hospital has changed its character to a certain extent, and become more of a medical hospital. In our medical wards the pressure is greater now, certainly in the female medical wards, than was the case years ago.

1713. Then do you mean to say that you have frequently spare beds?—No, I do not think we have spare beds in the London Hospital, because we want another hospital; I mean that the London Hospital with 776 beds ministers to a population of, I suppose, a million and-a-half persons, a million certainly, and there is a crying want, a little lower down, nearer the River Lea, nearer the eastern boundary, of another hospital. But we never refuse and never have refused a patient at the London whom it was necessary to take in to preserve life, whatever the state of the finances have been or of our beds.

1714. I suppose the hospital is sometimes overcrowded?—Undoubtedly.

1715. I have been told that at times you have taken in as many as 30 individuals with broken legs in a night?—No; 30 patients a night, and once, nine broken legs.

1716. Would any of those cases be excluded because you think they ought to pay?—They would be all taken in. A man who comes with a broken leg is the right person to come in *coûte qui coûte*; any cases of accident coming are admitted without any hesitation.

1717. How would you set about to make a general hospital work in with a provident association?—I would do this. I would take care that a general hospital, like the London Hospital, has affiliated to it a certain number of provident dispensaries. Perhaps I could begin my answer better in this way: I would affiliate to the London Hospital a certain population round it, say, within a mile radius; I suppose a mile radius would give us in East London three-quarters of a million of people; and I would in that district start provident dispensaries in the great thoroughfares which would be affiliated to the London Hospital, where persons should belong who paid systematically, week by week and year by year, a small fee, and who should be seen by the doctors appointed by the hospital committee, or some other body in the first instance, and from there should be passed on to the hospital in case of their being patients who wanted what one might call consultative treatment. I would have the London Hospital as a consulting surgeon or physician would be to you, my Lord, who have your ordinary physician; I would have the London Hospital a consulting physician for all bad cases that occur in the district.

Chairman—continued.

1718. What should the provident dispensaries do?—The provident dispensaries should take the persons who have paid their weekly or monthly small fee in health and sickness for their relief.

1719. And be their family physician, as it were?—And be their family physician. I would take a medical man in the district, the best man you could find who would take the appointment, pay him a salary, and let him see the patients at a dispensary, to be approved or, if necessary, at their own homes; and I would have him in such close touch with the staff of the hospital that every patient would be useful either to the students for knowledge or be a case of interest to the staff; or in the case of a person who wanted really more careful treatment than he could possibly get in an ordinary dispensary. I would have him go to the hospital without any finding of a letter or any trouble whatever, simply from the fact of his being a member of a provident club or association, and the fact of his being ill. But on that I should like to say that my idea of provident habits is not what is the case with many of the so-called provident institutions of London; a man paying a portion of the cost of his medical treatment or of his surgical appliance. I mean a man who pays systematically week by week, month by month, and year by year, a certain amount in health and in sickness towards a rainy day.

1720. Then, if such a state of things could be brought about, that would, you think, remedy the evils that exist now as regards these hurried treatments in the out-patient departments?—I think it would be very much better for the patients; they could be seen much more rapidly at the dispensaries; they would not have to wait the long time that patients now necessarily must wait, and I am not quite sure that they would not be better treated than they would at the hospital; because with the very best arrangements it must happen now and then that patients are not seen by the medical officer or surgeon whose name is on the ticket; he may be probably a gentleman having a large private practice in the West End of London, and he may not be able to come, and the patient may be seen by a young man, comparatively. I do not mean to say that he ever is seen by an unqualified man; I do not believe he ever is; no patient is; but at the same time I think perhaps a middle-aged physician in practice in the neighbourhood would be better able to treat him, at all events at first, than a young fellow in the hospital.

1721. Then you do not believe what has been told us on one occasion, if not on more, that out-patients are habitually seen, or at all events are seen at many hospitals, by students?—No; I do not believe that at the London Hospital any patient is seen by one whom you would designate as a "student"; I think they are seen by resident medical officers and young fellows who have been through their student work, and

Chairman—continued.

are waiting for appointments, and who are certainly qualified to see them; but I still think if I were a poor man I would sooner see a middle-aged man, a man who had been at work some years, than I would a person in the hospital who looks a boy, though he probably is not a boy.

1722. But still these assistant physicians or surgeons——?—I was alluding to their being seen by a man much below the assistant physician or surgeon.

1723. The assistant physician and the house surgeon are men of some position?—They are men highly qualified, holding distinguished positions in London.

1724. You allude to what are called qualified students?—Qualified students; I should not like it to go forth that, after being a good many years associated with hospital work, I thought for a moment any poor person was seen by a student, in the ordinary sense of the word.

1725. Then you mentioned that they could be seen more rapidly at these provident dispensaries than in the out-patient department of an hospital?—Yes.

1726. But we have had evidence to the effect that they are seen extremely rapidly in some of the hospitals?—I mean that at the dispensaries they would not be kept waiting for the length of time that they are in our wards, out-patient departments. For a man at work it is a very serious matter to be kept in the out-patient department for several hours, during the best part of the day. In the London Hospital we see them about the middle of the day, between 12 and 2 o'clock; that is a bad time for the working men; I would have these men seen morning or evening at their option.

1727. Have you ever considered at the London Hospital the possibility of out-patients coming in the evening?—Yes, we have considered it, but it never has been carried out; there are difficulties with regard to the internal economy of the London Hospital. But, as a rule, there is too much thought of the convenience of persons coming in the evening; it is very inconvenient for a woman (and as you know, the number of women patients is extremely large) to leave a household in the evening. It is thought to be a grievance to come in the morning, but it is no real grievance; it is better for a woman, very often, to come in the morning, and be at home with her children and put them to bed in the evening. It sounds well that they should come in the evening, and in the case of the men it is very desirable; not so in the case of the women, because the children are kept up late when the woman is wanted at home.

1728. Is anything said to this effect, that the provident dispensaries starve the class of local practitioner, as it is alleged that the general hospitals do?—The difficulty in answering that question is this; that the free system must starve the local practitioner, and I think that the provident dispensaries, to a certain extent, will injure the local practitioner; but I think, by a carefully regulated scale of the pay that a man is receiving, say, for instance, that a man should not be allowed to belong to a provident dispensary if he is a single man, if he was earning more than a certain wage, or if a family man more than a

Chairman—continued.

certain wage, that would prevent anxiety on that point. But everything is abused in London; I mean that the class above always try to take advantage of what is provided for the class below.

1729. Then you would like to see the local practitioners, the provident institutions, whether they were hospitals or dispensaries, and the general hospitals, all working together?—Yes, I feel sure it could be done. I think, at first, there will be trouble; there will always be a certain amount of over-lapping, and a certain amount of abuse, but I do not think there would be the slightest difficulty in it if the staff of the hospitals would be inclined to work it. I do not think, for instance, that at the London Hospital it could be worked, except the staff of the hospital agree to it. They have the opinion, I think, at all hospitals, at least at all the big hospitals, that having provident dispensaries would injure the school. On the other side, no provident dispensary can exist in the neighbourhood of a general free hospital.

1730. Now, as regards this out patient department, there are in round numbers 118,000 patients a year, you say, at the London Hospital; do you call those 100,000 new cases?—In and out, practically all new cases; I think we have about 22,848 that come in with governors' letters; recommended cases.

1731. Those are new cases?—Yes, new cases; and about 60,000, including out-patients and accidents, walk into the hospital with their illnesses without any letters at all, but I think the London Hospital is getting alive to the abuse (and it is an enormous abuse) of letting anyone that likes with a bad finger walk into the hospital.

1732. What should you say was a fair average to put down for the number of recurring visits; about three visits to each patient?—I think it is about three. This applies to continuous out-patients only, not casuals.

1733. That would give you about 300,000 people to attend in the course of the year?—Yes; out-patient and casualty attendance in 1889 amounted to 243,000; I ought to say that I think these 118,000 do not include a number of minor cases. For instance, in the time of influenza, people came for medicine, and in a time of hot weather and summer cholera we keep medicine always ready and do not register cases of that kind; I mean that the 118,000 are over and above that.

1734. Then the actual number of cases would be a good deal in excess of the 118,000?—Largely, of individuals.

1735. That would mean over 300,000 visits to the out-patient department per annum?—Yes.

1736. Now is not such a number as that very inconvenient to the hospital?—We are very fortunate in the London Hospital in having a first-rate man at the head of affairs there who has had an immense experience; and we have a large number of people on the staff and the difficulties are met as they arise; but the London Hospital is always at high pressure. I do not want to say anything which may seem to magnify the London Hospital above other hospitals, but no one can picture better than yourself what the pressure at the present time at the London Hospital

Chairman—continued.

Hospital is. It sees much more anxious cases than any other London hospital. They are all poor in that part; even the tradesmen and shopkeepers all live out in the suburbs and leave their place in charge of a porter; and the pressure is immense in that way, that our cases are so much more severe.

1737. Therefore it would be impossible to draw a comparison between the London General Hospital and, we will say, St. George's?—I do not think you can draw a comparison between the London Hospital and the nearest hospital; the nearest hospital that we can, perhaps, draw a comparison with would be St. Bartholomew's.

1738. Speaking of the rapid treatment of patients, you have about 1,000 a day, who are treated at the rate of about 60 an hour or something of that sort?—Of course many patients simply want their medicines repeated, chronic cases who have gone there. I should not like it to go forth that I think the chronic cases are not bad enough for the hospital; I think it most important, as far as schools are concerned, that the students should see the ordinary chronic cases; they make 90 per cent. of the cases they will see in the villages or anywhere else in England. Therefore I do not want your Lordships to have the idea that when I call the London Hospital a consultant I only want the students to see extraordinary cases; I think it is most essential that they should see some of the ordinary common cases, colds and sore throats, and illnesses which are more common in England than the very severe illnesses which are few and far between.

1739. In the case of a small-pox or scarlet-fever patient coming to the hospital, what course would you pursue?—We at once telegraph to Norfolk-street in the Strand, and we get an ambulance within 20 minutes.

1740. But now, supposing that the patient does not fancy going into the Asylums Board Hospital, have you any power to compel him, or can he escape if he chooses?—I think we should keep him. If it were a patient who ought not to have come, because he could afford to pay, we should communicate either with the Fever Hospital or with the Small-pox Hospital at Highgate. A case comes and is isolated, and we telephone for ambulance and send it on at once, unless the fever medical officer of the Board refuses, when we send case home in our own carriage. I believe we have no power to keep a case against his will. They generally stop; but we have known one or two cases to abscond, of which we give notice to the medical officer of health of the district; but I do not think we have had any difficulty with a real *bonâ fide* case of scarlet fever. We have fortunately not had any small-pox for some years. We never found difficulty arise in scarlet fever cases; parents as a rule are glad to get the child taken in at Homerton at the Fever Hospital.

1741. Will you continue your evidence on the subject of poor-law infirmaries, with special reference to the opportunity that students have of studying the diseases?—The patients who, to a large extent, are in the sick asylums and infirmaries in London, those, I mean, built under Mr. Gathorne-Hardy's Act of 1867, are persons who have had the run of all the hospitals in London, who have gone about with incurable

Chairman—continued.

diseases, and they find their resting-place in these asylums and infirmaries. Of course it would be most desirable, it seems to me most essential, that they should be able to be followed, that their treatment should be seen, and what is going on in these sick asylums; because it has always struck me (and I have thought of it a great deal, and had a great deal to do with it) that it is wrong for a medical officer at a sick asylum or infirmary to be left in charge of 600 or 700 patients, and to have nobody looking after him in the same profession. Now at the London Hospital, or at any other hospital, no surgeon dares try what you call an experiment, there are too many eyes watching, students, staff, and one thing and another; but in our sick asylums and poor-law dispensaries a man might, I do not think for a moment he does, suffer from the fact of there being no student or anyone there whatever to see what is going on, no lay authority. I, myself, as chairman, on the general purposes committee of the Board, could never tell whether a patient was being treated properly by the medical officer; there was nobody above him of his own profession; of course he was a splendid man, but it seems to me that it would be an immense boon if what is now the fact at our infectious hospitals could be carried out at the sick asylums, and students should be able to go there under some authority, or any one should be able to go there who is in the profession, as well as the medical officer in charge of the asylum.

1742. Then do you consider that, in the first place, in the poor-law infirmaries the medical staff is undermanned?—No, I should not like to say that; you know there are so many chronic cases in which, if you have a really good nursing staff, a nurse is much better than a doctor; but I do not think they are undermanned. I hope they would have a proper staff provided; but I do think we all want looking after; and I do not think it is a right position for a medical man to be in charge of an immense place of that kind without some outside medical power coming in.

1743. But as regards the number of the staff at one of the poor-law infirmaries, if we compare it with the London Hospital, the number of beds that you have at the London Hospital is about 700?—Yes.

1744. The number of beds that they have at the Marylebone Infirmary is, I believe, 700?—Yes.

1745. And at the Poplar Infirmary how many have they?—Six to seven hundred. I think we only have one medical officer and one assistant; but then they are all chronic cases; I mean that a case for operation would be sent to the London Hospital, except in a very few instances. I do not think, except in ordinary operations, the medical officer would care to undertake the responsibility of performing the operation.

1746. How many medical officers would you have at the London Hospital for these 700 beds?—A very large staff; but then they are acute cases.

1747. You consider that, as regards the number of the staff employed at two institutions having a similar number of beds, but treating different kinds of cases, you can hardly determine what the number should be?—You cannot determine at all. With regard to the institution where it depends upon the nursing, I think you cannot have

Chairman—continued.

have too good a system of nursing, as indeed they have at the one you have named, at the Marylebone Infirmary, for these patients, because it is nursing they want more than anything else.

1748. Do you consider the nursing generally good at the infirmaries?—I should think at the Marylebone the nursing is as near perfection as you can get it; and I should think all the sick asylum infirmaries vie with each other and try to make their nursing as good as can be. I have had the pleasure of watching hospitals for a good many years, and the nursing is essentially different in these asylums now from what it used to be in the old workhouse time.

1749. You think it would be for the benefit of the profession if the infirmaries should be thrown open to the students?—Undoubtedly the profession, and I should think the medical officers in charge of the sick asylums, would like it very much.

Earl of *Kimberley.*

1750. With regard to asylums for infectious diseases it is, I am informed, the case that under the Act recently passed some arrangements are made for admitting a very small number of students?—That is so.

1751. But is it not really indispensable for the proper medical education of students that they should have frequent access to these asylums, and be able to study those diseases, because otherwise they may go forth into the world quite ignorant of the treatment of one most important class of cases? — I look upon that as most essential.

1752. In the case of the poor-law infirmaries, it is not so essential, I apprehend; but it is very desirable that there should be access to them in order to study the chronic diseases?—Yes.

1753. But the necessity in the case of the infectious asylums, I take it, you would consider pressing?—Yes. I was chairman of the committee at the time Sir Charles Dilke was President of the Local Government Board, and we took 10,000 small-pox patients out of London in one summer. No one saw any of those patients; they were no use for teaching, except to just the small staff that we had on the hills at Darenth.

1754. That is really a very serious impediment to the proper education of medical students?—It seems to me most essential that provision should be made for their seeing these cases; you know that we have had no small-pox epidemic for some years, but with regard to scarlet fever, which is one of the greatest scourges we have, at the present moment there was no means of watching it, except in private houses, till recently. It is carried out to a small extent at present.

1755. For the education of medical gentlemen, you think they ought to have the opportunity of access to these asylums?—Most certainly; and both the sick asylums and poor-law infirmaries, and the infectious hospitals.

Earl of *Winchilsea and Nottingham.*

1756. You say that you would let the provident dispensaries be the judges of who ought, and who ought not, to go to the out-patient departments of the hospitals?—I would give the power to the medical officer in charge of the provident dispensary to say to a particular patient that he would take care that they would admit him into the hospital without the slightest delay, where he would be able to go to bed and be properly cared for; if he did not, the provident dispensary would simply mean the patients being treated in their own homes.

Earl of *Winchilsea and Nottingham*—continued.

1757. Would you abolish the out-patient department as a court of first instance, so to speak, and merely allow consultative cases to go to the out-patient department on the recommendation of the medical authorities of the poor-law dispensaries and the provident dispensaries?—Yes; I think that would be the very best thing, if it could be carried out; I mean if you could sweep away the charters that these hospitals have, giving privileges to the governors. I should think the hospital ought to be the consultative medical man, the consultant for the whole district.

1758. I think there was a third category that you named; you said, did you not, that you would allow every member of a provident dispensary to have access, on his own account, to a hospital?—No; I would not let him have access there except through the order of the medical man in charge of the provident dispensary.

1759. You agree with the former witness, Mr. Nelson Hardy, with regard to making the hospital a consultative body?—Yes.

Lord *Lamington.*

1760. You said that provident dispensaries were liable to abuse, by being resorted to by people who could afford to pay the local practitioner; if they paid the full contribution, would there be any harm done?—In dealing with provident dispensaries, you have to make the rate of pay suit the persons who are so poor that they would not pay the whole cost. They might pay the whole cost in the cases that the last witness spoke of, when he said that so many of them do not want any medical relief; but with respect to the Metropolitan Hospital, where we are working the provident system, there our charge to all our people is about 1 *d.* per head per week; for children it is less. It comes to 4 *s.* 4 *d.* a year, and we are too young yet at the Metropolitan Hospital to say whether the system is one that will answer.

1761. Would you say that more confidence is felt in a poor-law dispensary or a provident dispensary than in a hospital?—I think there is much more confidence felt in going to a hospital than either. We have such a rotten set of places in East London called dispensaries, which are simply shops for getting money out of poor people so long as they have any money, and then they come on to the hospital afterwards. I daresay dispensaries do not stand well with the poor.

1762. Have you found people go wandering about to other parts of London to get hospital treatment?—There is a great difficulty in the deserving poor getting letters. Of course it has been mitigated by the fact that up to recently anybody could go to the London Hospital and be treated at once without any letter.

1763. They do go about to other parts of London, do they not?—They do very much; a patient

Lord *Lamington*—continued.

patient will pass the London Hospital door, and go to St. Bartholomew's or to Guy's; they may have had some friend who has been well treated there; it is very curious that the poor do not naturally love the hospital in their own district, but like to go to another one.

Chairman.

1764. But it frequently happens that a patient seeking one hospital will pass half a dozen?—Yes, it does.

1765. You said that you agreed with the evidence that we have had already, that the out-door medical relief ought to be either in the hands of the provident associations or in the hands of the Poor Law?—Yes.

1766. But as there is such a very large number of out-patients treated in the general hospitals the present accommodation in the dispensaries and Poor Law infirmaries would not be sufficient, would it, for the whole number?—The answer to your Lordship's question is that you have no chance of establishing provident dispensaries. I offered to start one at the London Hospital a few months ago, but as long as the London Hospital is carried on on its present principles no provident dispensary can live. If you are a poor man and can get the best hospital treatment for nothing you will not go to the provident dispensary in the neighbourhood, simply cared for by local practitioners; and as long as a hospital will treat patients for nothing no provident system can exist; and I have no doubt that Lord Kimberley and others who have studied the Poor Law part of the question would say at once that medical relief in the first instance is a great cause of our pauperism. In East London and all over London 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. He does not care a bit to lay up for a rainy day, because he can go to one of the hospitals and get medical relief for nothing; and then on that he builds his theory that he can get other things for nothing. I look on the free medical order under the Poor Law, particularly, as it does not take away what is considered the man's privilege of voting, as almost a curse in East London in the creation of pauperism.

Earl of *Kimberley.*

1767. The medical order is almost necessarily followed afterwards by a supply of medical necessaries?—That is so.

1768. And medical necessaries frequently include food?—Food and wine.

Earl *Cathcart.*

1769. It destroys the man's sense of responsibility?—Up to that time he had to pay for everything; then he finds that he can get it for nothing.

1770. You mentioned that your inquiry officer was a valuable person; what class does he belong to?—I think they have changed once or twice; he was simply a man picked out by the house governor, an ordinary man; I think they pay him a comparatively small salary.

1771. That is the man who makes inquiries in

Earl *Cathcart*—continued.

relation to the out-patients?—Yes, I do not think he is anything special, not a soldier or a policeman, but a man picked out by the house governor.

1772. You mentioned that you were very fortunate in having fewer cases of serious accidents now than formerly. Has the Employers' Liability Act anything to do with that?—No, I think it is simply that East London has changed its character. Every decade we get poorer.

1773. Dr. Nelson Hardy mentioned that in a dispensary that he was connected with, they gave about four minutes, on an average, at the out-patient department to a patient; that would be a fair time?—Yes; then you can understand at once that a medical man like Dr. Stephen Mackenzie will take a long time over one patient in explaining to the students the peculiarities of the disease, and then they run over a number of other patients very quickly; it is not that every patient gets four minutes.

1774. To have many changes in the lay establishment of a hospital is rather a sign of not very successful management, is it not?—I have never had any experience of that kind.

1775. You do not frequently, in the London Hospital, change the members of your establishment?—No, we only change it when there is promotion, or when men leave us.

1776. It has been suggested from outside that many changes in the lay establishment of a hospital is a sign of not very good management; is that your view?—I should think it would be, at the same time, I always think that if hospitals are too quiet, there is an under-current going on, perhaps, which is not desirable; I think it is very desirable to have a certain number of anxieties.

1777. Do you regret now that there are no training establishments for men nurses?—I never had any experience of men nurses except at Scutari, in the Crimea, and I should be sorry to be nursed by them.

1778. But as we know, there are cases of delirium tremens and other cases where you must have men nurses, and I am informed that in the London hospitals there are difficulties in finding persons to act in that capacity?—We keep a record of certain persons whom we want in cases of trouble, though in East London we are very much more sober than we were; still we have cases of delirium tremens.

1779. I am told that in some hospitals most unsuitable persons are called in, commissionaires, and even men from the corner of the street, and people not suitable for the purpose at all?—That might be so, I think, in some hospitals; I think it ought not to be so.

1780. In private practice people require men nurses occasionally for their patients, as being stronger and more able to work for continuous hours in difficult cases, in heavy cases?—Yes, I daresay it is the case; at the same time my experience, with all classes of disease, whether infectious or accident, has entirely been among women, and I should be very sorry to see cases nursed other than by women as a rule.

1781. Might I ask if you take venereal cases at the London Hospital?—Yes.

1782. In the out-patient department?—They come to us.

 1783. And

Earl *Cathcart*—continued.

1783. And those cases are exceedingly numerous, are they not?—No, I think not; we have special obstetric wards: I do not think they are very numerous, not in East London.

1784. It has been computed that in the army there are about two and a-half regiments always off duty in consequence of venereal diseases, and that venereal diseases extend greatly also to the civil population; but that is not your experience?—I should say not in East London.

1785. You mentioned the difficulty of the responsibility of the asylums being all in the hands of one medical superintendent; but institutions with which I am very familiar, the County Lunatic Asylum, for instance, very large establishments, such as that of York County, with which I have been in connection, are under the control of one medical superintendent?—Yes, I have been the chairman for many years of a very large idiot asylum, which collected the idiots out of every workhouse in London and put them into an institution at Darenth under the Poor Law Board; there we had the same system of one medical man in charge, with an assistant; but I think it is wrong. I think everybody wants looking after, and I do not think it is right that 600 poor children should be under the charge of one man, without anybody else coming in who is in the same profession. But I hope you will not misunderstand me. In this case the gentleman was the most delightful man, and would not do the slightest harm to any living being; but still I think it is wrong. Where you put compulsorily the charge of poor persons into the hands of a man in any place, I think they ought to have some frequent way of being overlooked, not by a lay authority who knows nothing whatever of the treatment of disease, but by some medical people or other.

1786. You have told us that you are quite in favour (and in that you agree with all the previous witnesses) of having clinical teaching in infirmaries?—Yes.

1787. As being a means of benefiting not only the patients, but bringing into the infirmaries a higher class of medical practitioners?—Yes, I cannot understand how the waste that goes on in these circumstances, both in the Poor Law infirmaries and the sick asylums, and also in the infectious hospitals, the waste of instruction, so to speak, that is never able to be given to the young men, can be allowed to go on so long, except for the fact that in infectious hospitals you would have, of course, to keep the student entirely for a time in the hospital, and not let him go back to London to his ordinary work.

Earl of *Lauderdale*.

1788. You spoke of governors being at liberty to send a certain number of patients to the London Hospital; do you reserve a certain number of beds for that purpose?—No; at the London Hospital the only right of a man to occupy a bed is his illness; we cannot take everybody, and we take those cases, leaving it with the medical man entirely; whether the patient is sent by a governor or comes from the outside or in the ordinary way, it is left entirely to the medical officer or surgeon to say whether that patient should come in. But I need not tell you that it acts badly in this way, that the pressure is so great at the London Hospital that we cannot take as many patients at the earlier stages of their diseases as we should like; if a person comes extremely ill and near dying we take him in sooner than we should take in a person in the earlier stage of the disease.

Earl of *Lauderdale*—continued.

1789. But the mere fact of a governor sending in a patient does not ensure his getting into the hospital?—No; we expressly state that on our letters and have done so for many years now.

1790. Then what advantage has a man bringing a letter from a governor?—He has very little privilege now in that way.

1791. Practically it comes to the same thing whether he brings a letter or not?—The London Hospital is becoming more and more of a great free hospital; at the same time we are obliged by our charter to give the governors the privilege of sending in so many patients a year. We live by their indulgence, if we did not the hospital would be flooded.

1792. You give them that privilege, but they do not carry it out?—They do not act upon it.

1793. And you do not act upon it either?—No, simply upon the gravity of the disease.

1794. Then with regard to affiliating these provident and Poor Law dispensaries to the general hospitals, you would divide the district, as it were, into two; for instance, one portion of the population belonging to the provident dispensary and those not able to pay anything belonging to the Poor Law dispensary?—Yes. There are three sets of people to treat; the poor man, first of all; he is the lowest stage; the Poor Law medical officers in the district take the poorest people.

1795. Without payment?—Yes, without payment. Then we ought to have provident dispensaries to take the great bulk of the population of East London; and then you will have the private practitioner, who could take the persons who could afford to pay. I fancy if we could only have dispensaries properly worked in East London we should do more good to the poor people of East London than you could conceive, because we should kill those miserable doctors' shops.

1796. You would have two classes of dispensary, the Poor Law and the provident dispensary?—A Poor Law dispensary, to which a man could only get by an order.

1797. And those that did not get the order you would compel to subscribe to the provident dispensary?—I would not compel them, but they would be glad; my impression is to get there if they could not get treated at a hospital for nothing.

1798. But then it comes to this, that you would compel every man to subscribe to a provident institution if he was not a fit subject for the Poor Law?—Or he would go to the private practitioner.

1799. He would either go to the private practitioner, or subscribe to the provident district dispensary?—Yes.

1800. And

Earl of *Lauderdale*—continued.

1800. And failing that, he would go to the Poor Law?—Yes.

Lord *Thring.*

1801. With respect to the food in your hospital, who is responsible for its being up to the mark?—In the first place, in our case in the London Hospital if it was not properly cooked, the governor of the hospital would be responsible; if the medical officer, or if a nurse, reported that the meat was not properly cooked, or was not of a proper quality, the house governor's attention would be immediately called to it.

1802. And have the patients any opportunity of making complaints about their food?—Yes, I think so. Of course patients do make complaints extremely easily; but they have every opportunity of complaining to the nurses, and not only to the nurses; the house governor is constantly through the wards, still not so constantly as the nurses. I do not think we have any right-minded complaints of food in the hospital. We have had a 1,000 people sleeping in that place, and of course the cooking is on a very large scale.

1803. Is there any responsible person whose duty it is to attend to those complaints?—Yes, I think we should soon hear of it. For myself, I have lived all my life in East London, and people get to associate my name with the hospital, and having been on the committee for 34 years, I get a certain number of letters from persons who wish to compiain of the treatment by the medical men, or of the food, or the nurses. Of course I thresh them all out, but I think the facilities are so great for the patients to make their complaints that I do not consider there is any real suffering from that cause.

1804. The object of my question was to ascertain whether in your hospital and any other hospital, there should be a definite person to whom a complaint might be made in respect of the definite thing which I mentioned, food?—Certainly.

1805. Then with respect to the dead bodies, do they open all the bodies?—We never open the body of a patient there without the consent of the nearest relatives.

1806. And who is responsible supposing that rule is violated; is anybody responsible for the observance of the rule?—The house governor is responsible to the committee for that.

1807. And then again it would be the duty of anybody concerned if the person broke the rule to report it to the house governor?—Yes, we should hear it in the form of complaints; there is nothing people are so touchy about as that.

1808. You think it essentially right that there should be in every hospital somebody who should be responsible for the maltreatment or neglect of the dead body; the sewing up of the body after it had been opened?—Most certainly; you cannot be too careful in dealing with the dead.

1809. Then supposing that female patients are examined, do you put them under anæsthetics?—I cannot tell you.

1810. It is not a complaint made by them that you unnecessarily examine them not under anæsthetics?—No, I heard complaints, but I do not think they have taken that form, that it has been caused by the absence of the giving of anæsthetics.

Lord *Thring*—continued.

1811. Do you not think it is very important that in every hospital there should be somebody whose duty it is to see that those examinations of females should be conducted with proper consideration for their feelings?—Most important; but our nurses now are of such a superior character at the London Hospital that I do not think they would tolerate anything wrong for a moment.

1812. There is always a female nurse present at these examinations?—Always; and our nurses now as compared with what they were in the time of Miss Nightingale's nurses in the Crimea, are different beings.

1813. And it would be the nurse's duty to bring any case of the kind to you?—She would report it to the sister of the ward and she again to the matron.

1814. And she would have power to stop it?—She would report it to the medical officer going round; it would be sure to get to the ears of some one in authority; I do not think it would be possible in the present day at any well-regulated hospital in London to have the slightest anxiety on that point.

1815. At all events, you think it ought not to be so?—I cannot imagine that there could be the slightest ground for anxiety.

1816. What class are your nurses; are they lady nurses?—Our nurses are ladies, many of them ladies of very excellent position; and there is a splendid tone right through the place.

1817. And who has the control over the nurses?—The matron.

1818. And she has sufficient control over them?—We are fortunate in having one of the most powerful matrons I have ever seen.

1819. How are the nurses fed; do they sit at a separate table?—Yes, they have separate residences, and separate rooms and tables; they go out to their meals.

1820. And is that table conducted like a gentleman's table?—Yes; I do not think in one's own house one could have anything better than our nurses have. We have a hospital on an enormous ecale, and there may be cases where a nurse is detained by an operation or by an anxious case; but my impression is that everything affecting the nurses is right.

1821. The food is well cooked and well served up?—Yes; the nurses' work is very trying, and you want to give them continual changes of diet. What would suit you and me in an ordinary way will not suit a nurse who has an offensive case. Now and then one hears complaints that they could not eat the meat. In the old time drink used to take the place; many nurses could not eat their meals, but nowadays everything is so well cooked and a change of diet arranged as much as possible that that is done away. At the same time it is almost impossible for a nurse now to take her food if she is engaged in certain operations.

1822. There is no reasonable complaint to be made of the food provided for your nurses?—No.

Chairman.

1823. I will not pursue that subject because we shall have other witnesses on the question of the administration of the hospital, but I would like to know this: Do you give them English meat or Australian?—My impression is that they always have English meat.

Earl of *Winchelsea and Nottingham.*

1824. With regard to that scheme of Poor Law dispensaries and Provident dispensaries affiliated to the out-patient department of a hospital, I want to ask you a question about that numerous class of very poor people who have not hitherto come on the Poor Law or been pauperised; everybody of that class goes straight to the out-patient department; has it struck you that there would be any injustice done to that class or any diminution of their feeling of independence if they were forced to go through the Poor Law dispensary to the hospital?—I think it is a happy thing that that strong feeling exists as strong to day as ever it did, that they will not go through the Poor Law but will rather suffer.

1825. But under this new scheme they could not get to the out-patient department without going through the machinery of the Poor Law; would not that tend to induce them to conceal their malady sooner than have recourse to it?—You mean provided there was no dispensary started on the principle we are talking of between the hospital and the Poor Law dispensary.

1826. A person who is very poor, and cannot afford to subscribe to a provident dispensary, at the present moment is able to go into the out-patient department, but under thenew scheme he could not, without going through the Poor Law Dispensary?—No; because my idea of the connection which would be established between the Poor Law and the hospital is only that a person should pay something at the rate of a penny a week, and I think that that class of persons, in your mind, would be able to pay that. It is such a mistake to think that they can pay nothing. With regard to East London, we are all very poor, but we are respectably poor, and these people are quite willing and able to pay something, and would pay willingly if you would give them the power; but we cannot start the dispensary simply because we have this free system at the hospital; we cannot live. Do away with the free admission of the out-patients to the London Hospital, then they would start the dispensaries, and they would thrive, and people would become provident all round.

1827. You think there would be no danger of their feeling of independence being destroyed?—None whatever, because they would not go at the present moment to the Poor Law. The only other place they can go to is the hospital, or to the medical practitioner.

1828. The hospital would be shut with regard to out-patients?—Then I say the medical practitioner is so easy in the provident dispensary line by the payment of a penny a week; and when you allow me at some future time to speak on that, I should like to show you how I think it could be worked without the slightest trouble to the individual who wishes to belong to the Provident Dispensary. I mean that I would collect their fees from them weekly or monthly, and not have them bring their money themselves.

Earl of *Winchelsea and Nottingham*—continued.

1829. With regard to the poorer people in the metropolis, do you find that there is a stigma of pauperism attaching to the mere fact of going to tha Poor Law Dispensary, or getting medical relief in that way?—I am happy to say that I think so.

1830. You said that it does not take away the privilege of voting?—Yes; I do not think they care for that.

1831. But the stigma of pauperism does attach to it, in their minds you think?—Yes.

Chairman.

1832. And do you think that that feeling is increasing or decreasing in reference to application to the Poor Law Infirmary?—I have tried to impress upon the Local Government Board, and I have been working with them for years, that my impression is that it is increasing. I mean that I do not think a person will take Poor Law Relief if he can possibly help it. The real distress in East London is not the distress which comes to the eyes; it is a distress which has to be found out. I mean the real distress that we are under in East London, the chronic distress is the respectable distress. I always have held rather against Mr. Ritchie and others who preceded him, that the Poor Law Returns are no criterion of the real distress in East London. A person will come to me and tell me his trouble, having lived amongst them out there, who would never come and ask you for money.

Earl of *Kimberley.*

1833. But still the Poor Law Returns must be the criterion of absolute destitution?—You are quite right, of absolute destitution, but not a criterion of real distress.

1834. That, I suppose, is a relative term?—I mean that the mass of real distress is much greater than the pauperism shown by the Returns; I mean that taking a person who has lived in a house for years and has to sell it off year by year, his distress is greater even than that of a person who lives from hand to mouth all his life.

1835. Would you be prepared to assert that you may not infer from the rise or fall of the number of persons receiving Poor Law relief, whether the distress in a given district is getting more or less?—I do not believe it is any criterion whatever.

1836. With regard to a question asked you by the Chairman, have you any fear that the great improvement of the Poor Law infirmaries and their conversion, as some persons have described it, to State hospitals, tends to remove somewhat the disinclination of the poorer class to take advantage of gratuitous medical relief?—I think it does that; I think that children are very glad to put their parents away in those places instead of supporting them.

1837. But do you think that going to a Poor Law infirmary disconnected from the workhouse, is looked upon with less distaste than formerly used

Earl of *Kimberley*—continued.

used to attend obtaining medical relief from the Poor Law?—Yes, I think it is. In the case, for instance, of the Poplar and Stepney Sick Asylum, with 600 or 700 beds, it is built in the parish of Bromley, and is altogether away from Stepney and Poplar, and there is no association whatever of the workhouse with it. People come in there for the winter and they spend six or seven months there and go back for the summer, and in that way it is more easy and pleasant for them there than it used to be under the old system.

Lord *Lamington.*

1838. And has not the increase in private charity had an effect?—I do not think that the private charity in East London has the effect that people think; I think it has only touched the fringe of the mass of the poor population in East London; I mean that these different missions and so on, have not had the effect that is generally supposed on the enormous distress. I have been on the School Board all my life till a week or two ago, and I have had a great deal to do with collecting the fees, and I am struck with the awful poverty that does exist, and I do not think that the charity given has relieved it very much. Of course all these big funds did us all the harm in the world; the old Mansion House funds; I was on them in the days of the cholera; they all did us immense harm.

Earl *Cathcart.*

1839. One medical man told us that he did not care how much the sensibility of the people was rubbed off by going to the Poor Law or the hospital for medical relief, because from a medical point of view the thing was to cure them?—I think the medical men connected with the Poor Law are a very fine set of men.

1840. But this was Mr. Nelson Hardy, a man of large experience, and he told us he did not mind how a man's sensibility was rubbed off, for the business of the medical man was to cure.

Earl of *Kimberley.*

1841. Inasmuch as the medical officers employed by the board of guardians have to give their assistance gratuitously, is it not the case that they are very jealous of cases being sent to him to be treated gratuitously?—Yes, I think so.

Earl *Spencer.*

1842. But it does not depend upon the medical officer whether the patient shall come to him, or go to the private practitioner, but on the relieving officer?—It depends on the relieving officer.

Earl of *Kimberley.*

1843. But the medical officer may investigate, may he not?—Yes.

Chairman.

1844. Would you tell us now something about your Metropolitan Hospital, which I understand is on a provident basis?—Yes. The Metropolitan Hospital was the old hospital in Devonshire-square that was established by the late Mrs. Fry. It was moved from Devonshire-square in consequence of the Great Eastern Railway Company wanting the premises, and it has been built by Mrs. Fry's son, who is the chairman of the committee), and the committee immediately adjoining Haggerston station, in the northern part of East London. I was asked to join the committee of that hospital, and as I was not so actively employed in London as I wished to be, I consented to do so on condition that it was worked on provident principles; for I hold that no-one has a right to establish a hospital nowadays, except it is worked on those principles. It is difficult to deal with the old hospitals that have charters, but with regard to a new hospital, I do not consider that anyone is justified in starting a hospital, except on provident principles suitable to the present day.

Chairman—continued.

1845. How did you set about starting it?—We assigned a district to that hospital of a mile radius; we took a circle, and drew it round the hospital of a radius of a mile, and we found it did not touch any other hospital; the nearest was the German Hospital. It did not touch the London or St. Bartholomew's, so that we virtually had half a million of poor people of Bethnal Green, Shoreditch, Haggerston, and Dalston within the circle. We then divided that district into four districts, and we chose, or rather the medical committee of the hospital chose, in conjunction probably with the other committee, a medical man from each of those districts who should be the one in charge of the district, his duty being to see every patient who brought the requisite book from the hospital, and prescribe for him at his own dispensary, in case of the patient being able to come to him; or, if if the patient were too ill to do that, then, on receiving proper notice, to visit him at his own home. I was going to say that the doctor's own dispensary was the original idea; but I ought to correct that, so far as this: that at the present time all the patients are visited by these medical men at the hospital, and not at their own dispensaries.

1846. Are those dispensary officers salaried officers?—They are all paid, I think, a salary of 100*l.* a year, for which they have to see the patients at the hospital on (I see it is put in the little book in my hand) Tuesdays, Thursdays, and Saturdays in the mornings, and every evening except Saturday, or on certain days anyhow (they may be changed by this time); and if they are too ill to come there, they are to be visited by the doctor at their own home. These patients being divided in this district of half a million into four parts, we have secured the use of four school-rooms, one in each of these localities, where the clerk of the hospital attends on one fixed evening every week, going to one of them each of the four weeks, and receives the subscriptions of the people who belong to the Provident Dispensary. I think that is a weak feature in the scheme. I would adopt the system of that great insurance society, the Prudential; I hope we shall do so a little later on, and send women to collect these fees at the people's own homes. I do not believe it would cost more, because we should get such an enormous number if we went to the people, instead of these poor people coming out in the evening to pay their money. These patients are seen in the regular way at the hospital by the various doctors, and those cases which, in their judgment, ought to be

Chairman—continued.

passed on to the medical staff of the hospital are so passed on.

1847. Who are they seen by in the first instance?—They are seen by the four local men who are appointed, who are the officers, you may say, of the provident department of the hospital, and who are selected by the staff of the hospital. They are seen by them in the first instance; and if they are cases that ought to be seen by the staff of the hospital, anxious cases, or cases of such an amount of interest that they should be seen, or cases of persons that are very ill and should come into the hospital, they are passed into the hospital.

1848. Those four local men are medical men holding diplomas?—All medical men holding proper diplomas, living in that district and having private practice.

1849. Are these gentlemen the persons who go to the schools to collect the money?—No; we send a clerk from the hospital to collect the money; they have nothing to do with the money; they simply have to see the patients; we take the cash and pay these medical men 100 *l.* a year each.

1850. They see the case at the hospital?—At the hospital, and they pass them on where they think it is desirable.

1851. Then they go on into the hospital?—If they are wanted to go into the hospital they go in. If a patient comes to the hospital without belonging to the provident department he or she is seen at once and is told to belong to the provident department. Of course, if it is a peculiar case (and such cases will occur) where the staff of the hospital think it desirable to keep the patient, they give him a special order which enables him to come there without going to the provident department; but that is the exception, and a great exception. The rule is that if a patient coming to this hospital in Haggerston comes from Westminster, say for the sake of argument, we say to him "We cannot have you here; we have half a million round this hospital, and that is quite sufficient to occupy the small number of beds here, and you must go to Westminster and find some means of getting to a hospital in that district."

1852. What is your scale of subscriptions?—Adults a penny a week, or fourpence a month: children twopence a month each, but sixpence a month would include all children in a family under 16. We charge an entrance fee of sixpence for either a single person or a whole family. Members of benefit societies are not required to pay an entrance fee.

1853. Then would the members of a benefit society on coming to your hospital make any extra payment from their benefit fund?—No, they would have to pay the same as anyone else, but not to pay an entrance fee.

1854. This payment by these patients is practically a part payment?—It is so at present.

1855. It does not defray the whole expenses?—Certainly not.

1856. Do you consider that it has as good an effect as can be produced in the circumstances?—I think so, because you see it is not a person who is taken suddenly ill who comes and asks for medicine or relief at half the usual charge. This is a person who may have been paying this penny a week or fourpence a month for six months previously, and then he comes and gets the relief.

1857. You do not think that the patient is deluded into the belief that he is defraying the whole cost of the medical treatment?—No; it would only be about 4 *s.* 2 *d.* a year that he would subscribe. We are young at this. I think we have something like 8,000 books out, and if we say that each book represents two lives, that is 16,000 lives, at the present moment belonging to the hospital. That number is quite small, but we have only been in existence a short time. The hospital was a free hospital till I went there, and we are trying a system which up to the present time is working well. I believe some of the medical men in the neighbourhood complain, and I have no doubt justly, that it is imposed upon to some extent. You cannot find anything now-a-days that is not.

1858. And you consider that it is far better to get the poor people to endeavour to help themselves in some small degree then to give them gratuitous medical attendance?—Yes. If instead of these 16,000 lives we had 100,000, the money subscribed would be a very considerable amount towards the expenses, because the fixed expenses would not be any more. The cost of medicines would increase; but the probability is that the doctors could see a great many more patients than they do at the present moment, and we should get a much larger income to the hospital.

1859. How long is it since you started this provident principle?—Two years ago, this is our second year. Lord Derby kindly took the chair for us last week at our annual meeting. I ought to say that we do not let any single person join one provident society who earns more than 21 *s.* a week, or a family earning more than 35 *s.* a week, that is the case of a man, wife, and family.

1860. But to elicit that information you have to make very searching inquiries?—We do, and we are able to do it; but at the same time, even then we get abused, because you can never get the whole truth very often.

1861. You cannot get the whole truth out of the poor, you mean?—It is most difficult. At the same time I do not think we are much abused. I know that there is one medical man in the neighbourhood who says that patients who have paid him higher rates than ours have left him and come to our provident society. In that case it affects the medical man in the neighbourhood; but I think it would affect him much more if we were to make that hospital entirely free.

1862. But they would probably come to your dispensary instead of going to the general practitioner, because they have greater confidence in the hospital?—Yes.

1863. And rightly so; because they can have the benefit of having first-rate advice there?—Yes.

1864. Is it paying its way at present?—It is not paying its way; our members are not sufficient, but I do not think anything is the fault of the system, except the fact that St. Bartholomew's

is

Chairman—continued.

is not far off from us, and the London is not far off; and there is the difficulty which I have mentioned, that persons who are in the habit of getting things for nothing do not care even to pay this fourpence a month. But we are very young, and it wants working on a little more comprehensive scale than it has been worked on up to the present time. It is the first one of its kind, I think, in London; and I think, considering that we have only been a couple of years at work, and that we have got 16,000 lives on it who are willing to pay, and looking to the fact that our population all round there is a shifting population, and that therefore they will not join us (it is a very shifting population in that part of Shoreditch, and that part of Bethnal Green), we may consider that we have made a good beginning.

1865. Do you find the numbers of your members increasing year by year?—Yes, and I think that when we can collect the pence, when we can go as the Prudential Insurance do and collect at the houses the fee of fourpence a month instead of asking the people to bring it, it will make all the difference in the world in the number of people who join us.

1866. Have you made any attempt to work in with the London Hospital?—Not in this case.

1867. Do you know of any dispensary which is endeavouring to work in with the London Hospital?—That excellent society with which Mr. Bousfield is connected has started a dispensary immediately opposite the London; but I do not think that it is answering; in fact, I know it is not answering. Mr. Bousfield's society had one immediately close to us before we started our provident plan, and they had to shut it up.

1868. But surely establishing a provident dispensary so close to the London Hospital as that one, is like going into the jaws of the lion?—I thought so. I think Mr. Bousfield thought and hoped at the time he established it that we should be able to get the Committee of the London Hospital to see the necessity of identifying that dispensary with the hospital; it is almost at the doors of the hospital.

1869. Are there any men in the East End of London in the neighbourhood of your Metropolitan Hospital who are army pensioners?—I should not think so. I think there are a good many people who live in East London who have made a little money and live in their own homes, but I do not think they are pensioners.

1870. And you think those are the people who are on your books?—I think the people on our books are persons who have an interest in the neighbourhood, who are perhaps in fairly regular employment, not shifting; a great part of the population of that district is an extremely shifting population, and I do not think they would join us because they would say, "We shall get no benefit if we do."

1871. You do protect the general practitioner to a certain extent, because I think you said that if a single man was earning 21 *s.*, or a man with a family 35 *s.* a week, you would not let him be a member?—Certainly not.

Earl *Spencer.*

1872. In reference to this important question of your provident branch of your hospital, you stated that you have 8,000 books out, or 16,000 lives?—Yes, I give that from memory; I believe it is right.

1873. Taking that for granted, what is the annual income that you get from the money collected?—I think it is less than 800 *l.* a year. If you will examine the secretary you will get these figures correctly from him.

1874. Of course all these 16,000 persons do not come for relief; what is the number out of these that come in the year for relief in the hospital?—I could not tell you, but I will have it got for you.

1875. Do you expect that this part of your hospital will pay, provided you get a sufficient number to join?—Yes, I believe that the general hospitals of London could collect the balance of money required for their support from the people who used the hospitals, if they took the trouble to do it.

1876. It is not fair to say because one person only subscribes a very small sum a year, that therefore he is contributing practically nothing to meet the charges of the bed which he occupies; because it is a provident affair, and really it is understood that a great many may subscribe who do not actually come and make use of the hospital?—Yes, that is so.

1877. Have you had any actuarial calculation?—I felt that we were too small for that at the present time. I suggested that we should go on for three years and see how the plan worked, before we made any change, because it was not desirable to make a change in the middle of a new plan; and we have not looked into it yet in any way with regard to testing how it is going on.

1878. Is there anybody connected with your hospital who could give us the number of those belonging to this branch who have had the benefit of the treatment?—I have no doubt the secretary could give you that information.

1879. Is it an increasing branch; are there more persons subscribing to it?—Yes; and it would increase much more if we would collect the fees of the poor people at their houses instead of their bringing the fees to the schoolroom.

1880. And one of the advantages of that is that it is some check on those who get gratuitous relief, and in that way you would assist the poor practitioner among patients who cannot afford to pay him?—I think so.

1881. And you think that this system could be extended very largely over London?—Yes; no doubt it could be improved. We do not want to make a change for three years; we have gone on now for two out of the three. One great change, and one of the most important, is the change of collecting the money instead of the people bringing their money; the poor people's time is so valuable that they will not come out to pay their fourpence a month; whereas if we employed women to go round and collect the money we should get very much more.

1882. Do you get any poor people subscribing to this provident branch of the hospital, who live over a mile away from it?—No, we do not allow

Earl *Spencer*—continued.

anybody to belong to it who lives more than half a mile off; we have a quarter of a million within half a mile, taking in Bethnal-green and Shoreditch; it is a very poor district.

1883. Excepting this dispensary, which you have spoken of as belonging to the London Hospital, are there many competing hospitals close to you?—No, we are very fortunate in that district; the German Hospital is the nearest to us.

1884. Is there a Poor Law hospital?—None near.

1885. So that practically you supply all the wants of the poor within that half-mile radius? Yes.

1886. And you think you ought to be able to get a good many people to subscribe?—I shall consider that the thing will be a failure if we do not get 50,000.

1887. Have you any class of patients free, belonging to the hospital?—The wage, as a rule, is what we measure by.

1888. You do not have any free at all?—People do come free to the hospital and they are seen once, and then if they are people living in that district they are referred to the provident part; if living outside the district, they are told that they must go to the nearest hospital in their own district.

1889. But supposing a person lives in your district and has come once, do you absolutely refuse him if he comes again, if he does not subscribe?—I think if it was not a case of saving life we should refuse.

1890. But in a case of saving life?—Then we should take him at once.

1891. Would you make any difference for an interesting case?—No; we should take such patients to the hospital, and probably take some trouble to find out about them, send to their home and find out why they did not belong to the Provident dispensary, whether, for instance, it was because they were going away for work elsewhere.

1892. What is the number of beds that you have?—We have 160 beds in the Metropolitan Hospital, but there are only 76 occupied.

1893. Why?—Simply because we are quite new; there was not a bed occupied two years ago.

1894. You had not funds to occupy more?—We had not any funds two years ago.

1895. Have you an out-patient department?—Only in this way, that we have a staff of very first-rate men connected with the hospital who see these patients, both those who casually come and those who are sent by the casual department, and who see the in-patients.

1896. What is the cost of your beds put down at?—It is very heavy. I happen to be honorary secretary of the Hospital Sunday Fund, and I know the cost of every patient in London, but it is very heavy in our case.

1897. Can you tell us what it is?—I could not tell you; I only know it is very heavy. I know as compared with my hospital, the London Hospital, it is extremely heavy, but that is on account of the fact that last year we had only 50 beds occupied, and this year we have had only

Earl *Spencer*—continued.

76, and yet we have a staff for 160, and we have to have our matron and everything for a small hospital just the same as we should for a big one. In a new hospital at starting your expenses must be very heavy, because your fixed expenses are just the same whether you have a large or small number of patients. I know in the case of the Metropolitan Hospital their expenses per occupied bed are much less than they were last year, and next year they will be so much less again.

1898. Then, moreover, you get from your provident branches only a small proportion of your total income?—That is so. Still we look upon it in a double way: in the first place, it is the right thing to do for the poor people, and secondly, we believe that the giving public are more likely to help us if they find that the people help themselves.

Earl of *Winchelsea and Nottingham.*

1899. You said that no one ought to start a hospital, except on provident principles; would you go so far as to say that a hospital entirely endowed is a bad thing really for the district?—I should think so, unless it is proved first of all that it is really wanted. If a special hospital was started by a rich medical man, or a rich layman supporting him in order to get him into practice, I should think it was a very bad thing.

1900. You have spoken of the payment made by members of your provident dispensary as a part payment, and the chairman asked you whether they were led to suppose that it was the whole payment. and you said no?—No, they are not.

1901. But in one sense it is the whole payment, is it not, that is to say, that if every person who ought to subscribe were to make the same payment, it would then be the whole payment?—Yes.

1902. You spoke hopefully of having 50,000 lives?—I should consider it a failure if in a couple of years more we did not get them.

1903. That at 4 *s.* per annum would be 10,000 *l.* a year?—Yes.

1904. Would the hospital be self-supporting on an income of 10,000 *l.* a year?—I do not know; it would go a long way towards it. We have only 160 beds, it being about the same size as King's and Charing Cross.

1905. It would go a long way towards it, you think?—A long way.

1906. And that would not necessarily be the minimum?—No; I think the public would probably help us too if they saw us doing such a good work in a poor neighbourhood.

1907. As to the limit of 21 *s.* a week, why is it that you drew that limit; have you satisfied yourselves that economically or prudentially you were right in doing that?—We looked into the question of the wages in the neighbourhood; we did have it, I think, at 25 *s.* first of all, and we brought it down to 21 *s.*

1908. I mean as to the principle of there being any limit at all?—If you do not have a limit you get persons coming who are earning more, the very fact of printing this limit on the paper and persons seeing it, has the effect of keeping persons who are earning more money away.

1909. Is

Earl of *Winchelsea and Nottingham*—continued.

1909. Is that what you wish?—Yes; we do not want by this to injure the local practitioner.

1910. The cost of the treatment in the hospital is a fixed quantity, that is to say, it would not cost more to treat a member who earns 3 *l.* a week than to treat one who earns only 1 *l.*?—Yes; that is so.

1911. Therefore, would you exclude anyone from getting treatment the cost of which is a fixed quantity?—Only on the line that the hospital then would have to do the whole work of the neighbourhood: no medical man could live there.

1912. You would have, in fact, to give more to district doctors?—Yes; you would have to give more, and to have more men.

1913. The object of my question was to find out why you impose a limit at all; is it for the benefit of the medical practitioners?—Yes, I think it is mainly for the benefit of the local practitioners.

1914. You think there would be no way of protecting them sufficiently if you encourage everybody to join your provident branch?—No; except that I think the medical practitioners would gradually win away from the hospital people who were earning more to their own practice; they would say to them, "you had better come to us."

Lord *Lamington.*

1915. I suppose subscribers will far rather subscribe, and get their money's worth than not?—You mean provident subscribers. I do not know that they would; of course the poor are very fond of medicine, but I do not know how to answer that question.

1916. If they were well for two years, and were subscribing all that time, they would get rather disgusted, perhaps?—I should think they would.

Earl *Cathcart.*

1917. Virtually your sliding scale in favour of the local doctor would be a shilling a day, because at Guy's for patients who come a distance they charge 2 *s.* a day, Dr. Steele told us?—Yes.

1918. You may assume that they would not take paupers at Guy's at less than they could afford to take them for, and the board of guardians in such a case pay Guy's 2 *s.* a day, we were told?—Is there not some Poor Law order that prevents their paying more than a certain amount?

1919. Dr. Steele told us they took them at that rate?—But I should think they, being regulated by the Poor Law, the Poor Law authorities do not allow the guardians to pay more than a certain amount.

1920. You laid down something like a general principle in regard to the payment to be taken from a patient for medical relief; you would encourage those who when well made payments towards sickness, but you would discourage those who being sick paid ever so small a sum towards their maintenance?—There is no providence in that.

Earl *Cathcart*—continued.

1921. Therefore your plan is a provident one?—It is the only provident one. There is such an immense difference really between paying, both in health and sickness, and only paying when you are ill.

Chairman.

1922. I do not think you told us how this hospital was managed?—There is a committee, and that is chosen by the governors. We are going to try and make it more popular, to try and get representatives; to try and get the persons who assure, who belong to it, to send their representatives on to the committee, and part of our scheme is to invite them, when we have got a sufficient number, to meet in their four districts and to elect representatives on the committee.

Earl *Lauderdale.*

1923. Is this metropolitan hospital a self-supporting hospital?—It is not self-supporting.

1924. How does it derive its funds?—It gets funds from subscriptions like all other hospitals.

1925. Are any of these 160 beds reserved for payment?—A few of them, but not payment that is charged when they come in. I think I am right in saying that none are reserved for payment, but in the case of a person coming to the hospital with a bad ailment, we ascertain whether they can afford to pay, and if they can we ask them to pay.

1926. You do not absolutely reserve any beds for such persons?—No, not yet.

Lord *Thring.*

1927. Your system is a capital one for the very poor, but have you anything to suggest for the class next above them, because "poverty" is a relative term; a man who earns more than 21 *s.* a week may, from the circumstances of his family, be very much poorer than a man who earns only 21 *s.* a week?—The secretary, who will furnish you with what you ask for, will show you that we contemplate reserving certain beds for persons who will pay the whole cost or a portion of the cost.

1928. Might you not also make a provident association for the people above the poor on a higher scale?—I think they can take care of themselves.

1929. Can they; it is obvious that a man who belongs to your Provident Society gets very much better advice than the man immediately above him, or the man still above him again, who goes to the local practitioner?—You know it is the poor who are more cared for than anybody else.

1930. I am asking you whether you can suggest any scheme for the benefit of those who are relatively quite as poor?—No, we have never tried anything of the kind: we have thought out the matter for the poor as distinguished from those who go to the Poor Law.

1931. As I understand you, you do not think it objectionable to have a hospital at which people may have beds by paying?—On the contrary, provided it does not prevent the poor people having beds, I do not think you would

Lord *Thring*—continued.

have a right to give beds to the class above if they would keep out the poor; if there was not room for both you ought to take the poor.

1932. That means that the class above pay not only for the immediate cost but also towards the establishment?—I think financially it would be a capital thing to do, but I do not think you would be justified in a hospital where you have limited funds, and for which subscriptions are taken to fill the beds, in allowing them to be occupied by the class above.

1933. Then it seems to me that you want a hospital scheme where the higher classes of the poor might pay?—Yes, I think that is a great want.

Earl of *Kimberley*.

1934. The limit is a wage of 21 *s.* for a single man or 35 *s.* for a man with a family?—Yes.

1935. Take the case of a man who might be earning 22 *s.*, 23 *s.*, or 24 *s.* a week, who had a great deal of illness in his family and had paid his doctor's bill, he would be excluded from your provident dispensary, and yet he might be less able to provide medical attendance for himself than a man who had 21 *s.* a week and no sickness in his family?—We should take the average; if a man had been out of work, if he had been having 25 *s.*, and had been out of work several weeks, and his wages only came to 21 *s.* on the average, we should take the average just as in the school board, who take the average of six months.

1936. My question did not relate to the average wage, but to the fact that a man receiving a regular wage above 21 *s.* may have had expenses connected with illness in his family so large that at a given moment he might be poorer than the man who had 21 *s.* a week and was allowed to subscribe to the dispensary; what would become of that man?—He ought to be allowed to come in.

1937. Would he?—I think so; I think if we found, on making inquiry, a poor clerk who had been having a lot of sickness in his family and could not pay his doctor's bill any more, though his wages were beyond the limit in the average, we should say, we shall not ask any questions.

1938. Are there what are called medical clubs in your district?—Yes, a good many.

Earl of *Kimberley*—continued.

1939. Have they any relation to your hospital?—We hope they will; we are full of thought at the present moment about it, because one of those four doctors is a doctor of several large benefit societies, and there is no reason why they should not be amalgamated; the fact is, it would be better for the benefit societies, because they would get the run of the hospital, that by being amalgamated they should belong to our Provident Society, and then a man would have the advantage of the right of admission to the hospital, and being taken care of, which would not be the case at his own home.

Earl *Spencer*.

1940. He would be treated at home up to a certain point, and then, if necessary, be taken in to the hospital?—Yes; a man who belonged to a benefit society would be a very proper case to come to a hospital.

Earl of *Kimberley*.

1941. Or it might be the case that the medical gentlemen who attended the club might report to your hospital, "This is not a case that can be attended to at home," and then you would take it into your hospital?—Yes.

1942. That you would regard as very desirable?—Most desirable; you see, that means that the local practitioner in the neighbourhood attending the benefit society or the provident dispensary would be able to recommend the case for the hospital which at the present moment he cannot do; the two things would then work together.

Chairman.

1943. You said there were four medical practitioners in your hospital that you paid 100 *l.* a year to; is that the staff?—No, that is not the staff; the staff of the hospital would consider themselves superior to those four in their position.

1944. Then what are the other gentlemen, the staff of the hospital; are they paid or honorary?—They are honorary; it is just the same at our small hospital as at the general hospitals; they divide the beds among them.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 22° Maii, 1890

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl Cadogan (*Lord Privy Seal*).
Earl of Winchilsea and Nottingham
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Lamington.
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

Mr. WILLIAM BRUCE CLARKE, M.B., is called in; and having been sworn, is Examined, as follows:

Chairman.

1945. You are Assistant Surgeon to St. Bartholomew's Hospital in London?—Yes.

1946. How long have you been in that position?—Nearly seven years.

1947. And are you a Fellow of the College of Surgeons?—Yes.

1948. In what particular direction do your duties lie at St. Bartholomew's?—I have to go down there every morning at nine o'clock for the purpose really of sorting the casualty patients that come there, the surgical casualty patients. There are two of us there at present on the surgical side, myself and my next senior colleague.

1949. Is he a surgeon or physician?—He is a surgeon too.

1950. Then what is the process; will you explain it to us?—Every morning one of us takes either the males or the females (we generally take a week about; it is a matter of arrangement between us), and we take in our hands a certain number of what are called out-patients' cards, and we go round and ask each patient what is the matter with him. We have, in addition to that, a little box or room into which we can send any case at once about which there is any doubt, so that they can get undressed, and save us a little time in order that we may find out whether there is any serious ailment or not.

1951. Then do you sift the casualties from what are known as out-patients?—Yes; the more serious cases are given these letters, and they become out-patients. We usually give out about 25 letters a day between us.

1952. And what proportion would the casualties bear to the out-patients as a rule?—I should think there would be at least five or six times as many casualties as out patients.

1953. Perhaps you will define casualties?—The term casualty is used in two senses: 1. The casualty department is that to which all patients apply in the first instance (with the exception of a few who are admitted direct into the hospital). From these patients which come to the casualty department are selected both the in-patients and out-patients. 2. The residue of less serious cases which remain after the in-patients and out-patients have been selected are termed "casualty patients."

Chairman—continued.

1954. Then a casualty may become an out-patient?—May become an out-patient or an in-patient.

1955. Then supposing amongst these casualties you get hold of somebody suffering from scarlet fever, what do you?—Then we refer it to our physician's colleague at once.

1956. What becomes of the patient?—I am not certain that I can tell you. I believe, as a matter of fact, he is not admitted to the hospital, because we do not take in cases of scarlet fever. I believe he goes to one of the Metropolitan Asylums Board hospitals, but I am not sure.

1957. In the meantime while you are sending for the physician what becomes of the patient?—As a rule he is sent over at once to the physician's room; the physician has a room just as we have, and usually I send over the porter to see if the room is vacant, and if it is I say, "Take that patient over at once till Dr. So-and-so is ready to see him"; it is a matter of one or two minutes, perhaps not so long.

1958. And after the physician has found out that he has got scarlet fever, or whatever it may be, and the person has been sent off to the Metropolitan Asylums Board institution, I suppose other patients are liable to go into that room?—It is possible that they might, unquestionably.

1959. And would there not be great danger of infection?—Certainly; there is no doubt that from the congregation of patients in the hospital there is a danger of infection; it is minimised, but it cannot be said that there is no danger.

1960. You cannot very well prevent it perhaps in a large out-patient department, but

Chairman—continued.

does not it appear that sending such a patient into a room which must be occupied afterwards, by other persons is rather a premium on spreading infection?—I am not quite clear what would happen in a case of scarlet fever. It it were absolutely certain at first sight that it was a case of scarlet fever, I should at once call the physician, and leave him to deal with the matter; but with regard to a case of smallpox, for example, that being the case which we should take most care of, the patient is at once put into a room down stairs and never allowed to go out of the building till an ambulance is got. I can speak positively about that, but I am not certain as to the cases of scarlet fever.

1961. And cases of diphtheria?—I so seldom see a case of diphtheria that I could not personally answer that.

1962. But at the same time it is within your knowledge, I suppose, that there are plenty of cases of diphtheria in the general wards of the hospitals?—Unquestionably in some cases there are. We separate them in St. Bartholomew's from the general patients.

1963. But in some cases they are not separated till they have the operation of tracheotomy performed?—No, that is so.

1964. Then so far for the sifting of the patients; do you also treat patients?—As a rule I scarcely treat anybody individually; that is to say, at that time when I am down there, in the morning between nine and ten, I scarcely treat anybody.

1965. Your duty is merely to separate the casualties from the out-patients?—To sift and send them to their proper departments.

1966. Do you ever treat the patients in the out-patient department?—I treat patients at other times of the day; I am speaking now of the casualty department; I do nothing but sort them between nine and ten in the morning.

1967. Your treatment of patients has not anything to do with the out-patient department, as a rule?—No; as I become more senior, I shall have out-patients in the same hospital; I am really sending patients now to my seniors.

1968. We have had a great deal of evidence as to the clinical cases; you can speak about what becomes of the casualties?—The casualties are referred by me to the house surgeon at once; *i.e.* those which are not out-patients are sent on to be treated at once.

1969. Have you any opinion as to the number of patients who are treated in an hour?—As a rule, I suppose we get through 50 or 60 in an hour. There are plenty of workers; some 40 or 50 people altogether who are treating patients.

1970. And how many officers would be assisting at the inspection and treatment of these out-patients?—There would be 10 house surgeons and assistant house surgeons, and under them would be about 40 dressers working under their superintendence.

1971. So that when we hear that 60 patients are examined in an hour, it by no means signifies that they all pass through the hands of one medical man?—Most certainly not, as far as St. Bartholomew's goes.

Chairman—continued.

1972. And therefore the idea that each patient would only have about a minute's, or perhaps less, attention, is an erroneous one?—Certainly, as far as the surgical cases go, absolutely.

1973. You have mentioned the "dresser"; will you explain what is a dresser?—A dresser is a student who has passed his examination in anatomy and physiology, and is not yet a fully qualified medical man.

1974. What part do they take?—As a rule, a house-surgeon has a box 10 or 12 feet square allotted to him, and while he is in there six or seven cases may come in at once, and he will rapidly inspect them, and say to the dresser: "This is obviously a case that you see ought to be put up," or tell him the treatment to be adopted; and while one sets this one to work at this, he will set another to work at that, and so on.

1975. Then I gather from what you say that these dressers or students are always immediately under the eye of a man of experience?—Yes, that is one of the points we most absolutely insist upon. If I should happen to go and find that the house surgeon had turned his back for a minute or two I should say to the dresser, "Now you must wait till the house surgeon comes back again." That sort of thing very rarely happens; but that is part of my duty to see to that.

1976. And therefore you think it improbable that students, on their own authority, would see patients as far as supervision can prevent it?—As far as supervision can prevent it it is impossible.

1977. Do a great number of these casualties suffer from very trivial ailments?—A certain number. I have known people come with blisters on their hands after rowing, and with very slight cuts on the finger that most people would bind up with their handkerchiefs and think nothing more about, or with slight sprains; or somebody who has slipped down in the street comes to see whether he has sustained any injury. Still I do not wish to imply that there is any large proportion of those cases.

1978. You mentioned just now that each surgeon has a small box where he saw patients. Now in the case of the examination of female patients is there a nurse patient?—Always.

1979. And of course in some cases there are students present, I suppose?—Yes.

1980. Is it the duty of the house physician, the senior man, to see that this examination is carried on with decorum?—Certainly; whoever undertakes the examination would naturally be responsible for that.

1981. And supposing some complaint were lodged by a female about the way in which the examination was conducted that would occur then; would she make it to the house physician?—I do not suppose she would probably make it to him; she would probably make it in the office, then they would make inquiries at once.

1982. And see how far her statement was correct?—Yes; but we always make it a rule never, under any circumstances, to examine any female excepting some other person is present, so that there should always be a witness present, and, almost

Chairman—continued.

almost invariably, there is a nurse present. I might practically say invariably.

1983. And a class of students as well?—As a rule we do not have the whole class; perhaps there is only one student present out of the lot.

1984. Are these females ever examined under anæsthetics?—Yes.

1985. Do they require to make a demand for that?—It rests really with the doctor, whether he considers it necessary or not.

1986. Have you got any statistics of surgical casualty cases treated at St. Bartholomew's?—I took at random a couple of weeks at St. Bartholomew's, and I found that 619 males applied, and 257 females applied in seven day at the surgical casualty department; that is to say, their names were entered in the casualty book.

1987. And then, after that, some of them become in-patients or out-patients?—Yes, in-patients or out-patients.

1988. They are called casualties, are they not, till they become out-patients?—Yes, till they become out-patients. (*Vide* 1953.)

1989. Do the number of men who go to these casualty departments exceed the number of women?—Always, as far as the number of surgical cases go, and the reverse as far as the medical.

1990. Do you consider that a great number of people go to the out-patient department of the hospital who could afford to pay for their treatment?—There are a certain number, but there are very few.

1991. Is there any system of inquiry into their circumstances?—Yes, there is a man specially placed there by the governors at the door, and if he sees any person whom he has reason to believe from their dress or general demeanour to be a sort of person who ought to be able to pay, he takes their name and address, and I believe actually visits the place where they live and makes full inquiries.

1992. But still, after all said and done, any inference from the dress or demeanour of the patient may be erroneous?—I agree, it may be most erroneous.

1993. So far, that test is of very little value?—Comparatively small value.

1994. But in any case, I suppose first treatment is given before inquiry is made?—We always give treatment if a person is ill; that is the rule.

1995. And then, after that, the inquiry would be made, and if the person were found to be a fit case for treatmen the would be treated?—Yes.

1996. Have you ever tried any system at St. Bartholomew's of seeing out-patients or casualties in the evening?—Not that I know of.

1997. I suppose that you have heard complaints of people who have had to lose a day's work in order to come to the out-patient department of the hospital?—Yes.

1998. Would such a course be practicable there?—I think it would be extremely difficult.

1999. I suppose for one reason, because it would be very difficult for the hospital to avail itself of the services of the medical men at that time?—That would, no doubt, be one reason. Personally, I do not think I have ever heard a patient complain of the difficulty. The majority of them are passed rapidly through the casualty department, and those who become out-patients are probably too ill to be able to go to work at all.

2000. Then patients do not have to wait at St. Bartholomew's, as far as you know, for periods of time, like five and six hours?—Most certainly not; as a rule, the majority of the cases I should think are are attended to in 20 minutes (I can only speak generally) on an average, even in the morning when we are hard at work.

2001. Your casualty department opens at nine o'clock, you told us?—The casualty department opens at nine; the out-patient department opens at 12.

2002. Supposing a casualty case has become an out-patient would he have to wait till 12 o'clock before he could be seen in the out-patient department?—As a rule, if he is not very seriously ill; and he is almost sure not to be; that is to say, not so as to demand immediate treatment, I put it to him that he can go either that day or three days hence, so that he may not have to wait.

2003. The attendance at the casualty department, which I take it, is the first step of all, is absolutely free?—Yes, absolutely free.

2004. There is no letter necessary for that?—No; that is not quite correct. The Lord Mayor and Aldermen have the right of giving a certain number of letters, and patients who have got one of these letters often look upon them almost as a joke. If anybody comes with a Lord Mayor's letter there is almost sure to be nothing much the matter with him.

2005. As a rule, what is the class of person who comes with one of these letters?—Very often it is a tramp who has got nothing very particular the matter with him. As a matter of fact, there is no object in anybody getting a letter, and patients know this, but some have a notion, I suppose, that they will be better attended to if they have a letter of that sort.

2006. Anybody can come to this hospital; have you had cases of private patients who have endeavoured to get medical advice at the hospital?—Not so far as I know at St. Bartholomew's, but on several occasions, from time to time, patients have said to me, when I have been giving my advice to them, that they have seen so and so, mentioning the name of a hospital, or that of some other medical adviser who saw them at a hospital.

2007. When you were visiting them as a private practitioner, you mean?—Yes, usually at my own house. Patients have come to my house, and when I have given my opinion, they have several times said that they have obtained a similar, or a contrary opinion at such and such a hospital.

2008. Which they have had without paying a fee?—Presumably so.

2009. Then does this system of out patients interfere very much with the practice of private practitioners?—I have had people complain to me from time to time; doctors I have met in consultation have made a sort of general statement, that they consider it interferes with their work, and they have mentioned cases that they know had gone to the hospital.

2010. Then I suppose those would be the class of practitioners who would treat the very poorest class of patients?—Undoubtedly it is chiefly

Chairman—continued.

chiefly those practitioners who feel the difficulty.

2011. Charging a shilling a visit, or less?—Hardly as low down as that; people who are getting five shillings a visit or more, very often find that their patients go to the hospital.

2012. Can you suggest any plan by which the indiscriminate admission of all classes to the hospitals might be avoided?—I am afraid I am hardly prepared to suggest any plan, unless it is some gigantic system of registration and finding out exactly what a person's circumstances are. The only thing to be said is this: that as a rule when a case is sent up by a medical man (because a certain number of the cases are sent to individual members of the hospital staff), it is some safeguard that the case is a fair one for medical treatment, and also for hospital treatment, so far as their pockets go.

2013. Were you ever attached to a dispensary?—No.

2014. Then the whole of your experience has been at St. Bartholomew's?—No, I am also surgeon to the West London Hospital at the present time.

2015. What is the West London Hospital?—A general hospital at Hammersmith.

2016. A general hospital without a school?—Yes, without a school.

2017. Has it a very large out-patient department?—It has a large out-patient department, but I am afraid I cannot tell you exactly what the numbers are.

2018. Was that previous to your being at St. Bartholomew's?—No, I am there at the present time as well; I go there twice a week regularly.

2019. Now with regard to the class of people that go to that hospital, is it better than the class that goes to St. Bartholomew's?—Yes, I should say it was; it is drawn mainly from the neighbourhood of the hospital.

2020. That is a general hospital, and that is practically on all-fours with, and the same as St. Bartholomew's?—Yes, precisely the same as far as the arrangements for patients are concerned, excepting that there they have to get letters.

2021. From governors or subscribers?—From governors or subscribers; and only urgent cases are admitted at once.

2022. Then do you turn away people whose cases you do not consider sufficiently severe?—No; I mean only urgent cases would be admitted without letters.

2023. Then you would turn away a certain number of patients?—If a patient comes someone says to him, "I advise you to go away and get a letter," and very often the secretary knows some one who has a letter to give away.

2024. Then in that case the letters are a check upon indiscriminate admission?—Yes, undoubtedly they are.

2025. And the rule at that hospital is pretty strictly adhered to?—Yes, it is.

Earl *Cathcart.*

2026. There are, I find, 16,522 out-patients at the West London Hospital; have you any experience in regard to the out-patient department there?—Yes, I was in the out-patient department, but I am so no longer; now I only see in-patients.

2027. Then would your evidence with regard to St. Bartholomew's apply also to the West London Hospital; is it much the same system that is followed there?—Yes; much the same system.

Lord *Thring.*

2028. About giving anæsthetics when examining female patients, I suppose they are given chiefly where medically required, not where it would save the feelings of the patient?—As a rule with regard to out-patients where the anæsthetic is given it is medically required. When within the walls of the hospital no doubt it is often given to save the feelings of the patient.

2029. You would in a case where there was a large assemblage of students, give an anæsthetic merely to save the feelings of the patient?—We always take care that there never is a large assemblage of students merely to witness an examination.

2030. In operations they give it for both reasons?—Yes.

2031. Would a nurse have a right to complain if she thought there was any impropriety or any unnecessary violence done to the feelings of the female patients?—Certainly, she would have a right to complain.

2032. To the house surgeon?—Either to the house surgeon or the authorities of the hospital. I never heard of an instance of the kind.

Chairman.

2033. Have you seen the petition to the House of Lords relating to the Metropolitan Hospitals?—Yes, I have.

2034. And can you suggest any way in which a re-organisation might be made of the medical charities of London?—I am afraid I really have not thought of any definite scheme by which it could be done. I do not know that I have any observations to offer on that point. It was rather in reference to giving evidence as to the exact conditions that exist that I came forward.

Earl *Cadogan.*

2035. May I ask you why you signed the petition to the House of Lords; what your main object was in doing so?—Because I though that in the first place a certain number of cases came to the hospital with trivial ailments, and also because I thought there was a very wide-spread feeling that patients came who were able to pay; and I thought it was my duty really to give evidence as far as possible as to the exact state of things, as I have a large experience in the matter personally, I have no reason to complain.

2036. That is an answer as to why you wish to give evidence; it is hardly an answer to the question why you signed the petition. Was it because it because you thought that the general system of management of the metropolitan hospitals required revision and examination?—Yes, certainly.

2037. You consider it in general defective?—Not in general, defective, only in some particulars.

2038. But you have no special suggestions to offer,

Earl *Cadogan*—continued.

offer, or any subject to which you wish specially to direct our attention?—No, I have none.

2039. It is merely a general wish to see the whole system examined into?—Yes, that expresses my feeling.

Lord *Clifford of Chudleigh.*

2040. Have you any idea as to how the number of unnecessary out-patients might be limited?—I have no other plan to suggest, excepting this; those cases that are recommended by medical men as a rule are most suitable, if it were possible to carry out that plan and require cases to come with the recommendation of their own medical man, I think that would be satisfactory so far as it goes; but I am afraid it would hardly meet the difficulty entirely.

2041. It would lead to a more satisfactory system than the present, you think?—Than the present certainly.

Lord *Lamington.*

2042. If provident dispensaries were established would that tend to reduce the number?—I think possibly provident dispensaries in connection with a hospital might be made to serve a good purpose in that way.

Earl *Cathcart.*

2043. If your Hammersmith patients had to come to St. Bartholomew's it would be exceedingly in convenient to those patients?—Yes, it would.

2044. And in the same manner if the South London people had not a hospital near to them it would be exceedingly inconvenient to them to have to come to a general hospital at Hammersmith?—Yes; but not unfrequently I find a patient coming to our hospital from a place where there is a hospital much nearer to him, because they prefer to go to Hammersmith, or St. Bartholomew's, as the case may be. They often say to me that they believe the hospital understands their constitution.

2045. That must be the exception; as a general rule it is better for the poor to have a hospital near to their own homes?—Yes; certainly, but a large proportion would not use it, but would go to a far hospital.

Earl of *Kimberley.*

2046. Is it not the case that no part of London is very far from any general London hospital as compared with the rural districts?—Undoubtedly.

Lord *Thring.*

2046. A man who has broken his leg does not come a great distance to a hospital, does he?—Sometimes the leg is put up temporarily, and he is sent in that way; it is very few accidents that come from a great distance. There are people who are seriously ill, who come up from the country: I have known people, for example, come up regularly from Hertford, where there is a very good hospital, and where the medical men are very good; yet they will come up regularly and be attended at St. Bartholomew's hospital.

Chairman.

2048. At St. Bartholomew's you have a very large casualty and out-patient department?—Very large.

Chairman—continued.

2049. Is it ever so tremendously numerous that it practically clogs the working of the system?—I would not say that; we sometimes get little hitches, but I cannot say that we have had any actual difficulty in carrying the matter through. In the time of the influenza epidemic we were hard pressed for two or three weeks.

2050. Do you put on other assistants at such times?—No, there are generally other officers about the hospital, and you get them to come and help you. Under these circumstances I, for example, should take to treating a certain number of patients, which in the ordinary way I do not usually do, simply to get over a difficulty.

2051. Here is a statement which we had made to us only the other day by Mr. Nelson Hardy; it was in reference to a child who had been treated by an inexperienced surgeon, and had been improperly treated, and the question was put at No. 804: "Have you any other cases"? and the answer was, "I have no other cases that I myself have personally seen, but there are a large number of cases going into the general treatment of ulcers of the legs and chronic rheumatism, and cases of that kind, which cannot receive proper attention when being seen at the rate of 60 cases an hour, which seems to be necessary where the out-patient departments are so overcrowded as they are." Now you deny that that is a correct representation of the case, to say that 60 cases are seen in an hour by one man?—Most certainly.

2052. And he most probably may have 10 assistants?—Certainly, he most probably would at St. Bartholomew's.

2053. So that therefore the meaning which is conveyed on the surface of that statement is undoubtedly erroneous in your opinion?—Certainly.

Lord *Thring.*

2054. You are merely speaking about St Bartholomew's?—Certainly; I am only speaking of my own experience.

Chairman.

2055. The answer which I have just read was *apropos* of St. Bartholomew's. Do you know anything of that dispensary which there is near St. Bartholomew's?—I do not know anything intimately of the working of it.

2056. I believe it is a free dispensary?—I think it is.

2057. Does it relieve you at all?—I really could not answer that question; I do not know.

2058. Now here again, Mr. Nelson Hardy says this at No. 914. The question is: "You say that sometimes on a Monday, a thousand out-patients would be seen at St. Bartholomew's, and you told us that there are a dozen doctors to see them; that would be about 80 for each doctor; about how long is the out-patient department open on a Monday?" and the reply is, "It is open till they have finished seeing the patients; I think they close the doors at 10 in the morning." Now is it likely that any doctor would see 80 out-patients?—I daresay it is possible on some emergency that he might have, but I should have thought that it was very unlikely that he had

Chairman—continued.

seen that number. Of course many of those are medical cases; those are not exactly the cases I was speaking of just now; they represent others in addition to those cases.

2059. But of course no one would see 80 cases either surgical or medical for treatment?—No, not for treatment.

2060. You might see that number for the purpose of sifting them?—Yes, I think so.

2061. But it would be wrong to say that 80 cases are seen by one doctor for treatment?—Yes, certainly.

2062. What time do you close your doors?—The new cases are seen between nine and 10 in the morning, and urgent cases at any time of the day or night.

Earl *Cadogan.*

2063. Who decides whether a case is urgent?—If any patient who came in, said he was really ill, the porter would say to him "What is the matter with you?" "I have hurt my leg"; and if the porter said "when," and the man said "A fortnight ago," he might be told, "You must come to-morrow between nine and 10." If he says "I have just slipped down in the street and hurt my leg," the house surgeon would be sent for.

Chairman.

2064. And the house surgeon would decide whether it was a case for the hospital?—Yes, excepting between nine and 10 in the morning, the house surgeon on duty would decide; between nine and 10 I should decide.

2065. He regulates all admissions?—Yes, he regulates all admissions.

Earl *Cadogan.*

2066. Are there many cases sent away by the porter on his own authority?—I should think, practically, none. I have heard the porter speaking in this sort of way, "When did you hurt your leg?" And when he finds that it was a fortnight ago, he may say "You had better come up in the morning," and then perhaps the man says "Well I can just as well come up in the morning." But if there is the slighest doubt the patient is at once admitted.

Chairman.

2067. How were you appointed to your present office?—By the governors of St. Bartholomew's Hospital.

2068. On the recommendation, I suppose, of some medical body?—Yes, of the medical staff; that is to say, indirectly on their recommendation. Strictly speaking, I was appointed solely by the governors without reference to the medical staff; that is to say, when we are going to elect a new man, what happens is this: The medical staff meets and the secretary of the medical staff is asked by the secretary of the hospital in an informal manner who it is that they think is the most suitable individual, and in an informal manner an answer to that question is given; but the governors do not receive any official communication from the medical staff.

Chairman—continued.

2069. Now, do you know whether any professional man having any diploma other than that of the Royal College of Surgeons and Physicans can enter into competition for an appointment on the staff of the hospital?—I am not quite certain what the regulations are upon that point, but each hospital has its own regulations.

2070. The governors are supreme in that matter?—Quite supreme. As a matter of fact, I had to canvass some 350 or 360 persons, and it took me something like six weeks to go round and call on them all, and I think something like 85 or 86 voted for me on the poll.

2071. And probably, unless you had been energetic in you canvass, you would not have been elected?—No.

Earl of *Kimberley.*

2072. Do you think that a satisfactory system?—Very unsatisfactory from the candidate's point of view.

2073. Do you think these 360 people were on the whole, competent people to select the best medical man?—I think they endeavour, to the best of their ability, the majority of them, to find out who is the best to appoint.

Earl *Cadogan.*

2074. Are there any serious objections in your opinion to the present system of appointment of the medical staff of the hospitals?—I think, practically, it works very well. It is very unsatisfactory in the sense that one has to waste a considerable amount of time in going round canvassing for many of these appointments; but I think the result is practically much the same as it would be if any other system were adopted.

2075. But would you say that as the result any of the best, men were excluded?—No, certainly not at St. Bartholomews.

2076. Then in the result the best men are appointed?—Yes.

Chairman.

2077. Surely the medical committee are the best judges of the medical qualifications of the candidates?—I agree; and as a rule their opinion is taken on the point; but not officially.

Earl of *Kimberley.*

2078. If a good deal depends on canvassing there might be an incompetent man who was clever at canvassing, and might not he get the appointment?—I think he rarely would, because there is a large body, the house committee, and the house committee generally take means to find out who is the best man of the two or three; and I believe most of the governors apply to them to find out the one to vote for.

2079. Then, as a matter of fact, the canvassing is not perhaps quite so important as one might imagine?—Not unless there is a division of opinion amongst the medical staff.

Earl *Cathcart.*

2080. How were you appointed to the West London Hospital?—In the same way, by the governors of the hospital; only there are not so many

Earl *Cathcart*—continued.

many in that case, and it did not take so long to canvass. I think only seven or eight people voted for me on that occasion, and my opponent got three or four votes.

2081. And the same qualification is required, is it, at the West London Hospital as at St. Bartholomew's?—I am not certain whether there is a rule on that point, but in London we usually require the London qualifications.

Chairman.

2082. Is that because you think that as a test of education is higher?—Partly from that reason, and partly because I think we feel that in a large place like London, if a man is educated in London, there is a sort of *esprit de corps* leading us to feel that that is the man we should like to have elected to a London appointment.

2083. Have you any knowledge of the medical school at St Bartholomew's?—Yes, I am a lecturer on anatomy there.

2084. Have you formed any opinion whether it would be better to amalgamate the schools in London, or do you think that each school should separately belong to its own hospital?—I think it would be a mistake to amalgamate all the schools; they might possibly be reduced in number with advantage.

2085. Then you would have paid lecturers, I suppose?—Yes.

2086. Whose only duty would be lecturing?—I am not prepared to say that; if you have to deal with subjects which, practically, must always form the basis of medical education it is almost necessary that a man should actually be in practice in order that he should know exactly what the bearing of the subject is that he is going to teach. If a man is a teacher of anatomy who is not a surgeon, he very often teaches what we call pure anatomy, that is, anatomy which has not a practical bearing on medical and surgical practice, but rather has a more scientific bearing; and certainly with surgery I think it would be impossible to have a good lecturer on surgery who was not at the same time a practical surgeon.

Earl of *Kimberley.*

2087. Is it not very desirable that a scientific basis should be laid upon which should be built the more practical knowledge?—Undoubtedly so; and no one feels more strongly than myself the necessity for a scientific basis; but there comes a time when one must deal with the technical side of the question.

Earl *Cathcart.*

2088. You keep up, I suppose, with the French, and German, and American anatomical literature?—Yes.

Lord *Thring.*

2089. With respect to the medical committee, do you approve of a surgeon being elected by a medical committee of the hospital?—Not elected by a medical committee, but I think the recommendation of the medical committee should have a very considerable weight.

2090. But you would not recommend that they should be the electors?—Certainly not.

2091. They might be guilty of favouritism?—Yes; everybody might be guilty of that.

Lord *Thring*—continued.

2092. With respect to the medical schools, would you approve, as has been suggested, of there being a university to which all medical students in London should belong, that they should have a technical education at the university, and then should be parcelled out by some arrangement between the hospitals and the university authorities for clinical instruction at the different hospitals?—I have not thought over exactly the scheme that you suggest; I am not sure that that scheme would work; but I think that a university for London is a most important question and one of the great needs of the day; I mean a university for London to which medical students should belong.

2093. Do you, or do you not, think that it would very much conduce to the benefit of the medical profession if medical students were under a stricter, both moral and medical, superintendence?—I do not think so, because I think much misconception prevails as to the supervision that at present exists. I think they are really much more strictly supervised than is generally imagined.

2094. That leads up to what I want to ask. Supposing a medical student misbehaves himself at your hospital, by whom would he be punished?—We have a sub-committee of the medical committee called the discipline committee, of which I was for a long time the secretary, and if any member of the medical committee brought information to me that a student had misbehaved himself we summoned him before the discipline committee at once.

2095. Then the in-door discipline is complete at St. Bartholomew's?—Complete.

2096. Then with respect to the out-door discipline, would you take any notice of any improper behaviour out of the hospital?—Yes, if for instance a student were summoned before a police court we should have him up, and perhaps dismiss him from the hospital for a year, or more.

2097. Then it is clear that at St. Bartholomew's you exercise both an in-door and out-door supervision of a strict nature?—Certainly. If a student does not get through his examination within a reasonable time we usually send him down.

2098. But my question was directed not to failure in examinations but to conduct not proper for a gentleman; there is strict supervision, I understand you, as to that?—Yes.

Chairman.

2099. Dr. Steel said that in all his experience at Guy's he never knew a medical student either expelled or rusticated for bad conduct at any hospital; is that your experience?—I cannot recall any single instance.

2100. But you have mentioned the case of rustication?—Yes, that was for an offence out of doors, not for any offence inside the hospital.

2101. Is there a residential college at St. Bartholomew's?—Yes.

2102. Who has the management of it?—Dr. Norman Moore; he is one of the assistant physicians, and resides there.

2103. And for how many is there accommodation in it?—I think some 40 or 50.

Chairman—continued.

2104. Is it always full?—There is a great difficulty in getting admission there.

2105. How long has it been in existence?—I should think about 35 years; I believe it is the oldest medical college in London; it was I believe, owing to Sir James Paget that it was first instituted.

Lord *Monkswell.*

2106. To go back for a moment to the question of people going a long distance from their homes to a hospital, I see Sir Edmund Currie says, "The poor do not naturally love the hospital in their own district, but like to go to another one;" is that your opinion?—We have a number of such cases certainly. I sometimes get patients who come from close by St. Thomas's, and I ask them why they do not go there, and they say, Oh! they have relatives who have been at St. Bartholomew's, or something of that sort.

2107. Do you find that people near you go to a more distant hospital?—I have no knowledge of that.

2108. But you do agree with the evidence that we have had, that there is a disposition on the part of the poor to go to a hospital that is not near them?—Yes, and if a patient has to undergo a serious operation he will often go round and find

Chairman—continued.

out the general opinion, and then come back to the hospital he started from; a man, for instance, who has a large tumour to be removed will go round, and then he will say, they told me this at the London and that at St. Thomas's.

2109. Supposing you annex dispensaries to the hospitals, do you think you would be able to prevent people going the round of the hospitals as they do now?—No, not unless you can exercise some compulsion upon them.

Earl *Cadogan.*

2110. As I understand you on the subject of medical schools, in your opinion medical schools should always be associated with hospitals?—I think they must be to a certain extent associated with hospitals.

2111. I think your objection to the proposal of having a university for medical education was that they would be inclined to teach on a scientific rather than on a practical basis?—I think, perhaps, there is a little mis-conception as to what I said on that point. It was not that I objected to a medical university, but rather that I objected to a medical university which should be officered entirely by people who are outside the hospitals.

The Witness is directed to withdraw.

Sir MORELL MACKENZIE, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

2112. You have had, I believe, great experience on the hospital question?—Yes, I have given a good deal of attention to it. I was connected with a large general hospital for many years, and I also founded a special hospital in the year 1863.

2113. Which was the general hospital with which you were connected?—The London Hospital. I was, in the first place, medical officer, and after that physician for many years in the hospital.

2114. Were you a student there?—I was a student there too.

2115. Which do you consider is the best in the interest of the public and of the profession, a general hospital or a special hospital?—I think that they are both required. General hospitals are required very much for general educational purposes, and special hospitals are also required for educational purposes, but not to the same extent.

2116. Is it the case that the duty of the special hospital has, to a certain extent, been completed, because now I understand that in most of the general hospitals there are special departments which occupy themselves with the diseases for which the special hospitals were originally built?—Yes, they do that to some extent, but they are not very successful; they are not nearly so successful in the treatment of patients as the special hospitals.

2117. Has that statement of yours reference to certain operations of great difficulty?—I think that there is not the same concentrated interest

Chairman—continued.

shown by the management as regards the special departments of the general hospitals as there is by the management of the special hospitals. The special hospitals, for instance, never hesitate about any expense for any kind of treatment that is required; they are much more liberal in their organisation for the treatment of cases, and also the special hospitals attract much more difficult cases; the most difficult cases in the country, as a rule, come to the special hospitals.

2118. Then in most cases the special hospitals are paying hospitals, are they not?—Yes, a great many; and in spite of the fact that they are paying hospitals, they still attract the people; although the poorer people could go to the general hospital for nothing, they still prefer to go and pay at a special hospital, rather than to be treated for nothing at a special department of a general hospital.

2119. Is not the class of patients going to the special hospital superior as regards means to that going to the general hospital?—I think they are a little superior: they are certainly more intelligent, they select the hospital more; I think they are a little superior.

2120. Would you like to see the system of payment extended?—Yes, I should like to see it extended.

2121. To include general hospitals?—Yes.

2122. Would that have this result, that a great many poor patients would be crowded out in favour of those who could pay?—No, I do not think it would at all. At one of the special hospitals which I am connected with, we have a system by which the hospital is entirely free to the

Chairman—continued.

the necessitous poor. We give a card when a patient comes, which shows the patient that it is entirely free to the necessitous poor; and that if they think they are charged anything which they ought not to be charged they can write to the secretary. Every patient is given that card (*producing a card, and handing it in*), or one like that.

2123. What hospital is it to which you are now referring?—The Throat Hospital in Golden-square. It was established in 1863. That card shows the patients that, if they cannot afford to pay anything, they can be treated freely; or if they are charged too much, they can at once make an appeal. The object of that is to prevent any overcharge to patients.

2124. In fact, you have instituted a system of part payment?—A graduated system according to the means of the patient, according to the occupation of the patient; that is to say, that a man who is a bricklayer, perhaps would be charged 6 *d.* a week, and a stonemason would be charged 1 *s.* or 1 *s.* 6 *d.* a week, according to the earnings of the trade.

2125. Then that necesitates, does it not, rather extensive inquiries?—You have to trust to a great extent to the statement of the patient. The patient does not know when he comes what he is going to be asked, and he is asked what his occupation is, and what his wages are. If he had been several times at the hospital before, he might prepare his answer; but as a general rule I think patients make very fair statements.

2126. Has the special hospital you allude to, the Throat Hospital, an out-patient department?—We have a large out-patient department.

2127. Does your memory enable you to state the number?—We have about 5,000 or 6,000 patients a year.

2128. And those are treated free, are they?—No, I should think three-fourths of them contribute something according to their means; and the rest are free. For instance, people like sempstresses and persons of that sort would be free; or a man who had been out of work for sometime, he would be free; otherwise they are expected to make some small contribution.

2129. And then, I suppose you have some system of inquiry into the means of those out-patients?—If we have any reason to doubt we do inquire; the dispenser, or rather the clerk, asks for references, and makes inquiries. We have a special clerk to do that work. Sometimes the duties of clerk and dispenser are combined.

2130. And is he generally a person acquainted with the circumstances of the people in that neighbourhood?—The patients come from all parts of England to that special hospital, so that that inquiry can only be done, as a rule, by letter.

2131. If I rightly understand you, you do not get the very poorest at that hospital?—Yes, we do. Of course the pauper patients are provided for by the poor-law hospitals, but anybody not an actual pauper can come; and if a pauper chooses to come, he would be received and attended to.

2132. Supposing you had a case which you took in, because it was necessitous, I suppose on finding out that he was a pauper, you would send him to the workhouse infirmary?—If it was not an interesting case we should; if it was an interesting case we should keep him.

2133. Who decides that matter?—We almost always keep them. It is very rare for us to send them away; I should not think half-a-dozen cases have been sent away in 25 years.

2134. Who decides the admissions?—The doctors. With regard to the patients generally at our hospital, we are not at all particular about governors' letters; governors can give letters; there are subscribers and they can give letters; but no more importance is attached to these letters than if the patients come without letters.

2135. The letter is a sort of *quid pro quo* for their subscriptions, I suppose?—Yes, it is.

2136. Now, supposing that there existed a general system of payment by patients, do you think it would deter people from subscribing to hospitals so largely generally?—No, I do not think it would. We have not found it so at our hospital. Our governors adopt the system of payment by patients, and people often write and say that they are glad to see that the patients do pay. We do not think that it prevents anybody from subscribing.

2137. But are the medical profession, as a whole, in favour of a system of payment by patients?—No. First of all those connected with the general hospitals, the physicians and surgeons, do not like it; they are rather opposed to it. Those who had not had any experience of it thought that the patients would not submit themselves to examination properly, that they would consider that they ought not to be examined by students. But we have found that the patients, as a rule, seem to be flattered by being thoroughly examined, and do not mind how many doctors see them. Then the general practioners in the poorer neighbourhoods of London, thought that the system of payments would probably take away some patients from them; that patients might come to the hospital who would otherwise pay them; but I think that is only because they really do not know the working of it. As a matter of fact our hospital was established as a free hospital in the year 1863, and for two years it was perfectly free. In 1865 we established this system of graduated payment, according to the means of the patient, and the result was that the number of the patients was reduced more than one half immediately, and it took several years for them to become as numerous as they were during the first years of the hospital's existence. So that I consider that it has a protective effect as regards the general practitioner.

2138. I suppose the difference between a special hospital and a general hospital is this, that in a general hospital the lay element has the power, and in a special hospital the medical gentlemen have the power?—No; in some hospitals one set of men have more power than in others; but that has nothing to do with whether the hospital is special or general. In the very old hospitals which have been in existence for several hundred years under the charters, they have carefully excluded the doctors from the governing body; but in the more recently established hospitals, whether general or special,

Chairman—continued.

there has not been the same jealous exclusion of doctors from the governing body. It was formerly thought that if the doctors had too much control their jealousies might interfere with the working of the institution; and therefore the old hospitals carefully prevented any acting doctor from serving on the committee. But that kind of rule is not applied now to the more recently established hospitals, though the old hospitals still keep it in accordance with their charters; hospitals, I mean, like St. Bartholomew's and the London.

2139. I suppose that remark applies to nearly all the general hospitals?—No; some of the more recently established general hospitals, such as St. Mary's and the Great Northern, admit doctors on their committees. But the newer general hospitals base their rules, as far as possible, on the lines of the old general hospitals.

2140. Do you consider that all special hospitals are necessary?—I consider that these hospitals are most necessary which have the most technical method of examination, like the Eye and Ear and Throat Hospitals, and those for the Diseases of Women and Diseases of the Nervous System, where they use electrical instruments very largely. Those are difficult to deal with in a mixed general department, and they have not the convenience, generally speaking, at the general hospitals for having a great number of special departments carefully devoted to each special disease. Therefore, those which I have mentioned are most required. Then there are other hospitals, like the cancer hospitals and the chest hospitals, which are very useful as asylums, which take patients in whom the other hospitals do not like to admit, and which treat these patients for some months, are very kind to them, and prolong their lives for a few months. The general hospitals have a great dislike to take in cases for cancer except for purposes of operation, or advanced cases of consumption; and the chest hospitals, though not required for their mode of treatment, do good by relieving patients not readily admitted at the general hospitals.

2141. You do not think that a cancer patient would be as well treated in a general hospital as in a special hospital?—I think, as a rule, concentration of interest improves the treatment in all cases.

2142. But now in regard to some of these special hospitals, is it not possible that they take away funds which would otherwise be given to the larger general hospitals?—I think that they may do so to some extent. The secretaries of the special hospitals are much more active and enterprising. The old hospitals have large funds at their disposal, and do not generally have such enterprising secretaries. The smaller and newer hospitals have nothing to depend upon, and therefore look out for more energetic men to look after their affairs.

2143. Do you think, then, that to a great extent the financial position of the hospitals, and the amount of subscriptions they may receive, are determined by the energy of their secretaries?—A great deal; it has proved so over and over again, at the general hospitals, too.

2144. That is to say, they assert that that is the cause?—Yes; and of course, during the last 15 years, times have not been anything like so good for any charities as they were before; there has been a general depression.

2145. Would you like to see any restriction upon the building of additional special hospitals?—No, I think that although it is a drawback having a constant increase of special hospitals, it does not more than meet the increasing population, and that they all do good, and that it is a question of free trade really, and that if any one hospital was not conducted properly, or did not do good, it would cease to exist.

2146. We will take the Marylebone district; there you have the Middlesex Hospital, you have University College, not very far from there again you have St. Mary's, and not very far from there you have the Golden Square Hospital; and then, of course, there are several dispensaries; and then into the bargain there is the Poor Law infirmary for St. Marylebone. Do not you think it would be well to stop the building of another special hospital or two in such a district where there are already such a number of institutions?—Practically, the fact that most of the out-patient departments are overcrowded tends to show that there is a reason for having additional hospitals.

2147. Then do you think that the people in a district will always go to the hospital nearest to them?—No, I think that London draws from the whole of the country, and therefore there are no local rules for any of the special hospitals.

2148. But then again the proportion of patients coming from the country to London is very small, is it not, compared with those coming from London itself?—It is not so in our hospital, at any rate; they come from all the districts of London, and a great many come from the country. I do not see that at present London is overcrowded with hospitals.

2149. And you would not like to see any restriction imposed by the necessity of a license for the building of an additional special hospital?—Of course it would be a problem to try, but I am not particularly in favour of it.

2150. You think that where a hospital is a good hospital it will be supported?—That is my experience, as the result of observation in different parts of London.

2151. And that if it is not supported it is because it is not good?—That is my opinion.

2152. But are there not some special hospitals that have been started under very questionable circumstances. We have had one or two quoted to us; one was called the Queen's Jubilee. Now from what we were told of that institution it would not seem to be necessary, at the same time it undoubtedly draws away a great deal of charity which very likely would come to the funds of the general hospitals?—It might do so. I do not know whether it is going on now, I think it has come to an end. I think the idea of that hospital was a very good one, although I had no interest in it whatever; but I understand that it was started with the idea of combining several special hospitals together, with a view of diminishing the expense of administration. That seems to me to be a very legitimate object.

2153. Was it to be a sort of central hospital?—It was to be a number of special hospitals combined together (a very desirable plan, it always

Chairman—continued.

always seemed to me), with a view of diminishing the administrative expenses.

2154. Is it one of the objections to special hospitals that some of them are so small in their number of beds that the expenses of each occupied bed must be very large?—Yes, that is one of the grounds, and a legitimate ground of objection to all small hospitals; at the same time it would apply equally to a small general hospital, and it has not anything to do with the fact of the hospital being special. Moreover, if a hospital can cure patients who would not otherwise be cured, by their being in a special hospital at a greater expense, it may be a reason for carrying on a hospital at a greater expense. It does not follow that the cheapest hospital is the best hospital at all. The mere fact of being able to carry on the hospital at a lower cost is a recommendation in itself, but it does not follow that it is one which must govern the whole principle of a hospital.

2155. We have been furnished with a memorandum showing the difference of cost of each occupied bed in the different hospitals, as far as it can be done, and I find that the difference in the price is very very large indeed. Now we will take some at haphazard; here is the Orthopœdic Hospital in Hatton-garden: "Cost of occupied beds," 101 *l.*: and the Royal Orthopœdic Hospital, 42 *l.*?—Yes, but there is a great difference between general hospitals.

2156. These are both orthopœdic special hospitals?—Some hospitals may be managed, of course, much more economically than others, but I know some years ago I was comparing the expense of different general hospitals, and I found that one large hospital in the Borough only cost 39 *l.* a bed, whereas in the London Hospital it cost us 60 *l.* a bed. Then I think our hospital is much better managed.

2157. That is not abnormally high; I find many others much higher; I find St. Bartholomew's, 89 *l.*; St. Thomas's, 99 *l.*; Middlesex, 81 *l.*; and King's College, 100 *l.*?—I do not think small special hospitals, as a rule, would be found to be so high as that.

2158. I suppose some of these hospitals are carried on by payment entirely, as far as I can judge from this return?—Very few, I think, because the payments by patients are very seldom sufficient to cover the expenses.

2159. Did you ever hear of St. Peter's Hospital, Covent Garden, for Stone?—Yes..

2160. That is put down as having received 2,049 *l.* from patients; that means that no subscription, I suppose?—No; because one gentleman gave 10,000 *l.*; and I am myself a subscriber to that myself.

2161. And the cost per occupied bed in that case is 285 *l.*?—I should think, in that case, they have put some building expenses to that item; I do not think that could be the ordinary cost of the mere maintenance of a bed.

2162. It is very difficult to find out what the actual cost of a bed is, owing to the various ways in which the accounts are kept?—Yes, exceedingly.

2163. Would not it be a good plan, with a view to comparing the cost, to have some authorised system of keeping the accounts?—I think it would be a very good plan.

Chairman—continued.

2164. Would the hospitals object to it?—The special hospitals would not object to it; it is the old general hospitals who object to these inquiries.

2165. Then, when we come to this extraordinary difference, 285 *l.*, 146 *l.*, 150 *l.*, a very high expenditure, there probably is some extraordinary circumstance to account for it, like the including of building expenses?—I should think so. Then it must be remembered that there are reasons for some of the special hospitals costing more. At our own hospital, where the patients often cannot swallow easily, we have to have very concentrated food, beef tea, and everything of the most nourishing character. In those cases it would be much more expensive to keep a patient than in an ophthalmic hospital, where they would have very simple diet and low diet; and again in a cancer hospital and a fever hospital too they require very nutritive diet; so that allowance must be made for the kind of hospital.

2166. Would a large number of cancer patients add very much to the cost of a hospital?—I think it would, very much.

2167. Do you think, from your experience of the London hospitals, that the organisation internally of the hospitals might be much improved?—I think it might be immensely improved. I think that the general hospitals have forced the special hospitals into existence. At present, if a new invention is made, the principle that the committee of management of the general hospitals go upon is this: they say, "This new invention is not much good; our patients have got on very well without it; we do not want another special department." Special hospitals have then been founded; when they have been in existence for 25 years, and proved themselves very useful, and educated a great number of men, then the general hospitals have said, "We want to have a special department now." Then, instead of taking first-rate men, of large experience, they have appointed some men out of their own staff who had no special knowledge. At one of the large general hospitals within the last few months they have appointed a young man who was a student at our hospital for three months; now he is in charge of a special department, and sees 20 or 30 patients a week, and teaches students. I do not consider that such appointments are advantageous. If this system exists now, it shows that general hospitals even at the present day are not alive to the importance of special departments.

2168. How does a special hospital commence its existence?—It is generally in this way, that a number of gentlemen combined together to establish it.

2169. Doctors with others?—The doctors have not enough money generally to establish it themselves, and they ask their friends to subscribe or join with them, in the same way that general hospitals have been established, such as St. Mary's, the West London or the Great Northern. The old plan of establishing hospitals by pious founders has gone out of vogue now; there is no one you could get to leave a sum of money sufficiently large to establich a hospital; at any rate they do not now leave large sums of money

Chairman—continued.

to establish hospitals. All hospitals are now founded by doctors and others combining together. The idea is endeavoured to be circulated that special hospitals are founded by doctors, young specialists, who are very anxious to promote their own success, and that they get the hospital up for that purpose. That is not at all more the case with special hospitals than it is with general hospitals. They are founded by doctors too. If you go back to Charing Cross Hospital, which was founded many years ago, that was founded by a doctor; St. Mary's also was established by doctors, and the West London and the Great Northern Hospitals, and some other hospitals now established in the north of London have principally been established by doctors, with the assistance of charitable persons.

2170. Would you say that the difference is that special hospitals are founded by the best professional men instead of by those that wish to get a livelihood?—I think they are founded by the best specialists. I think the founders have the most competent knowledge of the diseases when they establish them. They cannot get on to the general hospitals; the general hospital men will not have them on; they do not want to have a man coming on to their hospital who will become more distinguished or conspicuous than themselves, and therefore very often a man of considerable ability and experience is forced into establishing a special hospital.

2171. You were on the staff of the London Hospital?—Yes.

2172. Have you retired from it?—Yes.

2173. How long is it since you have retired?—In 1873.

2174. Were you on the honorary staff?—Yes.

2175. Did that bring you acquainted with the out-patient department?—Yes.

2176. There the attendance is very heavy?—Enormous. I have frequently seen 300 or 400 patients in an afternoon, sometimes 60 or 70 new patients.

2177. Had you an assistant?—Yes; I got a clinical assistant appointed when I went there, through my representations to the committee.

2178. How long did those 300 or 400 take you to see?—I used to begin at about one o'clock and go on to about five or six.

2179. There is some system of inquiry at the London Hospital, we understand?—I believe there is now. It is some years since I did the out-patient work; they try to keep it down.

2180. Do you think that this enormous number of patients is a bad thing for the hospital?—I think it is a very bad thing for the hospital, and that many patients do not require to attend there; many are slight cases of indigestion, bronchitis, and cases which do not require to come. They very often are persons who like to spend an hour or two at the hospital and have a chat with their friends, and look upon it as a sort of club; and this great number of patients prevents the more serious cases from being properly attended to by the physicians.

2181. Then also, I suppose, it tends to pauperise very largely all the people in the district?—Yes, I think it does do that; when I was once resident medical officer at a dispensary, the Tower Hamlets Dispensary and I occasionally saw the patients there and then went round, and afterwards saw the patients at the London Hospital on the same day; and, curiously enough, once I saw the same patient; he consulted me at the Tower Hamlets Dispensary and at the London Hospital; the same patient applied to me again on the same day, and I recognised him at once. So that it shows that they sometimes like to have a look round at the different hospitals; and we used to think that they liked to collect medicines to sell. We took great pains to prevent their selling cod liver oil and linctuses.

2182. What you say points one to the desirability of having a strict inquiry?—Yes; the difficulty of making inquiry, however, is the expense of the organisation that would be required, and following up the patients who came from distances; that has always been our great difficulty at all the hospitals.

2183. Then they are not very much aided by the patients themselves?—No; and we cannot write to their doctors; the doctors do not want their patients to go away, and we cannot refer to the clergymen, because the people very often who come to us do not go to clergymen.

2184. Do the Charity Organisation Society meet you in that matter?—I believe they offer, but they would have to be 10 times, 100 times as large to carry out efficiently such inquiries.

2185. Is there anything you could suggest to improve the system?—I think that medical officers ought to attend and see every patient, say whether the patient should go on permanently as a patient in attendance, or simply be given medicine for one day. I think, now that the medical out-patient departments are so enormously overcrowded, that is the only way overcrowding could be prevented, unless some very extensive system of inquiry could be organised.

2186. Now, at these general hospitals it appears that everybody begins as a casualty case, and then becomes an out-patient?—It is only at St. Bartholomew's, I believe, they have introduced that system. There is one thing I should like to point out particularly, and that is, that I consider that the out-patient department on the medical side where the great crowding takes place, is not at all necessary for teaching medical students. It has been said frequently, that by physicians and surgeons at hospitals, that these immense out-patient departments on the medical side are required for teaching students. As a matter of fact, the students are not required by the examining bodies to attend in these out-patient departments, and if you take a hospital with 150 students, you will not find more than three or four, or at the most five or six, students who would be attending amongst these out-patients every day; therefore I think that the statements which have been so frequently made, that these immense out-patient departments are necessary for educational purposes is not true at all, and I say that after watching the departments and working in the departments for many years.

2187. We have been told that the out-patient department should be a consultative department?—That

Chairman—continued.

—That would be very difficult to carry out, because then it would throw the whole matter in the hands of the general practitioners; they would be very glad to bring the patient and have a consultation, and then afterwards get the patient back; but I do not think that would be satisfactory to the physicians and surgeons of the general hospitals.

2188. Would it not be possible to make use of the provident dispensaries for the purpose of making the out-patient department a consultative department?—As long as you have a free hospital system the provident system could never be introduced. Of course, if you could once establish a good provident system you could do away with all out-patients. But then the provident system does not lend itself to special hospitals at all; a special hospital would not care about having a man who was always ill, unless he paid a high rate, and therefore the provident system could not be easily applied to special hospitals.

2189. At any rate you would like to reduce the medical out-patient department?—Yes, I should, very much; it is overcrowded, and unnecessary for medical educational purposes.

2190. Then, of course, with regard to the surgical out-patient department, that is very necessary?—That is necessary, because, in the first place, the patients have to have ointments and lint and bandages, which they could not afford to pay for, and the students have to learn to apply these things. When I was seeing 300 or 400 medical patients my colleague on the same day would not be seeing more than 70 or 80 surgical cases, so that they are not overcrowded.

2191. Are there any other faults in the out-patient department?—Of course, it is very unfair to the physicians who have to see the patients; they are dreadfully over-fatigued. I was quite exhausted, and unable very often to see the patients properly when I had been working for three or four hours seeing this enormous number.

2192. Does it tell very hardly upon the other practitioners in the neighbourhood; is it the case that it starves them?—They think that it takes away a good many cases from them; I think it does take away some cases.

2193. Now we have had mentioned the circumstance of students being allowed to see out-patients by themselves; is that the case in your hospital?—No; first of all the student comes, and when he has learnt a little, after he has been there three months, he becomes a clinical assistant; we do not have the students, as a rule, till they are qualified practitioners, and then after they have been attending a few months and have learnt a specialty, they are appointed to be clinical assistants, and act under the house surgeon, or physician, or surgeon, who is in attendance.

2194. Then about the appointment of practitioners to a hospital; what is the system at the London Hospital for the appointment to the staff?—The appointments now I consider rather defective, in this way, that a man cannot be, as a rule, connected with the permanent staff of a hospital, unless he is a member of the College of Surgeons, or a member of the College of Physicians. He may hold a much higher diploma; he may hold a high position at the University of London, or Cambridge, or Oxford; and yet, unless he takes some degree connecting himself with the College of Surgeons or Physicians, which is a much lower degree, he cannot be appointed. In the same way a Dublin man or Scotchman has to take this low degree, and sometimes he does not wish to take it.

2195. Does that practice exist in the London Hospital?—Yes, in the London Hospital, and in all the old London hospitals; because it goes back to the time when the College of Physicians and the College of Surgeons had a very powerful influence in London, and were able to direct the whole of the medical education in London. They will not allow anybody to be connected with the hospitals unless they have got their diploma, in order to make them pass their examination, and so secure the fees to their colleges.

2196. Do you think you are correct in saying that that exists in all the general hospitals?—I do not know one in London where it does not; at Brighton, the Sussex Hospital, they have done away with it; at many of the provincial hospitals they are not able to carry it out so much, but I believe in every general hospital in London, the medical staff are compelled to be either members or fellows of the College of Surgeons or members of the College of Physicians.

2197. At the London Hospital was it the rule or only the exception?—I believe it was according to the charter.

2198. Do you consider that, owing to this defective system, the best men are excluded?—Occasionally; I consider that every now and then a very able man is not able to become connected with a hospital in London; that a Dublin man, or a Scotchman who has a high degree, is not able to be connected with it because he does not happen to be connected with the College of Surgeons or the College of Physicians of London.

2199. Would you like to see any readjustment of the localisation of hospitals at present?—Yes; I think that a great saving might be effected, and improved sanitary conditions could be also brought about if the large general hospitals could be moved into the neighbourhood of London and built in a smaller way. At present it is a great disadvantage having these enormous buildings; they go on for hundreds of years; having one storey over the other very nearly, they become permeated by emanations from sick persons, and, as Sir James Simpson pointed out many years ago, it would be much more healthy if we could have small hospitals; of course, when we have built very handsome buildings in conspicuous places, people do not like them moved or interfered with. If a hospital like St. Bartholomew's could be moved into the country, leaving a small accident ward and a space for an out-patient department; if the rest, the chronic cases and the sub-acute cases, could be removed into the neighbourhood of London; they could have purer air, the patients would get on much better, the students might have a more healthy place for studying in, and a great saving would be effected. The

Chairman—continued.

sale of any hospital like St. Bartholomew's, St. George's, and St. Mary's, and several of the other hospitals, Westminster Hospital here, for instance, would give very large properties for building small temporary hospitals in the country. If they were small they might even be built of iron, and taken down every 10, or 15, or 20 years, and so completely renovated, and so all germs could be destroyed and a much more healthy condition would be established. At present I consider that the condition is very unfavourable, and it is the remains of an old condition of civilisation which is very unfavourable for treatment of the sick.

2200. Have you any acquaintance with what are known as cottage hospitals?—I have not any intimate acquaintance with them.

Earl *Cadogan.*

2201. I understood you to say the chief advantage of special hospitals is the success they have met with in the treatment of these various diseases for which they were specially founded?—Yes.

2202. And that you attribute that success to the fact that the medical men in those hospitals limit their attention to a special disease?—I think that is one of the reasons. I think even a stupid man, if he is a specialist, would be likely to be more successful than a clever man treating all diseases.

2203. But do you think it is desirable, both for the sake of the medical men and for the sake of the patients generally of the metropolis, that the medical men should limit themselves to the treatment of one particular disease?—I think that they ought at first to study all diseases for some years, and then they ought to limit their attention to some particular disease.

2204. If you could imagine such an amplification of the system of special hospitals as should give most of the diseases to special hospitals, what would be left for the general hospitals?—They would have the operations principally, and medical cases, such as inflammations, internal inflammations of the body; they would have accidents and operations. Surgeons now in London connected with general hospitals are really specialists for operations, and I consider the general hospitals, as far as regards the surgical section, are special hospitals for that particular specialty, the specialty of operations; and that is what they are required for. On the medical side they might be required for fevers, for inflammation of the lungs, and inflammation of the intestines, and such things as that. A new discovery might be made by which the liver might be treated in an entirely new way; a new instrument might be used which could not be readily employed in the general hospitals, and it might become necessary to have a liver hospital. I am not aware of any such instrument having hitherto been used, but there is no reason why fresh inventions should not take place.

2205. But is it not one of the chief benefits of a large general hospital that every kind of disease is gathered together and treated under its roof; I mean with regard to the benefit conferred thereby upon the medical profession?—If the special

Earl *Cadogan*—continued.

departments could really be organised in general hospitals on a very grand scale, so that the same perfection could be had in general hospitals that you now have in special hospitals, I think that would be all that would be required; but it never has been done at present.

2206. Mention was made of a hospital, I think, called the Jubilee Hospital, which I think you said was an amalgamation of various special hospitals, and I think you spoke of it with some approval for that reason?—I always thought that would be a good idea, to combine special hospitals in order to save expense of administration.

2207. But is not an amalgamation of a large number of specialties very much what a general hospital is?—It would be, only it is too heavily weighted by the general department at present.

2208. You wish to see special departments set apart in general hospitals?—Yes; but you see in general hospitals the same special department is used for several purposes, therefore each department is not so well organised as it would be in a special hospital where every single thing is organised with one definite object. That is where the general hospitals have failed, and continue to fail.

2209. You do not see any disadvantage in doctors generally in the metropolis being divided off to the study of particular diseases?—I am very much opposed to young men becoming specialists before they have had large experience in general diseases; I think every young physician ought to treat all diseases for at least 10 years, and then devote himself to some special disease.

2210. You told us that the expenditure was more liberal in a special hospital than in a general hospital?—Much more. Some years ago I was treating some patients at the Throat Hospital with electric batteries; they are common now, but this was 15 years ago. A physician from a large general hospital came to me and said, "Do your committee allow you to have these expensive batteries?" and he said, "They would not think of letting us have them, we should not ask for them, they would not let us have them if we did." That is why I consider that in the special hospitals everything is made secondary to the care of the patients, whereas in the general hospitals the special departments are starved to a certain extent; they are not treated with the same liberality as special hospitals.

2211. In this memorandum which we have before us, we have a table with a column for the "system of admission" to all hospitals, and in the case of the hospital to which you belong in Golden-square the system of admission is described to be "by letter or payment"?—Yes.

2212. There are are certain number of patients admitted by letter; do they pay anything?—No, that covers their payment.

2213. And those who do pay are admitted under a system of graduated payment?—Yes.

2214. The calculation being made upon the presumed means of the patient?—Upon the wages of the patient and whether he has a large family, and whether he has been in work; and

every

Earl *Cadogan*—continued.

every condition, as far as possible, is taken into consideration.

2215. And on this card of yours that we have before us, it is said that "the hospital is entirely free to the necessitous poor"?—Yes.

2216. How do you define "the necessitous poor"?—We consider that a seamstress, or a person who is engaged in the sweating process, is a person to have the treatment free. If people come and say that they have not got anything, and that they are out of work, they would *pro tanto* be admitted as out-patients. The object (or one of the objects) has always been, rather to let the hospital be a little imposed on than to make patients pay who are not able to pay. That is why we have that special proviso rule.

2217. The card also contains this sentence, "Others are required to give a weekly contribution according to their means"?—Yes; it was my idea having this scheme, and I submitted it to the committee some 26 or 27 years ago; and it has been modified occasionally from time to time by the secretaries according to the rate of wages.

2218. You object, I understood you to say, to the system of out-patient departments at the general hospitals?—I object to the very large out-patient departments on the medical side.

2219. And have you not comparatively large out-patients' departments in special hospitals?—Yes, we have quite large enough.

2220. Do you find the same fault with those?—We could not now increase our department, that is why we have no objection to other special hospitals being established. We have now nearly 100, sometimes 120 patients every day; and with all our resources by which the patients can be seen quickly, it is as much as we can do; we could not take more without enlarging our staff very much and possibly building.

2221. There is one special hospital which no question has been asked about, the children's hospitals: do you think they are advisable?—I think they are very advisable, because the children are a great nuisance to the other patients and disturb them, and therefore, they are obliged to be separated, and also, because they so often have infectious diseases. But, I think, by removing the general hospitals into the country, a very large saving might be effected now that the land in London has become very valuable; and if the chronic cases and sub-acute cases could be treated in the country, they would not only have much better air, but really there would be no loss of any kind. Immense sums would be obtained for the sale of the ground, and only the historical association would be destroyed. It would be easy to put up a griffin or something of that sort to call up the souvenir of the situation of St. Bartholomew's or St. George's.

2222. But if a man were run over in London and broke his leg a griffin would not be of much use to him?—No, but I propose that a small space should still be occupied with an accident ward and a small out-patient department.

2223. It would then be an accident hospital, in fact?—It would be an accident hospital, with a small department for out-patients.

Earl *Cadogan*—continued.

2224. You would dot those all over London?—Yes.

2225. In fact your idea would be, generally to pull down the large hospitals in London, and distribute them all over the country, round it, and build smaller hospitals in their place in London for immediate cases?—Yes; and I should have a number of buildings or tenements of two storeys containing about 50 beds, which could be rebuilt from time to time in the country, combined together in a certain area, so that they could be administered with less expense.

2226. With regard to the question put by the Chairman about the exclusion from the medical staff of the several hospitals of doctors not having diplomas of the College of Physicians or Surgeons in London, you mentioned the Edinburgh degree as being a higher one than the diploma held from the College of Physicians or Surgeons; is that so?—I think some of them are; I think they pass examination of some of the colleges at Edinburgh is certainly higher than that of the College of Physicians.

2227. We had evidence that a good many men went to Edinburgh, because the standard was lower there?—That is because the standard of the University of London, not the College of Physcians of London, is much higher.

2228. That evidence does not apply to the Colleges of Physicians and Surgeons?—No; and even a man with a degree of the high standard of the University of London, which is the highest medical standard there is at present, would not necessarily be admitted to be physician at the London Hospital or at St. Bartholomew's at the present moment.

2229. Does that answer only apply to those two hospitals?—No, to nearly every large hospital; to St. George's, to St. Thomas's, and St. Mary's, and I should say every important general hospital.

2230. Is it a matter of rule, or of practice?—I believe in almost all cases it is so, under the charter.

2231. It is your opinion that good men are excluded under that system?—I think there are very good men at those hospitals now, but I think that a system which does exclude any men who have those qualifications is one which ought not to be continued.

2232. Is it within your knowledge that good men have been excluded?—I can quite understand that men of limited means who do not want to pay much money (and at the College of Physicians it costs 30 *l.*) may be excluded. I can understand that a young man who has passed a high examination at the London University does not want to pay 30 *l.* to take a lower examination at the College of Physicians.

2233. Is it within your knowledge that such exclusion does take place, or has taken place?—I should think it frequently takes place, but I could not bring forward a particular instance.

Earl *Spencer*.

2234. To follow out those questions a little further, do the special hospitals employ, in consequence, a good many clever men who belong to other medical schools?—Students? Yes; I mean the young men who have just passed their examina-

Earl *Spencer*—continued.

tions come to our hospitals, because they cannot get the same kind of instruction at the general hospitals. We have now constant classes, and our classes at the Throat Hospital are always full of students who have been attending at the general hospitals, and could not get the kind of instruction they wanted; they came to our hospital to be taught after they have left the general hospital.

2235. But your statement as to the exclusion of certain men from the general hospitals in London does not apply to the management, does it?—The exclusion only applies to what are called the members of the staff, the medical and surgical staff, not members of the management.

2236. But in your special hospitals you do allow other men to come in?—Yes, we do; they have been established and founded more recently; and, not having these old charters, they have more liberty, and they allow any registered practitioner to offer himself as a candidate.

2237. And that has been found a considerable advantage?—Well, we think it is fair.

2238. Then, with regard to the question of pupils, do the special hospitals afford accommodation and instruction to any large number of pupils?—We should like to have it much larger; we do as much as we can now; but at present the College of Surgeons and the College of Physicians, as a rule, do not require men to know anything whatever about any special diseases; they do not care whether they know anything about throat diseases or not; and so students actually come to us as volunteers; they are not obliged to come; it is all the more meritorious on their part; they do not come to pass their examinations, but to acquire knowledge after they have passed their examinations.

2239. Do you have a considerable number of them?—We do at our hospital.

2240. And is that the case at all special hospitals?—I believe it is the case at the Brompton Chest Hospital; I hear there are a great number of students.

2241. At the cancer hospitals?—I do not think they go so much there, because there is not so much to be learnt, unfortunately; but the women's hospitals are very important, and there are always a good number of students going there to learn.

2242. You mentioned the greater liberality of the committees of the special hospitals than of those who manage the general hospitals; why is that; are there a different class of persons on the committees of the special hospitals?—Yes; because there are generally more doctors on the committees of the special hospitals; they are more represented on the committees of the special hospitals; and they can explain to the committee that what seems to be a large expense very often may be a saving, and cause patients to be cured who otherwise would not; whereas, under the old system in vogue at the general hospitals, where they have no doctors, as a rule, on the committees, they do not get the same information, I think.

2243. Have you any difficulties about funds in special hospitals?—We have difficulties at all hospitals in regard to funds.

2244. I think I understood you to say that you believed direct benefit has arisen to the

Earl *Spencer*—continued.

science of medicine and surgery by the creation of these special hospitals?—I am quite sure of it.

2245. That discoveries have been made in science in consequence?—A great many diseases are cured now which were not cured before.

2246. And that has arisen from the establishment of these special hospitals?—From the establishment of these special hospitals.

2247. We heard something, I do not think very definitely, as to special hospitals occasionally being got up for the benefit of private practitioners, and being established in unsanitary places, and not being conducted on sanitary and sound conditions; do you think that is so?—I think that doctors would always try to establish them in the most sanitary way they could. I believe that all human motives are to a certain extent mixed, and that benevolence to the public and personal considerations are sometimes combined.

2248. But there is not much actual danger, you think, arising from any improper special hospital being started?—No, I do not think so at all.

2249. You made the suggestion of establishing in the country certain general hospitals, and getting the benefit of the sale of the land of the London hospitals, and you said you would have some temporary buildings put up in the country in their place; now do you consider that at the present moment there is much danger from contamination in the old walls, and so on, of hospitals?—I think the tendency of science, especially since so much is known about the germ theory, is to show that old buildings are not desirable.

2250. And modern science has not got over those difficulties by various correctives?—Of course they attempt to get over them by various processes, but I think that old buildings must have a deleterious effect in the treatment of disease.

2251. You think there are still great disadvantages in them in that respect?—I think there are great disadvantages.

2252. Now would you think it possible to connect special hospitals directly with general hospitals, to have a general system of large hospitals, and to have branches for the special treatment of particular diseases?—I think it could be done; but there is a great deal of jealousy in this way: the specialists are afraid of their individuality being lost when they came to join a general hospital, and they are afraid that sufficient importance would not be given to their speciality; that others might be developed rather than theirs, or theirs, at any rate, not treated in the same liberal way that they know they would be by their own committees. I think that is a difficulty of combining them.

Earl of *Kimberley*.

2253. If you were to abolish the large hospitals in London, and to transfer them into the country, how would you provide for the medical schools?—I should have the medical schools too in the country, which I think would be very much better for the students, more healthy.

2254. Do you mean that you would establish colleges

Earl of *Kimberley*—continued.

colleges for them to live in, in connection with the hospitals?—Quite so.

2255. Would it be possible in country districts to have all the conveniences and appliances which are available in London?—I think so; I do not think there would be any particular difficulty. At first there would be difficulties.

2256. But a large number of the medical staff who now give their services gratuitously to the hospitals are men in large practice in London; how would it be possible for them to attend medical schools in the country?—The sub-acute cases which I should propose to move are only visited twice a week by the physicians and surgeons; and the distances now are so great in London; it used to take me nearly an hour to go from my house in Harley-street to Mile End; it would not have taken me any longer to go from Paddington by train 12 miles into the country.

2257. Do you think that the most eminent surgeons and physicians in practice in London would be willing to go 12 miles out of London two or three times a week?—I am sure they would be quite willing, because they are so anxious to hold the appointments.

2258. Is there not this difficulty with regard to the special hospitals, that the ordinary medical students get none of the instruction afforded there?—They are not obliged to go there.

2259. It is not part of their education?—They are not compelled by the examining bodies to go there.

2260. Would it be desirable or possible, do you think, that the attendance in those hospitals or in some of them should be made compulsory?—I think it would be very desirable. It has been done, I think, in the case of the Eye Hospitals, for some examinations. There is a great prejudice against special hospitals in the medical profession, but the older the hospital is the less the prejudice, and there is not much prejudice now against Eye Hospitals, because they have been established over 100 years, and the profession has become accustomed to the idea. If the examining bodies would require students to attend at several of the special hospitals, or even at special departments of a general hospital, it would be a great advantage.

2261. It would not be desirable, I presume, to require students to attend hospitals where the treatment is not thoroughly established, though in the interests of science it might be very desirable that such treatment should be attempted?—Quite so.

2262. It has been very often argued that the existence of the special hospitals draws away a good deal of money which is required for the maintenance of the general hospitals (I am referring to those general hospitals which are not endowed), and that the consequence is that these hospitals are in very great distress, and have been obliged to make appeals to the public of London, which are not as successful as might be desired; would you think that their existence has an injurious effect on the general hospitals in that way?—I think that that argument has been exaggerated very much. I think that much more depends on the energy of secretaries than on any other condition, and on the general condition of the time. During the last 15 years charitable people

Earl of *Kimberley*—continued.

have not given in the way that they did, either to hospitals or to other charitable undertakings.

2263. Still, I suppose you must admit that, to a certain extent, competing charities may exist where they are not required, and that then the distribution of charity is injuriously affected?—I think it is found that there are certain people who give to nearly every hospital, and certain people who give to none. If you look through the lists, you will find the same names in the list of the general hospital and of the special hospital; and you will find also that some names never appear. Therefore, though to a slight extent it may interfere with getting subscriptions to other hospitals, what practically happens is this: that people trying to get funds for a new hospital take a list and go through it, and in that way they find people who have already given to one hospital, and are likely to give to another. The creation of new hospitals does not really very much interfere with getting subscriptions to other hospitals.

2264. In point of fact, you think that those who give to special hospitals are either persons who would give also to general hospitals, or else those who would not probably give anything if there were not special hospitals?—I think so, especially that large numbers of people only give to special hospitals because, for some reason, they are interested in them; either because they have had some relation who has died of that special disease, or they have been ill themselves of it. The special hospitals are kept up almost entirely by people who have some interest in the special diseases of the hospitals to which they subscribe.

2265. Are you in favour of special hospitals for children?—Yes.

2266. And I also understood you to say that you were strongly in favour of special hospitals for women?—Yes.

Earl of *Winchelsea and Nottingham.*

2267. With regard to the question of the distinction about the diplomas; I suppose that originally the diplomas of the Colleges of Physicians and Surgeons had a different relative value from what they now have?—Yes; the general mass of the profession was very ignorant a couple of hundred years ago, and the College of Surgeons represented the principal medical learning of the country.

2268. Now you would consider the distinction an anachronism, and you would remove it?—Quite so.

2269. If the disqualification rested upon a rule of the hospital, I suppose it could be removed by the governing body?—Yes.

2270. But if it is in the charter it must be done by some public authority outside?—Yes, they must get a fresh charter.

2271. Would it be possible or likely that these two colleges would admit physicians and surgeons to an *ad eundem* degree, as is done at Oxford or Cambridge, for the purpose of getting over this difficulty?—They might do it; I think it would be easier to get the hospitals to alter their rules, and have a slight modification of the charter.

2272. We have had a great deal of evidence of the extraordinary number of out-patients in

Earl of *Winchelsea and Nottingham*—continued.

London who attend the various hospitals; the estimate was as much as one million, I think; but from what you have said, ought there not to be some qualification of that statement introduced in view of the fact that a great many of them come from the country?—Yes, I think so, though I think the number of patients is very much exaggerated.

2273. Otherwise, it would appear from that estimate that one in four of the population of London are out-patients?—I do not believe that.

2274. Can you give us any idea of the reduction that ought to be made in that estimate?—No, I could not.

2275. In your view the special hospitals have a great future before them, an extended future, or ought to have?—I did not say that. I think that they have done an immense deal of good already; they have proved themselves very useful, and ought to be maintained; but I think that if the general hospitals conducted themselves in a different way it would be possible to diminish the special hospitals.

2276. Would you not think it necessary, although I think you said you would not propose to limit the number of special hospitals, to submit them to some public inspection?—I think it is a very difficult point, just as I think it would be a difficult point to limit people establishing religious societies.

2277. What I have in my mind is this: Are they not often controlled by practitioners whose eminence in the profession is not a sufficient guarantee to the public that efficient treatment will be carried out?—I think that is so occasionally; but that is quite the exception. I think the staffs of the special hospitals will compare well with the general hospitals in that respect if you take them all round; but every now and then some wretched little place may be established by some inferior man; that is an abuse which every kind of charity is open to.

2278. With regard to the removal into the country of large hospitals, have you considered the point of how it would affect the out-patient department?—Yes; I should have a small out-patient department at each hospital in London. I think it would be required, although I think you ought to be informed that in many cases the necessity even for the out-patient department does not exist to the same extent as it did before. For instance, in the case of St. Bartholomew's, formerly this hospital was surrounded by slums; it had an enormous poor population round them; now all the poor people have been cleared away, at least all the slums have been removed; and, practically, their out-patients come from three or four miles to them. The out-patient department at St. Bartholmew's is scarcely required; at St. George's they limit their out-patient department to 20 patients a day.

2279. Do you think the provident dispensaries and the poor-law dispensaries between them capable of taking the place of the out-patient department of the hospitals?—It has been found so very difficult to apply the provident principle in London, on account of these large open free hospitals, that it has never been able to be worked properly. As long as the poor people

Earl of *Winchelsea and Nottingham*—continued.

can get to the general hospitals for nothing they will not subscribe to provident charities.

2280. On that question of payment to the hospitals, I think you stated that even if it were to become more general than it is it would not, in your opinion, injure the local practitioners?—No, I think it would have a protective effect on them. If the patients come to a hospital they have to wait a long time, and are not very comfortable; and are crowded; and if they had to pay, I think they would be more likely to go to their own doctor and pay him something, than to go to a hospital where they had to pay, as compared with a hospital where they had not to pay.

2281. Are you aware that in the case of the Metropolitan Hospital, which has been, I believe, started on the provident system, the people who are allowed to subscribe are limited to wage-earners under 21*s.* a-week for the purpose of protecting the medical practitioners?—I did not know that.

2282. I put this question to Sir Edmund Currie at Question 1913: "The object of my question was to find out why you impose a limit at all" (the limit I have described); "is it for the benefit of the medical practitioners?" To which he replied, "Yes, I think it is mainly for the benefit of the local practitioners"; then, in your view, that is unnecessary?—I think there ought to be a limit, but not as low as that.

2283. But can you say what it should be?—I should say that patients who earn more than 2*l.* a week ought not to be allowed to go to hospitals.

2284. But would you not allow them to become provident members?—Not those who earn more than 2*l.* a week.

2285. This was a question as to provident members; nobody in that hospital is allowed to be a provident member whose wages are over the limit I have named; you would disagree with that?—To tell the truth I have not given great attention to the provident case, and I do not feel myself competent to express an opinion on that point.

2286. You are familiar with the fact that in certain parts of Germany there is a system which prevails of what they call provident hospitals?—Yes.

2287. But you do not know how far that would be applicable here?—In most of those cases in Germany, and in France also, they see the patients but do not give the medicine; and this acts with a kind of deterrent effect on patients; it affects the numbers very much.

2288. I think you mentioned that the provident system would not lend itself to special hospitals because of the expense of the treatment?—It would not. For instance, a person with an eye disease would naturally become a patient at an eye hospital, and he would not come there unless he had a special infirmity, and he would always be going there, because he would have frequent attacks; and therefore the hospital would have to charge rather high rates. It is not like a man insuring himself against disease in general.

2289. But in your view, if I understand it rightly, the proper policy is that all hospitals should tend to become special hospitals; even

the

Earl of *Winchelsea and Nottingham*—continued.

the general hospitals should become so in a certain sense, hospitals for operations?—Yes.

2290. Would that difficulty be obviated by the establishment of a central fund, into which the provident payments might be made?—Yes, I think that would be a very good thing; but in such a large town as London you would lose the individual interest; for small places in the country it would be admirable; but, in fact, you may have seen often now that country gentlemen, as a rule, and Members of Parliament, if they are asked to subscribe (and even Lords, I believe sometimes), say that they subscribe to the country charities, and they cannot subscribe to the London charities, and it is very difficult to get up a general interest in London matters; and that is why, in all these metropolitan improvements for London itself, in the question of parks and open spaces and so on; there is not the same kind of *amour propre* and the same spirit of rivalry between wealthy men to make themselves well-known in London that there is in towns of a smaller size; and therefore I do not think that a combination such as you speak of would be an advantageous thing; I think that it would cause loss of interest, not concentrate interest.

2291. My question was rather directed to the matter of the special expense, which, I take it, would not fall upon the particular patient, but upon the central fund?—It would meet that difficulty, but I think it would cause a reduction of funds.

2292. By a diminution of the public interest, you mean?—By a diminution of the public interest.

Lord *Lamington.*

2293. In general hospitals are the special wards usually under a specialist?—Not quite so much as they ought to be; they are generally under gentlemen who are general physicians, but take charge of a special department. Sometimes they have a specialist, but they very often have one of the general physicians who acts in that particular ward as a specialist.

2294. Do most secretaries, or those who have to look after the funds of the hospitals, generally get commissions?—They do not in all hospitals; in the hospitals that collect money well they generally get commissions.

2295. In the Ormond-street hospital they had the plan and they gave it up; and now they collect an equal amount?—We are always trying first one plan and then the other, and making different efforts, trying a combination sometimes. There are certain hospitals which give a salary and a small commission as well. I do not consider that, as a rule, secretaries are overpaid men, or that hospitals are got up by secretaries in their own interest. As a rule you require a well-educated man for the post, and the better educated a man you can have the more likely are you to be successful at your hospital. I consider that, as a rule, the secretaries of hospitals are underpaid instead of being overpaid men.

2296. Are not hospitals very largely visited by people going to read to the patients, and so on?—I think they are.

2297. If they were removed into the country they would lose that, would they not?—I think that people in the country would do it.

Lord *Lamington*—continued.

2298. If the out-patient departments are abolished will there be any opportunity for teaching the students?—They can learn in the wards.

Lord *Clifford of Chudleigh.*

2299. In your opinion, students would not miss seeing cases for want of out-patients?—No; I do not think they would miss any important cases.

2300. Are not the special hospitals supported to any extent by donations and contributions?—Yes, they are very much so, but not to the same extent that the general hospitals are.

2301. But do you think that they are so to such a large extent as the public at large are interested in the way in which they are managed?—I think that the public take great interest in them.

2302. What I meant rather was this: are the donations to the special hospitals rather those of particular persons who give considerable amounts, or are they supported much from the general public giving comparatively small amounts in large numbers?—I think that the public give small amounts in large numbers; I think that the relative amount is not so large in special hospitals as in general hospitals; the average subscription is generally smaller in the special hospital than in the general hospital.

2303. And very often given by a small number of people?—Generally given by a small number of people.

Lord *Monkswell.*

2304. You say that special hospitals do not hesitate about expense; I suppose there are some special hospitals started with small funds that are unable to use the best appliances?—I suppose they are at first, but they generally try to get everything; the instrument makers will generally give them credit.

2305. You think that most special hospitals are, as a matter of fact, enabled to get the expensive appliances?—Yes, almost everything.

2306. You say that a combination of special hospitals is desirable; is not that the same thing as the present system of special wards in the special hospitals?—Yes, if the general hospitals could be rebuilt and had a number of special wards organised for each particular disease; but considering that they are old buildings and that they use the same sets of rooms for several different specialties, they do not lend themselves to treatment in the same way that the special hospitals do.

2307. Do you think that the hospitals ought to be built on different principles?—Yes. In the throat department we require a special system of light, and in the Ophthalmic Hospital again they require another.

2308. You were saying that the old hospitals were in the nature of things unhealthy; that could not be prevented; are you familiar with the statistics of recovery as between old and new hospitals?—I could not give you the facts, but, of course, I have read a good deal about it.

2309. And from what you have read you believe that the statistics are very much in favour of hospitals built on the new plan?—That is so. In the old Hôtel Dieu in France the mortality became so enormous, it was so saturated with the emanations of disease, that they were obliged to close it.

Lord *Monkswell*—continued.

2310. Do you think that the same thing would apply to some of the old hospitals in London, that the walls are becoming so saturated that it is dangerous to the patients?—I think they take greater care in London and make greater efforts to prevent it, but there is a tendency that way.

2311. You do not think that the resources of science are sufficient to enable a hospital originally built not on the most approved plan to be made healthy?—I do not think it can become so healthy as a smaller hospital built in a salubrious situation in the country.

2312. Have you gone into the question of cost, as between hospitals and infirmaries?—I believe the Poor Law infirmaries are much more economical.

2313. Is there any reason why that should be?—It is because the doctors in them, as a rule, are not perhaps very inclined to try new remedies. A physician at a large London hospital where there is a school, would never think at all of the expense of anything he was ordering, whereas the doctor or surgeon of an infirmary would know that if he did not try to keep the expenses down, the Poor Law authorities would begin to speak to him.

2314. Then you consider that the treatment in a hospital is probably better than in an infirmary, at all events for a certain class of cases?—Yes, I do, and also I consider that in order to make advances in medicine it is necessary to try all these new things.

2315. But are there not now in hospitals many patients who would probably be just as well cared for in infirmaries?—As a rule the patients in a general hospital in London are only in there for a few weeks; whereas the patients in infirmaries are often there for months, years you may say almost.

2316. Then you do not think it would be a good thing that a great many patients in the hospitals should find their way into the infirmaries; you think the distribution, as it is at present, is a sound one?—Yes, as far as I know, I think it is very fair.

2317. Do I understand you to say that a University of London man is at the present moment absolutely ineligible by charter to hold an appointment on the staff of the general hospitals?—Not because he has a degree of the University of London.

2318. But if he has only that degree?—Yes, if he has only that degree.

2319. By charter?—Yes, by charter of the London Hospital and St. Bartholomew's, at least, I said, and probably in the case of many more.

Earl *Cathcart*.

2320. It has been urged that the success in former days of certain operations was pretty much in inverse ratio to the size of the building?—Yes.

2321. But all that has been very much altered now, has it not, by the Listerian system, and the modern antiseptic means?—Yes.

2322. And a high rate of success does prevail in the good general hospitals?—I believe it is much improved.

2323. I think one answer of yours requires a little qualification. You suggested, I think, that the success of the hospital depended more upon the energy of the secretary than upon the skill of the treatment?—There is a slight confusion there. What I meant was that the financial success depended upon the secretary; of course the medical success depends upon the staff.

2324. It wanted that qualification, it struck me?—I did not mean the medical success.

2325. Do you recognise the term at all, "Private Adventure Hospitals," as applied to special hospitals?—No, I do not; I consider it is an unfair term.

2326. Will you be so good as to say what is the genesis of your throat hospital, how did it originate?—It was suggested to me by an eminent physician that it was very desirable to have a place where throat diseases could be treated specially, and I then mentioned to several of my friends that I thought if they would form themselves into a committee, some surgeons could be appointed who would be willing to act.

2327. In fact, you were yourself the originator of the hospital?—I was, I was the founder.

2328. You only have 16 occupied beds according to the return?—Yes.

2329. I daresay you could find occupants for 60 beds?—We could.

2330. Or for 600?—We could have a great many more than we have; we have been very crowded all this last year.

2331. But with 16 beds the expenses per bed must be very high?—They are much higher than if we had 60 beds.

2332. What is your lay staff?—I could not tell you now; I am only consultant to the hospital; I should think there would be four nurses and two porters, and a matron.

2333. And a secretary?—And a secretary. And, you see, the dispenser has a very large out-patient department to attend to.

2334. Are your accounts now very accurately kept and published?—Yes, they are published every year.

2335. And have you a financial year, or do you take the calendar year?—We take the calendar year.

2336. And you think that if there was to be uniformity of system in hospital accounts there would be no objection to the calendar year as being more convenient?—I think so.

2337. But in some hospitals there are financial years?—Yes.

2338. You do not agree with much of the evidence we have had to the effect that out-patient departments should be altogether on the provident system, but that no petty payments should be taken for indoor treatment?—No, I do not agree with that. I do not think the provident system could be worked in London, and I think that in-patients should contribute where it is possible.

2339. It has been argued that it is a mistake to take petty payments for in-door treatment, but that is not your view?—It is not.

2340. What is the lowest sum you take for in-door treatment?—I think 7 *s.* a week; a shilling a day.

2341. It could not possibly be done under 2 *s.* a day at the very least?—It really covers the actual

Earl *Cathcart*—continued.

actual food, but I believe the actual cost to us is about 25 *s.* a week, so that we lose on each patient.

2342. You would be in favour of some central authority which might arbitrate in cases of dispute, inquire into a scandal when one was brought before it, and arrange as to the publication of accounts?—If they were fairly organised I think it would be an excellent thing.

2343. If such an authority, an impartial authority, were constituted you would approve of it?—Very much so.

2344. In your out-patient department you say you have about 100 a day, but the fresh cases would be a very small proportion of that 100?—From 15 to 24 or 25 fresh cases, perhaps.

2345. But really the 16 beds of your hospital are very much analogous to a cottage hospital, are they not?—I think in a cottage hospital they only have about four beds.

2346. As regards your system of education, how do you select your students?—Anybody comes; the casual visitors are allowed to come without payment, but if persons wish to attend regularly they have to pay a small fee.

2347. What?—Three guineas for three months.

2348. And what does that go to?—To the medical staff for teaching; it is divided between all those who teach.

2349. Who makes the arrangement?—The dean.

2350. And he receives the fees, and divides them?—He receives the fees, and divides them once a year.

2351. Equally?—Yes, equally.

Lord *Zouche of Haryngworth.*

2352. It has been suggested to us several times that as a means of preventing overcrowding in the out-patient department a patient should be required to bring with him a letter of recommendation, either from a private medical man or from some medical dispensary; what do say to that; do you think it would work?—I am afraid it would not; it might place too much power in the hands of the doctors; the doctors might not want their patients to go to the hospitals. Many of the doctors themselves in those poor districts are very poor men, and want the benefit of the shillings and sixpences themselves, and would not like to lose their patients.

2353. You think that might tend to prevent its working?—I think the doctors, as a rule, would not always recommend patients where the patient wanted to be recommended; it would place the doctor in a false position.

2354. Would you say the same thing of a medical or of a free dispensary?—It is very difficult to argue upon these institutions, because there is no definite plan on which they are founded; they vary so very much in their rules of organisation.

2355. With regard to moving hospitals into the country, should you think there would be any practical difficulty as to distance in moving them?—No.

2356. You would move the in-patient department really?—That is all; the in-patient department.

2357. Because, of course, you would have to go a good way out of London to allow for the

Lord *Zouche of Haryngworth*—continued.

increase of the town?—You would have to go, I suppose, as a rule, from 12 to 20 miles from the centre.

2358. Then, with regard to the medical schools, which would be also in the country, would there be any difficulty, apart from any question of medical men not having time to go so far; do you think the students would not then experience any difficulty in having to travel about?—No. At present the students do not live near their hospitals. Thirty years ago they all lived near the hospitals; but now, since the underground and extension railways have been built, very few of them live near their hospital. The students who attend at Mile End, the London Hospital, live out at Kensington or in some other part and use the railways. I do not think it would make very much difference. I think some students would live in the country and some would go, as they do now, by the Underground Railway and the suburban railways.

Lord *Thring.*

2359. Do you not think that a man devoting his whole life to a special subject has a tendency to narrow his intellect?—I do.

2360. Is not that a reason against a specialist devoting himself to one particular disease?—If he is not aware of that tendency, and does not strive to counteract it by general investigation, it would have a serious effect on his mind.

2361. The particular argument against a man's becoming a specialist is, that the necessary consequence of devoting attention to one subject is to narrow the intellect?—I quite agree: but that applies also to special departments of general hospitals

2362. But a man can move easier from one special department of a hospital to another special department?—That is so. If you study several subjects you get a wider knowledge, and you get a more intense knowledge if you study one.

2363. Would you not rather qualify one part of your evidence; you used the expression, that the intensity of the interest led to the improvement of the practice, or some expression of that sort; would not that require a little qualification; that, on the other hand, in the fact that it might lead to the degradation of the intellect by attending to one special subject there is a very strong counterbalance?—I meant my remark to apply to the governing bodies, not so much to the doctors; to the governing bodies taking a great interest in their special institutions; that they did everything they could to develop them.

2364. Then, I misunderstood you. Then, on this particular question, how would you endeavour to counteract what I should call the degradation of the intellect by men devoting themselves to one subject, and yet to have no want of specialists?—In the first place, I may say that there is a tendency now a days for young doctors to become specialists directly they start, which I consider very absurd. There cannot be a question that they ought to study and attend to general diseases for a certain number of years before they practise as specialists. Once they have had a large experience in general diseases I do not think they would be likely to forget what they know.

Lord *Thring*—continued.

2365. You would leave it to the effect of education, without denying the proposition?—I do not deny that all specialism has a tendency to narrow the intellect.

2366. With reference to an impartial tribunal, you would not like to have a Government tribunal superintending your hospitals, would you?—No, I am in favour of free trade on the whole.

2367. Then further the impartial tribunal is impossible, is it not?—It has not been found possible hitherto; there never has been any satisfaction in the administration of the fund by the Hospital Sunday Fund.

2368. Would not a satisfactory audit of the accounts of the hospitals, leading them to put their accounts into a better shape, be a much better remedy than attempting what I should call the impossibility of an impartial tribunal?—I think that would be an excellent thing, and it ought to be done.

2369. But I presume you would agree that public opinion tends to produce that uniformity?—I think it tends to produce it nowadays much more effectually than perhaps anything else.

Earl of *Kimberley*.

2370. Might I ask you the reason for your opinion that out-patient departments could not be worked altogether through provident dispensaries?—I think that unless all free treatment is done away with, and special hospitals too, it would be difficult to introduce the provident principle.

2371. Therefore, you will agree with many witnesses who have said that the provident dispensaries are in fact killed by the gratuitous out-patient treatment?—Yes.

2372. But if the out-patient treatment were limited to such a number as might be necessary for the treatment of severe accidents, and possibly for some purposes of instruction, would it not be quite possible to establish provident dispensaries?—Yes; it would be rather difficult to draw the line, and to say how much is necessary for general instruction; and also the question of the special hospitals would always make a great difficulty in introducing the provident system, because those two are antagonistic to each other; though they are both very useful they are really antagonistic. You see the special pospitals could not well accept the provident system.

2373. But by "provident system" I understand payments made weekly by an individual subscriber in order to have certain medical treatment if he should fall ill?—Yes.

2374. That of course can only entitle him to what may be called general treatment, such as he would get from a general practitioner?—Yes.

2375. But would it not be possible to combine that with the treatment of acute and special diseases, because the general practitioner might recommend such cases as those to a hospital, whether a general or a special hospital, and the patient would have the ordinary opportunities of recourse to these hospitals; but what I conceive you to think impossible, is that he should have any special privilege of entering these hospitals?—I think a system could be devised; but I was referring to the system as it has hitherto been worked; and as it has hitherto been worked it has been constantly defeated by the general and special hospitals. If everybody subscribed to the provident system, under a very elaborate system of organisation, they could get letters for general hospitals and special hospitals and dispensaries.

Earl of *Kimberley*—continued.

2376. But I do not quite see why a special hospital is more antagonistic than a general hospital to a provident dispensary?—Because the rates would have to be so much higher. If a patient was particularly subject to chest diseases, for instance, he would be wanting to goto the chest hospital much more than to any other hospital.

2377. Take any ordinary benefit club in the country; the subscriber to the benefit club is entitled to treatment from a medical practitioner of the district, but supposing he has a severe affection of the eye, there happens to be in my part of the country a special eye infirmary, I do not see what difficulty there should be in that patient obtaining from a subscriber a letter to the eye infirmary and going there. Why should the two clash; he is of course not entitled to it because he is a member of a provident institution, but why need the two clash?—What I meant was that in the ordinary way a patient would choose what hospital he would subscribe to. If a person had some chest affection he would naturally go and subscribe to a chest hospital for himself, as a provident patient; supposing the old system which has hitherto been in existence were to be carried out, he would naturally go to a chest hospital and enter himself as a provident patient there. The authorities would say, "You are quite right to be provident, but as it is your chest that is affected and you will always be coming here, we shall charge you a higher rate than we should if you were at a general hospital where you might not come for a long time."

2378. There we come to the actuarial difficulty; it would be necessary to lay down some rules by which only persons were admitted who were in health?—Yes.

2379. The money payment would have to be such as to provide for the treatment of an average number of members?—Yes, from the actuarial point of view no doubt it would be difficult.

2380. Still, that is not insuperable?—No.

2381. The true difficulty is to make a system that would meet all kinds of cases?—Yes.

Earl *Spencer*.

2382. It is possible that a provident society might subscribe to send special cases to your special hospital?—Yes, they might.

2383. But individuals when they are sound in health would not foresee that they were going to suffer from the eye or the throat, and, therefore, would not subscribe to a special hospital?—They would not.

2384. They would subscribe for general purposes?—Yes.

Lord *Zouche of Haryngworth*.

2385. We have had it in evidence that there is no sufficient opportunity of studying infectious diseases in London; has that come to your knowledge?—

Lord *Zouche of Haryngworth*—continued.

knowledge?—They can go to the Fever Hospital, and to the Small-pox Hospital.

2386. But should you think there are proper opportunities in London to study infectious diseases?—Yes, I think so, because there are always some infectious diseases at the general hospitals as well.

2387. I thought they were not admitted into them?—Nominally they are not, but there are always just a few. If you had the facilities increased you would have the students infected. I think there are facilities enough.

Chairman.

2388. At the general hospitals, in cases of fever and small-pox, do they not have the ambulance and have them conveyed away?—In the case of small-pox they do.

2389. And fever?—Scarlet fever cases we have sent away, but typhus or typhoid we should not send away unless they are numerous, especially when we have isolated wards where we can put the patient. There is a great tendency on the part of the medical officers to keep a bed or two for the purpose of instructing students.

2390. When you come to have separate wards that entails a great strain on the nurses?—Yes, but that would only be for a time; we should soon send the patients away.

2391. At No. 1057 Mr. Nelson Hardy is asked "Then do you consider that some of these special hospitals are bad in the advice they give, ill-situated as regards other hospitals, and ill-conducted generally?" and his answer was, "I would not like to make such a sweeping statement as that." Then I say to him, "Perhaps you will put it in your own way?" And he answers, "I would say that they are unnecessary generally; that they are detrimental to the large hospitals with schools, because, so far as they succeed, they are simply taking away cases that could be as well treated at the general hospitals, and would there be useful for the instruction of students; and then I would say, in the third place, that there are a number of them which are well known to be run, if I may use the expression, for the special advantage, either of the secretaries and officials or the medical officers without any regard whatever to the advantages of the public. (*Q.*) Are there a large number of such hospitals?—(*A.*) I should say that at least three-fourths would come, more or less under that description of special 'hospitals." Have you any remark to make upon that?—I have only got to say this: that this gentleman is a general practitioner who is not connected with any special hospital as far as I am aware, and who probably does not know very much about the intimate working of the special hospitals, and my belief is that even the special hospitals that are really not absolutely necessary do a great deal of good, and effect a great many cures which would not otherwise be effected.

2392. You disagree with that evidence?—I do entirely.

2393. Have you considered the question of schools?—Yes.

Chairman—continued.

2394. And do you prefer to see the schools as they are at present, or a certain amount of amalgamation?—I think it most important for them to be amalgamated. There is a great waste of talent now, and the best lecturers are not obtained. At present every surgeon and physician is obliged to do a certain amount of lecturing whether he wants it or not, or whether he have any particular faculty for teaching or not.

2395. Why?—For the benefit of his school; in order to keep his school going. But in Paris it is quite different; there the best men are selected for lecturing, and they are posted in the *Ecole de Medicine*, and all the students from all parts of Paris come to hear the very best teachers. Now we have got qualified lecturers in London who are distributed, one here and one there; and in most of the schools we have three or four very inferior lecturers.

Earl *Spencer.*

2396. Would you put them under the Medical Council as now constituted?—I have not thought that over. It has been long considered by me that there is a terrible loss of power. Now, if a young doctor wishes to be connected with a general hospital, the first thing he has to try to do is to get appointed lecturer, say on physiology or anatomy. If he lectures well, he may be then appointed assistant physician or assistant surgeon. Now all the 11 medical schools are competing with each other, all trying to get students, and to get fees; and not only fees, but the physicians and surgeons of hospitals look to the students to form their *clientele* in future years when the students go into the country, and are distributed through England; they know that these students will send them up patients afterwards. Therefore their great business is to try and make their schools full and successful. The result is that instead of having two or three large schools in London, where you would have men like Professor Huxley or Professor Tyndall, you have a number of practising physicians, who may have not any special faculty for teaching, and who do not object to go on competing against each other. The system has been known for 30 years to be bad; only the interests of the different hospitals prevent the assimilation and incorporation of the different hospitals and schools together. In Paris it is worked in this way: students can go and attend any hospital they like, but they get their medical instruction at certain centres where they have the very best teachers. In London they must get their instruction at their own hospitals, where they do not get the best teaching. They may have plenty of patients there, but the doctors are very often too busy to give up sufficient time to teaching. In Paris certain men when they get to be in a leading position give a very large portion of their time to teaching, whereas in London the teachers are men who are engaged in active practice and are not able to give the time that it is desirable to teaching.

2397. But do not the best schools attract the largest

Earl *Spencer*—continued.

largest number of students?—Yes, they do; but you must consider this, that there are 11 schools now, and all of them have some good men, but no set of students have the advantage of attending the best teachers; the student may have one or two good men at his hospital, but he cannot go round and hear one lecture at one hospital and another at another. If there were one, two, or three central hospitals for teaching purposes that would be of enormous advantage.

Earl *Cadogan.*

2398. In Paris after students have acquired knowledge at the Central School, have they the run of all the hospitals?—Yes, and the payments are very small. And another advantage is that in regard to the appointments which are made, the physicians and surgeons of the hospitals in Paris are elected after public competition; they are not chosen by narrow coteries as they are here. They write theses, and are asked questions by the most distinguished professors of the day, and those who prove themselves most competent are appointed to the different hospitals.

2399. It is a Government department consisting of the highest medical authorities in the land that carries it out in France?—Yes.

Chairman.

2400. Do you think that we ought to go in for a Government system for the London hospitals?—No, I think that our free system is better; but I think that there are some good things in the Paris system which we have not here.

Earl *Cathcart.*

2401. Should a professor of anatomy, for example, be in full practice, or a studious man who keeps himself *au courant* with what is going on in the world?—I do not think he should be in full practice. Professor Turner in Edinburgh does not attend to practice at all, and he is one of the best teachers of anatomy; but the teachers at the London and St. Bartholomew's are all practising surgeons or physicians, and they have not time to study as they would do if they were not in practice.

Chairman.

2402. Could you give us any definition of what special diseases are?—The principle that I go upon is, that where a very technical method of examination is required, then, *cæteris paribus*, a special hospital is required. But I maintain at the same time that there are a good many special hospitals not absolutely required, which do a vast amount of good, and cure an immense number of patients who would not be cured if they did not exist; especially hospitals like the Chest Hospitals and Cancer Hospitals which act as asylums really, and prolong people's lives and make people comfortable for a few months.

2403. Then assuming that the general hospitals included special departments to a great extent, that would not do away with the requirement of

Chairman—continued.

special hospitals?—No, not unless they were entirely rebuilt. If in the development of the out-patient department they built special departments entirely on the basis that every special disease where it was required—where the mode of examination was sufficiently elaborate to necessitate a special department—had one entirely to itself, then it might be done. Suppose a doctor is seeing 20 patients, and the first patient has a chest disease, and he begins to undress him and examine him with his stethoscope; then the next has a skin disease, and has to undress; then the next patient has something the matter with his foot or has erysipelas; all this causes a great deal of inconvenience. That is why as special modes of investigation have been adopted, special arrangements have become necessary; when, in the old days, the patients merely came up and put out their tongues, each one could pass on and be examined and answer a few questions; but directly a very technical mode of examination becomes necessary, then you must have special arrangements organised; and the old hospitals, from the construction of the buildings, have not been suitable for having these special arrangements, and they have not shown the energy and enterprise to recognise the necessity for new departments when they became necessary. The committees of the old hospitals are very conservative bodies, and they have allowed special hospitals to be established; and then, as I say, after 25 years, they have seen the error of their ways, and have wanted to have special departments. But even then have not chosen the best men, the men of large experience, to take charge of the departments, but young men with very limited knowledge, as a rule.

Earl *Spencer.*

2404. You were considered to be a specialist, I suppose, before you founded this Throat Hospital?—I was still connected with a General Hospital.

2405. But you had specially studied this particular disease?—I had obtained a prize from the College of Surgeons for an Essay on Diseases of the Throat which I wrote, which was the commencement of my career in that special department.

2406. Have you yourself derived special benefit in the department in which you are eminent from having this special hospital?—Certainly. I consider that that is of great advantage, that the hundreds and thousands of cases that a man sees at a special hospital give him a knowledge which he would not otherwise possess.

2407. And you can give distinct evidence in favour of that view, from your own experience?—Yes.

2408. You would not have had the same knowledge as you have now if you had not founded this hospital?—I could not have had the same knowledge that I have now if I had not had this special hospital. The reason why there is a certain jealousy against special hospitals is because the general practitioners and physicians think that the specialists who found special

Earl *Spencer*—continued.

special hospitals make their practices and become eminent and well known, though having the special hospitals. I do not think that is the case. I think they obtain immense experience and skill from seeing a variety of cases and seeing one case quickly after the other, and that then they become famous; and that if the profession knew that was the reason why the special hospital does them good, they would not have the same feeling of jealousy towards them. They think it is a more material benefit which the specialists obtain.

Earl *Spencer*—continued.

Chairman.

2409. Have you anything more to say?—No.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday, 9th June, at Twelve o'clock.

Die Lunæ, 9° Junii, 1890.

LORDS PRESENT:

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 LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

SIR SYDNEY H. WATERLOW, BART., is called in; and, having been sworn, is Examined, as follows:

Chairman.

2410. YOU were in 1873 Lord Mayor of London, I think?—Yes.

2411. And at the same time a Member of the House of Commons?—For about 12 years I was a Member of the House of Commons.

2412. And you have had considerable experience of the work done by the metropolitan hospitals, also the Poor Law infirmaries, and convalescent homes; is not that so?—Yes, I have for the last 25 years devoted a large amount of time to assisting in the management both of asylums for the poor, Poor Law infirmaries, hospitals, and convalescent homes.

2413. When you speak of asylums for the relief of the poor, are those hospitals for infectious diseases under the rates?—Yes; when I was first appointed a magistrate in London the duty of looking after the pauper lunatics in the private asylums was allotted to me, and for two years I attended to it; afterwards I was a very constant attendant as a member of the committee of the Colney Hatch Asylum, and had experience both of the management of the lunatics in private homes and in asylums.

2414. But that was not a sick asylum?—It was not a sick asylum. In 1870, having been an active guardian of the parish of St. Pancras, I was made Chairman of the Central London Sick Asylum District. That board of managers was constituted for the purpose of carrying out the provisions of Mr. Gathorne-Hardy's Act, for the establishment of Poor Law infirmaries; and the managers erected one of the largest and one of the earliest of those infirmaries. While I was the chairman of the board, we completed and erected an infirmary at Highgate, for 523 beds, which was opened in 1871; that infirmary being close to my own residence. I may say I was almost daily

Chairman—continued.

there during the time of its first being started, and took an active part in the appointment of the managers and in bringing the infirmary into work. In 1874–5, the managers erected another large infirmary in Cleveland street, with 281 beds, and, as chairman, I had necessarily to give a great deal of time to the settlement of the plans, the building of the infirmary, the appointment of the permanent officers, and the working of it; and the working of those two infirmaries gave me, for those eight years, a great insight into the working of the Poor Law infirmaries at that time. Many others have been built since. I resigned my position as chairman of that board in 1878, having been appointed as treasurer of St. Bartholomew's since 1874. The responsibility of the management of that hospital, as treasurer, was more than I could possibly attend to consistently with my position as chairman of the Central Sick Asylums, and so I resigned. I have been the treasurer of St. Bartholomew's Hospital ever since. For eight or nine years I resided in the hospital, and was in daily communication with the officers respecting the management of it. During those years very considerable alterations were made: in fact I may say, and I do not think anyone could refute it, that the hospital is not the same thing as it was 15 or 16 years ago. The whole of the educational side has been rebuilt, and important improvements and additions have been made to the hospital buildings, at a total expense of over 100,000 *l.*, and the details of those changes I shall be happy to explain if the Committee think it right to ask me questions on them. As the first president, and as the vice-president ever since, and chairman of the Distribution Committee of the Hospital Sunday Fund, I have naturally had the review of the accounts

Chairman—continued.

of all the hospitals, dispensaries, and convalescent homes within the metropolitan area; and as chairman of the Distribution Committee, have had the responsibility of doing my best to guide the judgment of the committee as to the awards that should be made. This, of course, has given me an opportunity of seeing a great deal of the working of all the hospitals and convalescent homes. I have felt great interest in the work, because I believe that assistance given through medical charities is less open, comparatively speaking, to abuse than almost any other form of charity. I know there are those who think that the working classes and the poor should contribute more largely than they do, and should put by from week to week, but it should be always remembered that sickness and accidents in the families of the poor and the working classes are emergencies which it is very difficult to calculate the measure of, and that it is very hard to lay by due provision for. Where provision is made by a working man for such an emergency too often it is wholly absorbed by the necessity of applying it to the maintenance of those who are deprived of their bread-winner; they have no longer the same comfort at home, or even the means of support at home, that they had before. Hence I think that to help to cure the bread-winner and restore him to his work as soon as you can is a charity which is before all others, first, as being less liable to abuse, and is deserving of our best help. These are the motives that have induced me to give the time I have done to these subjects.

2415. Then do you find that the amount of accommodation for the sick poor in London is sufficient, taking the infirmaries and the hospitals together?—Taking the infirmaries and the hospitals and the convalescent homes, I think the amount of accommodation has risen and progressed fairly in accordance with the increased demand of an increasing poor population; because a large number of beds should be remembered, that are really medical and surgical beds, are now provided in the poor-law infirmaries and did not exist before those institutions were erected.

2516. But how far do you consider that the function of the hospital goes; now, supposing a man breaks his leg, he is taken into a hospital and has it set, and then he is turned out of the hospital as soon as possible; what becomes of him then; does he generally go to a convalescent home, or, if he is destitute, does he go to a workhouse infirmary to complete his cure?—I think that difficulty the public have recognised, and of late years they have rapidly provided for it. When I first went into St. Bartholomew's we had no convalescent home of our own; but in 1872 I gave them a home at Highgate with 32 beds, not large enough for so large a hospital, on condition that they should use it as part of the hospital, as a convalescent branch of the hospital, until they got a better one. A few years ago, by the generosity of a gentleman who has since given twenty times as much money for a similar purpose, a Mr. Peter Reid, a site of 15 acres was provided, whereon Mr. Kettlewell, another of our governors, built, at a cost of 15,000 *l.*, a large convalescent home for St.

Chairman—continued.

Bartholomew's at Swanley, a place 15 miles from London, with 70 beds. The increase in the provision of convalescent homes for the sick poor has been enormous these last 10 years. Your Lordship is perhaps aware that this year Mr. Reid and another gentleman have given 150,000 *l.* between them to found a large convalescent home at Swanley; the beds in which are, I believe, to be placed at the disposal of one or more of the hospitals in the metropolis. Hence, it cannot be said now to the same extent as it might formerly have been said, that the man who breaks his leg, and whose leg is set, and who is partially cured, is sent back to his home until he is really fit for work. Before we had the provision of the convalescent homes no doubt it did occur; because the leading principle at St. Bartholomew's, and I think at all the large general hospitals, is, that the sick should be taken in and should be treated in the best possible manner, but that they should be dismissed as soon as the surgeon or physician was unable to benefit the patient by active treatment. Hence persons were discharged wholly unfit for work, and really not in a state to have their cure completed in their own homes; but the convalescent homes are now doing that work most beneficially.

2417. Then I suppose, also, in the convalescent homes, what brings about the complete cure is the carefulness of the attendance and the good food that they get, more than the actual medical treatment?—In most convalescent homes, of what I call a public character, that is not particularly affiliated to any general hospital, they do not take patients that require daily medical treatment; but in our convalescent homes we have skilled trained nurses to assist, and a medical man next door, and we do send cases there which can be benefited by medical treatment, which would not be ordinarily received, and in that way we relieve our beds sooner than we could otherwise do. I may say that the average time allotted to each patient is either 26 days or 19 days; but that term is renewed if the medical officer of the convalescent home thinks the patient ought to have a longer term before he goes to work.

2418. Is the medical officer at the convalescent home a permanent medical officer, living there?—He lives next door to the home, and he has a fixed salary for his attendance. He has to come every day, and whenever sent for.

2419. Does he practice on his own account?—He does.

2420. Before I come to the actual question of St. Bartholomew's Hospital in detail, I should like to ask you a question or two upon a subject we have had a great deal of evidence about; that is about the whole principle of the out-patient department as a general subject. We have been told by some witnesses that supposing the out-patient department was done away with, it would not signify to the public in London; do you hold that opinion?—Certainly not. I hope the Committee will give me an opportunity, when we come to that section of the work of the hospitals, to explain it in detail, and as fully as the Committee may desire.

2421. I think the Committee would be very glad if you would do so at once?—You think I had

Chairman—continued.

I had better take the out-patient department of the hospital first?

2422. If you please?—Shall I state the number of patients treated?

2423. If you please?—There were treated last year: in patients, out-patients and casuals, and women attended in their confinement, 165,126 persons: the in-patients were 6,997; the out patients were 19,001; the casualty patients 137,399; and the confinements were 1,729 of women within a mile of the hospital.

2424. The confinements being treated by whom?—There is an obstetric department, and the students who have to learn that part of their profession have a certain number of cases allotted to them. The patients come some month or two before the time of their confinement, and each student has a certain number allotted to him, the number necessary to enable him to pass his examination. There is a midwifery assistant who controls all the students engaged in this work. When a medical man is required by the patient a messenger is sent to the hospital, and the midwifery assistant is obliged to be there also; and the student on duty is obliged to be either there, or someone must know where he can be found. He then goes and attends the confinement, taking with him such appliances as are necessary for the relief of the patient. If there is any difficulty he is enjoined by his charge to communicate with the midwifery assistant, and if necessary with the senior or assistant obstetric physician, and he is sent for.

2425. Then does the midwifery assistant reside in St. Bartholomew's Hospital?—He does, and very arduous labour it is for him.

2426. Then when the student goes to a confinement, do I understand that the midwifery assistant accompanies him?—No, not unless he is sent for; but it is the duty of the midwifery assistant, failing the student being ready to attend, to go himself and attend.

2427. But then who is responsible that the student is equal to the task?—He is examined beforehand; he is a man who is ready to take his qualification; he cannot take it till he can give an account of his experience in midwifery cases.

2428. He is, then, to a certain extent, a qualified medical man?—He has not received a certificate. I may say that the student is not allowed to perform any operation; the midwifery assistants are not allowed to perform any, excepting certain minor operations which are set out in writing by the senior obstetric physician.

2429. How do you define the difference between the 19,000 out-patients and the 137,000 casual patients?—I ought perhaps to explain the method by which the patients are admitted. There is a very large reception-room, very lofty, and the door of the admission-room, or surgery, as we call it, is opened at nine o'clock in the morning, and the sick poor come in. The women are ranged on one side, and the men are ranged on the other side. They are under the care of one of the assistant physicians who attends four days in the week, three casualty physicians, each of whom attends four days in the week, and four house physicians; I am now speaking of the medical side. On the surgical side the patients are seen by the two junior assistant surgeons, aided and assisted by other qualified officers, and by 40 dressers, who are students in their third or fourth year.

2430. How many of these qualified gentlemen are there on the surgical side?—In the casualty department there are two assistant surgeons and five senior house surgeons, and five junior house surgeons. The senior house surgeons reside in the hospital; the junior house surgeons come at nine o'clock in the morning and stop till night time, when they go away.

2431. That makes 11 qualified professional men?—There are 12 qualified men on the surgical side.

2432. And 30 dressers as well?—There are 40 dressers. The whole of the qualified men attend also.

2433. Then these dressers are students, are they?—The dressers are unqualified men, just in their third or fourth year; completing their education; they are selected by the senior surgeons.

2434. Would these unqualified men have any opportunity of treating cases in the out-patient department by themselves, on their own responsibility?—Certainly not. I may say that every officer, both male and female, in St. Bartholomew's has a charge given to him or her which is read to them at the time of their appointment. That charge is a statement precisely of the duties which they are permitted to perform, and in some cases specifies clearly and distinctly what they are not permitted to do. I think if I read to the Committee Section 2 of the charge given to the senior house surgeon who is assisted by the dressers, the Committee would understand the kind of assistance which the dressers render, and the limit which is put upon their work. Clause 2 of the charge to the senior house surgeon directs that he shall attend at the surgery daily (Sundays excepted) at nine o'clock in the morning, and, with the assistance of the junior house surgeons and the dressers he shall dress the wounds, adjust the bandages, or otherwise administer such relief as their cases may require, to all persons who shall be assigned to him by one of the two junior assistant surgeons, to whom are entrusted the superintendence and control of the Surgical Casualty Department; and he shall not leave the surgery until all the patients under his care and that of his dressers have been attended to. He shall not allow a dresser to undertake any treatment of a patient in the first instance or to perform an operation of any kind, however trivial, except in the presence and under the immediate personal direction either of himself or his junior house surgeon. Consequently the dresser is only appointed to be an assistant under the direction and under the immediate eye of a thoroughly qualified medical man.

2435. Would you listen to Question No. 847 and to the answer given to it. Mr. Nelson Hardy was there asked, "Will you state again shortly what you consider to be the system pursued in the three hospitals" (that is the endowed hospitals) "alluded to in regard to out-patients," and

Chairman—continued.

and he says this: "There is a staff of physicians and surgeons who are specially appointed to see the out-patients of these hospitals. There are also house physicians and house surgeons who take some part in it; and in addition to them there is, I may say supposed to be helping them, a number of senior students who in nearly all cases do the work of writing repeats and that sort of thing for the physicians and surgeons in attendance; but when the pressure of business becomes great a number of the cases, sometimes cases that have been seen before, but sometimes also cases that have not been seen before, are seen by senior students and are seen only by senior students." Do you agree to that, that some cases are seen only by students?—That can never occur except in direct contradiction to the instructions of the governors; and, speaking from my own personal experience (and I am frequently in the surgery between 9 and 10 in the morning), it is an erroneous statement of what takes place. Every care is taken by the governors, and I may say that I, myself, have been most anxious that the rule in that respect should be carried out; and I believe that it is thoroughly carried out. The dressers are appointed quarterly, and before they are allowed to go on duty they assemble in a room about this size, and I make them a short statement of their duties, and I read to them that which I have just read to the Committee; and I enforce it by impressing upon them that they must remember that they are not permitted to initiate any practice in connection with any patient that comes to the hospital; they are merely the additional hands and eyes of qualified men to do what they direct them to do. Therefore I think the governors, by that means, do take every possible precaution. It would be impossible to get through the work unless the qualified men had the assistance of these young men who have attended two years in the lecture-room and in the classes, and who have had a twelvemonth probably in the hospital as clinical clerks or in some other position in the hospital.

2436. I should just like to read the two next questions, which are dependent upon the one I read just now, with the answers to them. The answer given at No. 848 was in reply to Lord Cadogan: Lord Cadogan's question was this: "Then I am to understand that cases which are seen only by the senior students are exceptional?" and Mr. Nelson Hardy's answer was this: "They are exceptional in this respect, that they are not according to the rules of the hospital, undoubtedly. If you apply to any hospital authority they will tell you that their rules are strictly against it; but the practice is as I have stated:" and then at question 849 he is again asked: "In fact, it is the result of your personal observation that the rules of the hospitals in this very important respect are constantly broken?" and his reply was, "Undoubtedly." Now that you emphatically contradict?—Certainly; and I might, perhaps, remind the Committee that they have had the advantage of having one of the assistant-surgeons before them, Mr. Bruce Clarke, and I hope they will call Doctor Norman Moore on the medical side. I

Chairman—continued.

may say that I feel strongly that a great institution like St. Bartholomew's, with its revenue of 67,000 *l.* a year, is bound, and is glad to give an account of its work that the public may feel that those large endowments are being utilised in a wise and proper manner for the purpose for which they were left.

2437. Now we have digressed a little bit, and we will come back. Will you kindly tell us what the difference of the definition is between out-patients and casualties?—The patients assemble in the surgery, and the first process is to sort them. Those who can be dealt with on the spot (perhaps it may be a case of constipation, or it may be a cut finger, or it may be a little chest trouble) are seen, and have proper medicine, and they obtain it either in the surgery or, if it is a special prescription, they go to the hospital apothecary's shop and have it made up.

2438. Who is the officer who sorts them; is he a medical gentleman?—A gentleman of high standing, the junior assistant surgeon.

2439. One of the permanent staff of the hospital?—One of the permanent staff of the hospital, and a gentleman who has got his foot on the ladder to become a senior physician or senior surgeon.

2440. Then after the sorting what happens?—The cases that can be dealt with as casualty cases are treated. Those that require a more careful examination, because of some uncertainty in the determining the exact diagnosis, are sent over to the out-patient department, the working of which I shall be pleased to explain. The more serious cases as in-patients are admitted into the hospital. I have returns for one or two weeks which show the numbers resulting on the sorting. Take, for instance, the 19th to the 25th May; of the cases admitted as in-patients 75 were from the casualty department, 20 were accidents, 15 were sent over from the out-patient department, and 22 were admitted as the result of direct applications to the physicians and surgeons and other medical officers of the hospital.

2441. Admitted to beds you mean?—Yes; these are all in patients; making 132 in-patients admitted in that week. Then you see 75 of them came from the casualties. With regard to the patients that are admitted as in-patients, and the patients that are sent over to the out-patient department, of course, only sufficient time is necessary to determine that they are cases of a character that cannot be treated as casuals, and therefore the responsibility of examining them and treating them is passed over to another officer.

2442. That is the in-patients, then the out-patients?—From the 21st May to the 2nd June, ten days, there were 190 new cases medical; total medical 769. There were 159 new surgical cases, with a total of 449. With regard to these numbers, consequently, no time is spent on them in the casualty department. Then if I may turn to the casualties in six days in May there were 2,356 medical cases; that is 390 per day. They were attended to by seven fully qualified officers, an assistant physician, two casualty physicians, and four house physicians, who

Chairman—continued.

who have six separate rooms in which to see their patients; therefore six of them are in the rooms examining, and one is sorting, and seeing generally to the superintendence of the medical side.

2443 Do you consider that sufficient time then is given to the examination of each case?—Remembering that no time is spent on the cases that are sent over they have about an average of three to four minutes to each case.

2444. Now do you think that this wholesale system of gratuitous outdoor relief; it is gratuitous, is it not?—Entirely.

2445. Do you think that that is pauperising in its effect?—No, for the reasons I have stated. I think that in sickness it is far better to help the working man than to compel him, by making him pay for medical relief, perhaps the sooner to drift on to the parish. I believe that this system keeps a very large number, an enormous number, of persons off the parish relief. Again I have a very strong feeling that any difficulty that was placed in the way of enabling the poorer and working people to obtain medical help promptly would result in their putting it off; and nothing is so injurious as to defer having medical help in the early stages of complaints. There are around St. Bartholomew's Hospital many thousands of young men and young women working in factories, that is feather workers, boot and shoe binders, and in all sorts of industries, especially around Wood-street and within half a mile of St Bartholomew's Hospital. They work in close rooms, and many of them want some little medical advice. If they could not get it promptly in the vicinity, I think they would drift into a condition in which it would be very difficult to restore them to a state in which they could continue their work.

2446. Do you make any inquiry about the various cases which are treated as out-patient cases; into the pecuniary circumstances of the people, I mean?—Yes, we do. For years past we have had an officer who stands at the door as the people come in, and if he sees any persons who, he thinks, possibly might be able to pay for medical assistance, and ought not to come for charitable relief, he takes down their names and addresses.

2447. What is this officer, he is not a medical officer?—No; he is like an officer of the Charity Organisation Society; he is an inquiry officer.

2448. He is not a porter of the hospital?—No; he is a man of education.

2449. And is he generally conversant with the methods of life of those people living in the district?—He has been there a long while, and has visited a very large number of them, and he certainly has had considerable experience. I have brought with me one of his daily reports, dated last Friday, which shows the number of persons whom he challenged, the number whose homes he visited, their age and occupation, and by whom they were employed. When we first commenced this system a large number of persons, when questioned, disliked the questions, and would not answer, but went away. Now it is known that there is an officer of that kind the number relieved in that way is not so great; but still a great many object to questions, and go away. A good many who are questioned, and who answer, do not come again, I think, because they themselves feel that they ought scarcely to be asking for charitable relief, and in that way I think we have brought down, almost to a minimum, the number of persons relieved from the charity who might be expected to pay a reasonable price for medical advice. If your Lordship would look at that one day's return you would see that there were 31 persons challenged.

2450. Supposing you ascertain that these patients are receiving high wages, do you refuse to treat them a second time?—They do not come a second time. We should refuse to treat them if they came a second time. But the Committee can understand that, when persons are told that they ought not to come, they naturally expect that if they do come they will not be treated. Of course, cases of extreme emergency are admitted at once. Persons are always treated the first time, and in cases of extreme emergency, whether accident or not, they are never questioned as to what position of life they are in. I remember, not many years ago, we took in a Member of Parliament, who broke his leg accidentally, and he said, "Take me to St. Bartholomew's Hospital; I shall be better treated there than anywhere else." He stopped nine weeks. That was an accident. He could not have been removed with safety at a much earlier period to his own home. There are a small number of cases of that kind. I remember a distinguished man, who was a prefect in Holland, who, when coming home from the races in June, was thrown off his coach, picked up, and carried to the hospital. No one asked who he was. He had got a broken leg; that was enough; and he was treated, and we received the thanks of the Minister from the Netherlands for the treatment. I mention these examples to show that serious cases are never challenged.

2451. Now you restrict the attendance, you say, upon midwifery cases to a radius of one mile; do you restrict the out-patients in the same way?—No.

2452. Therefore, anybody can come from any part of London to St. Bartholomew's Hospital?—And they do come. There cannot be a doubt that St. Bartholomew's Hospital has a great name for the excellence of its surgeons and physicians, and the poor have an idea that if they can only get seen by one of these distinguished men they will be cured; and they come from, sometimes, a long way off in the country. A good many come up from the home counties.

2453. Then the number of out-patients that comes to St. Bartholomew's, although it is very large indeed, owing to the system which you pursue, does not overload the hospital so much as we have been led to believe happens in some cases?—I do not quite understand in what sense the word "overload" is used.

2454. Overload so as to clog the machine?—The number has increased during the years that I have been treasurer; but the assistance given has been enormously increased. The staff of the hospital has been largely increased. There were four

Chairman—continued.

four house surgeons only when I went there; there are now 10.

2455. Would the out-patients have to wait a very long time in the out-patient department before they are treated?—No; I should think the casualty department is cleared some time between half-past 11 and 12, or nearly so. They pass over to the out-patient department, and they can either come another day at a time when the medical man attends in the out-patient department, or they can wait till he arrives. On the medical side the out-patients are seen by three assistant physicians, Dr. Hensley, Dr. Lauder Brunton, and Dr. Norman Moore. These assistant physicians attend each two days in the week. Their hour is fixed at 11 o'clock, although, as a matter of practice, they come in soon after 10 to arrange the work, because students are allowed to attend in the out-patient department, and to take notes of the cases, and to hear explanations from the medical officer examining the patients. The diagnosis of patients in the out-patient department takes a much longer time, and much more time is given to it necessarily because they are the more serious cases; persons not sick enough to be taken in, but yet whose cases want carefully examining. The new patients begin to come to the out-patient department about half-past nine; and therefore when the physician arrives at 10, or soon after, he finds probably that a few have already come over. The students do not attend till 11. They sit round the room at little desks, and they take notes, and are called up close to the patient if there is anything to be explained to them that the physician thinks would assist them in learning their profession. I may say that whether in-patients or out-patients, it should always be remembered that the sick poor have the advantage of being treated in the presence of many persons who know whether any mistake is being made; and I believe that in that respect they have a great advantage over rich people; because in the out department there are always four or five or six medical men, some of course who have not yet obtained their certificate, but one or two who have.

2456. Yes, but then I understood you that those who have not obtained their certificate are learners, are they not?—Yes, they are taking notes.

2457. Then a patient would come to the casualty department at half-past nine, and he would then have to go to the out-patient department, where he might be detained what time, an hour or two?—No, that would not necessarily be the case. He might stop if he liked; but he may come again the next day or the day after. It is assumed that out-patients are not extreme cases wanting immediate treatment; but the patient can, if he pleases, wait until the medical officer could see him. If it was an urgent case he would see him even before 11 o'clock, without waiting for the students; in fact, as a matter of practice, he sees the old cases before that hour.

2458. In that return which you handed in is there the proportion stated of the number of inquiries made as to the circumstances of out-patients in a year?—It is only given for one day on that paper.

Chairman—continued.

2459. Could you tell us what number of inquiries are made in the year; because, according to some evidence we had about the London Hospital, the number of inquiries made was very small indeed?—I could give it to the Committee from 1883 to 1889. Shall I give all the years or pick out one or two?

2460. Perhaps you would pick out one or two merely, and then hand in the paper?—I will take 1885 and 1889. In 1885 there were 14,444 questioned; there were 43 who went voluntarily away; 12 who said they would not come again; 22 could not be found at the address given; 357 were visited at their own houses, 340 of whom were found to be necessitous, and 17 were found not to need gratuitous relief.

2461. That was 14,444 inquiries; what was the total number of the out-patients that year?—There were 18,847 out-patients and 130,822 casualties in that year.

2462. But you only made the inquiries into the 18,000 out-patients; you do not make inquiries into the casualties, if I understand you?—Yes, we do. The names are taken when they first arrive at the hospital, and the inquiries may be in reference to a casualty or they may be in reference to an out-patient.

2463. Could you shortly give us what I asked for before, a definition of the difference between a casualty and an out-patient. They all begin by coming as casuals, if I understand you rightly?—Yes.

2464. How do you define the difference?—They are divided into casualties, out-patients and in-patients. A casualty patient is a person who can be treated at once, and who may, if necessary, come again; but the majority do not come a second time; they get a dose of medicine or they get some relief; therefore they are casualties. And of course directly some become in-patients or out-patients they are so many taken out of the casualties.

Earl of *Kimberley*.

2465. I suppose in the case of the out-patients in point of fact the patient is directed to come again; he is told that he had better come again?—He comes in as a casualty, but it is a more serious case than a casualty, and he is sent over to the out-patient department if he is willing to wait till 11 o'clock when the officer arrives; if he can be treated at once without being sent over then he is under the head of "casualty."

2466. Being an out-patient implies probably an attendance more than once?—Yes. I could give you the average attendance of out-patients; it would be between three and four times.

Lord *Clifford of Chudleigh*.

2467. Can a man be an out-patient, and only attend once; would such a man appear in the list of out-patients?—Yes, if he does not choose to come again.

2468. In fact, if his case is not quite so serious?—Yes; he might be told that he need not come again.

2469. How

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2469. How do you divide off the casualties from the out-patients?—That is done in the surgery in the first instance.

2470. Are they seen in different rooms, and do they form a distinct class by themselves?—They are seen in distinct rooms where it is necessary to undress them or to give a very careful examination. There are six rooms on the medical side, and there are a larger number on the surgical side.

2471. Then when patients cross the threshold of a hospital they are neither casuals nor out-patients; you divide them into the two classes after they have been seen?—They begin by being sick poor, and they are divided into three classes. If they are in-patients they are taken in directly; if they are out-patients, they are told to go to the out-patient department that morning or on some subsequent morning; if the cases are trifling, they are treated at once.

2472. And then the trifling cases are called casualties?—Yes.

Chairman.

2473. Would you tell us what is the system of management and the governing body of St. Bartholomew's?—The hospital is governed by a governing body of 273 governors. They elect a President, His Royal Highness the Prince of Wales. They appoint a treasurer; that is myself. The treasurer is assisted by four almoners; one goes off every year; therefore each one serves four years. One of them may be a person who has served before, but three of them must never have served before.

2475. What is the qualification for a governor?—A governor may be elected by the general body of governors, either for special services rendered to the hospital (I myself, Sir James Paget, and other medical men who have retired from the staff of the hospital in consequence of having attained the age of 65, are instances of that), or anyone else who has given a certain sum of money. No one can buy a governorship, and no one is elected who does not either give money or render some special service to the hospital. The governors elect the new governors. In addition to governors thus elected either for services or donation, all the Aldermen of the City of London and 12 members of the Common Council are *ex-officio* governors. The Prince may nominate; I can nominate; the almoners may nominate, one each in a year; but no governor beyond can nominate.

2476. No one governor?—No; unless he has served office as a steward of the anniversary dinner.

2477. And what is the qualification of an almoner; what is an almoner?—He must have served on the house committee, and therefore have gained some knowledge of the work. I then propose him, as he is to be an assistant to me, and he is elected by the court.

2478. What is the court?—The whole body of governors are summoned every quarter to a court in the hospital. The attendance varies. Our quorum is 13; but we sometimes get 150, or sometimes 50, and sometimes 30.

2479. That is a quarterly court?—Yes.

Chairman—continued.

2480. Is there any weekly board of management?—The treasurer is supposed to act in matters that require immediate attention during the week, reporting to the committee of almoners who meet on Thursdays at 11, and then discussing with them any business which has to be attended to. None of the property can be dealt with except by the court, on a recommendation of the house committee; appointments can be made to the senior offices only by the court; all important matters of business have to go to the house committee, and they recommend to the court. The minutes of the house committee are all read at the court for confirmation.

2481. When you say the house committee, those are not the almoners?—It consists of the president, the treasurer, the almoners, all past almoners, and 21 other governors, who are appointed by the court to form the house committee.

2482. And how often do they meet?—They meet once a month regularly; oftener if any business requires.

2483. Then the committee of almoners meets once a week?—Yes.

2484. The house committee meets once a month?—Yes; and all that the almoners do has to be referred to them, except it is some trifling matter.

2485. And then the court of the governors reviews the whole of the proceedings once a quarter?—Yes, or oftener if necessary.

2486. The office of the treasurer of St. Bartholomew's Hospital is an honorary office?—Entirely; and the almoners' also.

2487. And the house committee, and all?—Yes, and the house committee.

2488. What is your position then actually as regards power in the hospital?—It is difficult to say. I may perhaps give an example by reading a clause which is inserted in all the charges given to the staff both male and female. I will read from the last clause of the charge to the senior house surgeons: "And if you shall perceive anything neglected, or done, by any officer or servant of this hospital, or by any other person, which may be injurious or disgraceful to the same, you shall immediately make it known in writing to the treasurer or almoners, or one of them, and no further meddle therein." Therefore the treasurer and almoners; the treasurer if he is obliged to act by himself, or the treasurer with the almoners, are really responsible for everything that happens.

2489. They are the executive committee of the establishment, in short?—Quite so. And I may say that the almoners attend with great regularity.

2490. Then who would have the power of dismissal of an officer; would you and the almoners?—I have a power of suspension. Of course, if I exercise such a power, I must justify it, and account for it. If the officer was appointed by the almoners, the almoners could dismiss him; if he was appointed by the house committee the house committee could dismiss him; if by the court, he must be dismissed by the court.

2491. Then in the case of an officer being appointed and dismissed by the almoners or the

Chairman—continued.

house committee, has he any right of appeal to the quarterly court?—Of course he could appeal if he thought there was any advantage in it; because, of course, the court is supreme.

2492. Supposing that a difference of opinion occurs between the treasurer of the hospital and the almoners; who has the deciding power; to whom is reference made?—It would go to the house committee. The treasurer and almoners would report to the committee, and I should state, and the almoners would state, of course, that there was a difference of opinion; and the house committee would settle it; and if the house committee was unable to settle it, the court must decide it.

2493. Supposing it was a very urgent case?—The treasurer would do his best until the almoners met him, or he would summon a meeting of the almoners specially to consider it to assist him.

2494. Could you call a special meeting of the governors?—The treasurer has power to call a court, or a meeting of the house committee, or of the almoners at any time he may think it right to do so.

2495. So that in case any difficulty arises, you could call the highest body of the hospital together to adjudicate upon it?—Yes. I will read clause 3 of my charge: "You shall preside at all general courts and committees in the absence of the president: and in case of the illness, or other unavoidable absence of the president, you shall convene special and general courts, in the same manner, and under the same authority, as the president is, by his charge, required to do. And you shall direct summonses to be issued for all committees and courts."

2496. Now, with regard to those bodies, the house committee, and the almoners, and the quarterly court, those have to do with the administrated functions, have they not?—They elect all the officers.

2497. But now is there any medical committee?—There is a medical council.

2498. What do they do?—"The medical council shall consist of the physicians, the surgeons, the assistant physicians, the assistant surgeons, the physician-accoucheur, the assistant physician-accoucheur, and the ophthalmic surgeons; and either the junior assistant physician, or the junior assistant surgeon, as the medical council shall, from time to time, determine, shall be secretary thereof. The medical council shall meet whenever required by the treasurer, and also on the first Saturday in January, April, July, and October in every year: and any matter relating to the medical department of the establishment, or to the medical school, may be considered by the council." I may give an illustration. Last autumn I felt that a change should be made with regard to the arrangements for the treatment of cases of diphtheria; and directly the officers came back from their summer holiday, I directed the medical council to be summoned, and consider a short statement which I made upon the subject; and they considered it, and they afterwards conferred with me upon the question, and a change was made by setting aside one of the wards specially as a diphtheria ward. Previous to that, cases

Chairman—continued.

of diphtheria had been treated in the ordinary wards of the hospital. I mention that to show the operation of my duty as treasurer.

2499. Now, are all those officers on the medical council honorary medical officers?—The officers all receive a small honorarium; the senior surgeons and physicians, one hundred guineas a-year, and the assistants 100 *l.* a-year. Remembering the distinguished position of many of them, the Committee, I think, will feel that that is purely an acknowledgment of services; attendance four days a week, frequently for two or three hours; attendance in the night whenever summoned.

2500. Then, in addition to what I was going to call the honorary staff, with regard to which you say they are all paid an honorarium of some kind, you have gentlemen receiving salaries in the hospital who are the permanent officers?—The house surgeons and house physicians, the junior house surgeons, the junior house physicians, the ophthalmic house surgeon, and so on, 13 of them altogether. In addition to that there are students living in the college.

2501. Now those gentlemen receiving salaries from the hospital, are they members of the medical council?—No; no officer below the assistant surgeons and assistant physicians. The junior assistant physician or the junior assistant surgeon is secretary, but officers below them are not on the council.

2502. Those officers of the hospital are all appointed by the house committee, I understand you to say?—No; certain senior officers are appointed by the court, and the juniors by the house committee; and some few junior officers are appointed by the treasurer and almoners.

2503. Are those appointed on the recommendation of the medical council?—No, speaking theoretically. What happens is this: notice of a vacancy is put up in the hospital, and gentlemen becoming candidates have to send in their applications by a certain date, probably a week before the meeting of the committee or court to appoint them; in the case of the court, probably longer than that. I generally make it my business privately to ascertain what are the views of the medical officers as to the position of the several applicants, and as to their standing, and which is likely to be the best; and I endeavour to influence the governors to select the man whom the medical officers recommend to me; but the council does not pass any resolution giving a preference to one candidate or another, beyond a resolution that this gentleman and that gentleman and the other gentleman are fully qualified. They examine his professional qualifications, and then, from the persons who are declared to be fully qualified, the governors elect one; and they are guided, and I think I may say they are always anxious to be guided, by what they can learn through me is the view of the medical council upon the subject.

2504. Now in regard to the diplomas that these gentlemen hold, is there any restriction upon engaging professional men in regard to their having only the diplomas of the Royal Colleges of Surgeons and Physicians, or do you take anybody whether he comes from Dublin or from Edinburgh?—May I read the rule?

2505. Please?

Chairman—continued.

2505. Please?—"*Physicians:* No person shall be qualified to be a candidate for the office of physician to this hospital, unless he be a fellow of the Royal College of Physicians of London. Nor shall any person be qualified for assistant physician unless he be a fellow or member of the Royal College of Physicians of London *Surgeons:* No person shall be qualified to be a candidate for the office of surgeon or assistant surgeon to this hospital unless he be a fellow of the Royal College of Surgeons of England. *Ophthalmic Surgeons:* Candidates for the office of ophthalmic surgeon must possess either the fellowship of the Royal College of Surgeons of England, or the membership of that body together with a degree in medicine or surgery from some university of the United Kingdom. *Casualty Physicians:* Candidates for the office of casualty physician must possess the same qualifications as the assistant physicians. *Retirement of Physicians and Surgeons:* Every person elected to the office of physician or surgeon shall relinquish the same upon his attaining the age of 65. *House Physicians:* A house physician shall be a licentiate or member of the Royal College of Physicians of London; or shall have graduated in medicine in one of the universities recognised by that college; or shall be a member of the Royal College of Surgeons of England. *House Surgeons:* The qualifications for the office of house surgeon shall be either the degree of Bachelor of Medicine of the University of Oxford, or the degree of the Master of Surgery of the University of Cambridge, or the University of London; or the fellowship or membership of the Royal College of Surgeons of England; and no one shall be eligible for appointment as house surgeon until he has acted as dresser at the hospital for at least six months. *Head Dispenser:* The head dispenser shall be a licentiate of the Apothecaries' Company, or shall pass the certificate of the Pharmaceutical Society." That is the rule with regard to the election of all professional gentlemen.

2506. Therefore nobody is admitted for election to the positions in question who has not the diploma of the Royal College of Surgeons or Physicians in London. But now is it not possible that by such a restrictive clause you may exclude from the service of your hospital some very valuable men who have diplomas from either Dublin or Edinburgh?—That is a very difficult question for me to answer. I have always considered that the governing body were protected by these restrictions from electing anyone that was not duly qualified. As to the qualifications of candidates I should be very sorry to express an opinion as to whether the clause is more or less restrictive than it ought to be. I may express my own opinion that during the time I have been treasurer, now 16 years, I think on no occasion has anyone been elected about whose ability and competence, and desirability for the position I felt any doubt. We have, I believe, secured during that period the best men. We have not always taken them out of men trained in St. Bartholomew's, though, as a rule, they are elected from gentlemen trained in our own hospital. We have one very distinguished man who came from Edinburgh, Dr. Matthews Duncan, in the obstetric department; and Dr. Lander Brunton, a man of high distinction, one of the assistant physicians. I do not think he was trained in St. Bartholomew's.

Chairman—continued.

2507. Must they always have qualified in London, Dr. Matthews Duncan, for instance?—He must have qualified or he could not have been elected.

2508. Is that restrictive rule under the Charter of the hospital?—These rules were made from time to time by the governors under the powers of their Charter and under the Act of Parliament, 1782.

2509. Then I suppose equally the governors would be able to alter those rules if they thought fit?—Certainly.

2510. Do not you think that it would be as good a plan, at any rate, to throw the competition for these posts open to the gentlemen coming from any college, whether it was Edinburgh or Dublin or elsewhere; would it not make the field much larger?—I say we have elected a gentleman coming from Edinburgh, one of the most distinguished there, Dr. Matthews Duncan.

2511. He must have possessed the qualification of the London College of Surgeons?—Yes, in addition, no doubt.

2512. But then all medical men do not possess that qualification, do they?—I apprehend they have no difficulty in obtaining it if they are gentlemen who would be likely to be successful as candidates for the distinguished positions of physicians and surgeons in St. Bartholomew's.

2513. You consider, then, that there is no need to alter the existing rules?—I should not like to say that. I have never had any question raised during my time of office in reference to their being the best we could have, either by the staff of the hospital or by anyone outside.

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2514. I think I have known the case of a distinguished man in the profession who was anxious to obtain a post in St. Bartholomew's, but was unable to obtain it in consequence of that restriction?—I am not aware of such a case.

Earl of *Kimberley.*

2515. You would hardly hear of them because the existence of the rule would restrict them from becoming candidates?—I think if the rules are too restrictive we ought to modify them.

Chairman.

2516. But now in the case of difficulties of any nature arising amongst members of the medical staff, before whom would that come, the medical council?—What kind of difficulties would you refer to?

2517. We will say mistreatment; who would the medical officer apply to supposing any difficulties of any nature occurred, a dispute about beds, for example; the treasurer or the medical council?—The beds are entirely in the hands of the governors. It is theoretically supposed that the governors admit every patient; probably in the olden time the almoners did attend with the treasurer for the admission of patients; but practically

Chairman—continued.

tically the beds are divided between the senior surgeons and physicians, with a few to the assistant surgeons and the assistant physicians. Then they each take turns in taking in. It used to be that they took in for a week; now they only take in for half a week. During that period on the medical side the house physician, on the surgical side the house surgeon, admits to the beds under the care of his senior; and then, if when his senior comes he finds a patient there who should not have been taken in, of course he discharges him; on the contrary, if he finds a patient there who has to be treated he does his best for the patient. But supposing that the house surgeon had filled all the beds that were under the care of his particular surgeon, and a case came which ought to be taken in, the steward would say, "Then you must take it into such a ward; there is a vacant bed there;" acting in the name of the almoners and the treasurer.

2518. But that is rather beside my question. Supposing a charge is brought against a certain surgeon or physician of mistreating some case, before whom would that matter go?—Medically?

2519. Medically; the lay governors would be no use at all for that?—No, no use at all.

2520. Would that come before the medical council?—I do not remember such a circumstance occurring, but I have no doubt that the medical officers would consider it, and they would ask for an interview with me; a deputation would attend, and the circumstances be laid before me, and I should receive their opinion, and then I should discuss the matter with the almoners, if necessary with the house committee. If we had no power to act we should go to the governors.

2521. You would be guided by the opinions of the medical council?—Of course, on a matter of improper professional conduct, we could scarcely be guided by any other. I, personally, should not like to take the responsibility of sitting in judgment upon the question whether a dose of one kind of medicine or a dose of another ought to have been given, because I have no professional knowledge.

2522. Now, who are the students under; are they under the medical council or under the dean of the school?—Every student when he first comes in signs a paper in the counting-house, stating that he will submit himself to the direction of the treasurer, that is, so far as regards his behaviour whilst in the hospital. Those who have to reside there come in a second time, and sign the rules controlling students who are resident. I could suspend a student, but I should have, of course, to justify it. I have never had occasion to suspend a junior medical officer, but sometimes I have remonstrated with them, and the thing has gone right. I do not remember a case of absolute dismissal.

2523. Then, for matters of discipline, that is social behaviour inside the hospital, you are responsible for the behaviour of the students?—No; they are directly responsible to the warden of the college, Dr. Moore, who will come before you; but he communicates with me directly he feels that any action beyond that which he is authorised to take has to be taken.

Chairman—continued.

2524. What can he do; can he suspend from the service of the hospital; I am speaking only of students?—No, he cannot suspend; he can ask me to suspend.

2525. He can report to you?—Yes; I see him very frequently.

2526. Is he resident in the hospital?—He is.

2527. Now, what is the number of beds in the hospital?—There are 667 beds, divided between 28 wards; this includes 80 cots. There are 345 male and 303 female beds; they are divided between medical, surgical, ophthalmic, uterine, erysipelas, diphtheria, venereal, and an isolation block which is quite separate, in which there are four beds; and there are 15 beds, called casualty beds, for unpleasant cases, and for delirium tremens, and noisy cases, and cases with a tendency to mania; and in that ward there are two padded rooms.

2528. What are the numbers of the medical and surgical beds?—There are 198 medical beds under four senior physicians; 366 surgical beds under five senior surgeons; there are 25 ophthalmic beds under two ophthalmic surgeons; there are 20 uterine beds under Dr. Matthews Duncan; and there are, unassigned to any medical man, 16 diphtheria beds, 23 erysipelas 15 casualty, and four isolation; making a total of 667 beds.

2529. Now, you said the governors theoretically admit to the hospital; is admission to the hospital all free, or is there any system of letters?—It is practically free. There are occasionally letters sent by governors. In 1889 there were 62 letters from the Lord Mayor or the magistrates of the justice room, and there were 85 with governors' letters. Practically it makes no difference whether the person comes with a letter or not, excepting that the letter is accepted as some evidence that the patient is a person that ought to be treated; but really the eligibility to admission is the degree of suffering.

2530. Then the people who are admitted commence by being sick poor, and then they are seen in the morning and they are put into such ward as may be necessary. But now, have the surgeons at the hospital any power of excluding patients because they think that they are not sufficiently fit cases for the hospital?—Yes. I will read you the exact words of the direction which is given in that respect. Surgeons are thus directed by Clause 4 of their charge: "Whenever you shall consider a patient under your care for cure to have received all the relief which this hospital can afford, and in your opinion he should be discharged, you shall make a note thereof on the prescription paper and intimate the same to the sister of the ward." Therefore the officers have a power of excluding by dismissing; but senior surgeons or physicians do not commonly admit; but the officer in the surgery or casualty department where the patient first comes has an instruction that if he thinks the person ought not to be admitted he is to exercise his discretion.

2531. Then do you think it does occur at St. Bartholomew's Hospital, that patients who ought to be in receipt of the benefits of the charity are sometimes excluded because the surgeon may not think that they are sufficiently interesting cases?—I am quite satisfied that any

error

Chairman—continued.

error on that side is in favour of admitting them rather than excluding them.

2532. How many nurses have you; what is your nursing staff for your 667 beds?—Shall I give your Lordship a summary, or do you wish me to read the numbers in each class?

2533. Each class, if you please, beginning with the matron or superintendent?—Resident in the hospital, one matron, one assistant matron, one superintendent of the Nurses' Home, one assistant superintendent of the Nurses' Home, 27 sisters; they are, in fact, the chief nurses in charge of each ward; the word "sister" has been kept since the place was originally founded, 700 years ago, but it has no relation to any religious persuasion or denomination of any kind; three night superintendents, 20 certificated nurses, 114 probationers, who are also nurses; they are nurses who are undergoing their training of three years; they may be in their first or their second or their third year of serving; 27 ward assistants; they are, in fact, house servants who attend in the kitchen of each ward, who do what would be called the menial work not in connection with the patients.

2534. Those are females?—I am reading now the female staff. Every nurse is expected to do any work of any kind that is necessary for the care of the patient, no matter whether she is a lady of the highest rank or whatever position she comes from. We have a daughter of one of our noble dukes now doing the ordinary work of a nurse in one of our wards. Then there are 18 servants at the Nurses' Home, one laundry maid, one store room maid, three surgery nurses who attend the female cases in the admission room, one out-patient nurse. Then we have a housekeeper to the house physicians and house surgeons, a female hall keeper, a laundry cleaner, and a cleaner at the dispensary, and two stair cleaners regularly on, besides a number of scrubbers who wash the wards very frequently in the weektime. Then we have resident in our King-square Home, which is the home of special probationers who attend every morning at eight o'clock and go away every evening at eight o'clock, 27 special probationers.

2535. What are the special probationers; are they ladies or ordinary nurses?—They are women of education and position. I may say my own daughter is one now. They are trained for three months, and they pay a guinea a week, and they assist in the wards in the day time, and they enable us by that extra assistance in the daytime to make up for the services of nurses who have been put on for extra duty. We have frequently cases that require one nurse entirely devoted to a particular case; cases, of course, of tracheotomy cannot be left for a moment. The special probationers are ladies, the majority of whom are probably anxious to take part in sick visiting in their own homes in London or the country, and they find that this three months' training gives them a knowledge which enables them to do the work better. They are under the same orders and regulations and have to do the same work as the ordinary nurses.

2536. Then your lady pupils or probationers do not live in the hospital?—They live in the King-square Home, a house belonging to the hospital, a quarter of an hour's walk from it; they walk down directly after breakfast in the morning and arrive about eight o'clock; they take their dinner and tea in the hospital, and go back to the Home in the evening.

Chairman—continued.

2537. The expenses of the King-square Home come out of the funds of the hospital, I suppose?—The home is self-supporting, because the guinea a week pays all the expenses. Then we have a Trained Nurses' Institution exactly opposite the hospital, but that is self-supporting. Probationers who have served their time frequently go into the Trained Nurses' Institution, and these are all sent out to private patients; of course the private patients pay, and the nurses receive a yearly salary, with a bonus in addition upon the money which they earn for the Home. That was established some few years ago; and although the cost of starting the institution was borne by the hospital, that cost has now been repaid and the institution is now quite free from debt. All the cost of it is debited to the Trained Nurses' Institution, and the receipts are credited.

2538. That makes a total, I think, of about 170 nurses, does it not?—That is without the extern nurses, 161.

2539. What are the extern?—The trained nurses who go out.

2540. But those people do not nurse in the hospital?—No.

2541. Then, excluding them, you have 161?—One hundred and sixty-one nurses, 27 sisters, three night superintendents, making 191; and 27 ward assistants, making 218.

2542. And are your 667 beds generally full?—I may say that the medical beds are constantly full, it is sometimes difficult to find a bed vacant; the obstetric beds are always in great demand.

2543. I do not think we need trouble you to give the actual figures, but you can tell us whether you consider that they are on the whole generally full?—I should naturally, myself, be disposed to get patients admitted, and I have often great difficulty in getting a bed for them. I go to the steward's office and say, "Do you think you can admit this patient?" "We have no medical beds vacant," he says. We always keep a number of surgical beds vacant in case of accident. I think the total number of beds are utilised as fully as it is wise to do it consistently with keeping a few for very serious cases that must be admitted, cases of extreme urgency.

Earl *Cadogan.*

2544. How do you keep a certain number of surgical beds vacant; do you turn away cases that may come to the hospital, in order to keep some beds vacant?—I explained the way in which the poor come to the surgery. There is sent into the surgery every morning the number of vacant beds, and the officers can, of course, only admit the number that there are vacant beds for. If there was a case of difficulty they would probably wait till the senior medical officers came, to see if there was a patient who could be sent to the Convalescent Home or discharged, in order to make room for a case of greater urgency. We are making alterations in the surgery or admission room, by which we shall have

Earl *Cadogan*—continued.

have three or four beds into which patients can be put for a few hours until something can be done for them; but those beds are never to be allowed to be occupied for more than 24 hours, otherwise we should become congested.

Chairman.

2545. Who appoints the nurses?—The sisters and nurses are appointed by myself on the recommendation, and after consultation with, the matron, and subject to the approval of the almoners. Practically, the nurses are appointed by the matron, but she cannot appoint of her own act; she has to report that she recommends so-and-so and so-and-so for appointment; and those recommendations, as a rule, are confirmed. The appointment of sisters is more difficult, because the position is so responsible; every ward over which a sister rules is really a hospital in itself, either medical or surgical, as the case may be, and it is a very responsible position. In that case I confer with the matron, and some nurse is selected and put on probation for three months, and if at the end of that time she can obtain from the medical officer in charge of the beds, and from the matron, and from the steward, a statement that her work has been well performed, and that they recommend her for appointment, then she comes up for appointment.

2546. In the case of a nurse leaving the hospital, do you give any certificate, and, if so, how long does it take her to earn it?—The probationers, attend lectures, both medical and surgical, during their three years' probationary service, and they attend an examination at the end of the first year, and they must obtain their first year's certificate before they can go on. If they fail to obtain it they sometimes are allowed to go on and try again. Then at the end of the third year they are again examined; the best nurse has a gold medal, and those who obtain their certificates are then eligible for places in the hospital, or places out of doors.

2547. These lectures to nurses have to be paid for, I presume, have they not?—The lecturers are paid by the hospital authorities.

2548. They have to be paid for, and they are paid for by the hospital?—An officer or professor is appointed to lecture; Dr. Norman Moore lectures on the medical side, and Mr. Walsham was recently appointed on the surgical side.

2549. What are the rates of salaries of the sisters?—Twenty-five shillings to 30 *s.* a week.

2550. And they are boarded and lodged?—Several years ago there was no food provided for any of the female working staff, except rations of uncooked meat and other food for the nurses; and the salary of the sisters was settled upon the principle that they were to board themselves; and they did board themselves; but by degrees that was altered; and now a dinner is provided for the sisters, every day.

2551. Both board them and lodge them?—Of course the nursing in every hospital almost in London, and I think I may say certainly in St. Bartholomew's, has improved immensely in the last 15 years; it is not the same thing at all as it was. When I first went to the hospital there was not a single trained nurse in the whole establishment; the matron was untrained.

Chairman—continued.

2552. We understand that all these nurses are lodged in the hospital, are they not, with the exception, of course, of these lady pupils who live in King-square?—All of them; there are two sets of houses, one on each side of the entrance to the hospital, where they sleep, and where they take their meals, and where they have a library and sitting-room.

2553. Do the sisters sleep anywhere close to the wards?—The sisters each sleep in a private room attached to the ward, inside the ward; they have a door from their room, a half-glass door, which looks down the ward. Nearly all the sisters now come to the dinner provided by the hospital. I think there are one or two who are a little attached to the old fashion, and have a chop or something cooked in the kitchen attached to their own ward.

2554. The sisters, you say, get from 25 *s.* to 30 *s.* a week; what is about the wage of a nurse, other than a sister; the probationary nurse, and the trained nurse?—The first year of a probationer, she has 8 *l.* a year; it should be understood that, of course, we are teaching this nurse; the second year, 12 *l.*; the third year, 20 *l.* Then if she is certificated and stays she has 24 *l.* a year.

2555. And is boarded and lodged?—Boarded and lodged, and has uniform and washing.

2556. Is there any system of pensions for sisters or nurses after a certain period of service?—We have just had a resignation of two sisters who have served 23 years, and they are to have 52 *l.* a year; they are old, and they have really worn themselves entirely out in the service of the hospital.

2557. That is given them as a grant from the hospital?—That is a voluntary grant on the recommendation of the treasurer and almoners, made by the house committee, and sanctioned by the court; it cannot be paid till it is sanctioned by the court.

2558. There is no system of two-thirds salary after 15 years, or anything of that kind?—There is no stipulation as to what it shall be; it is entirely a question at the discretion of the governing body, on the recommendation of the treasurer and almoners; and that recommendation, of course, is based upon their knowledge of the kind of services that have been rendered, and the necessities of the person retiring.

2559. Have you heard of the National Pension Fund for Nurses?—Yes.

2560. You have not thought it worth your while to become affiliated to that?—That has not been considered by the governors. When we concluded to recommend the pension of 52 *l.* to these two sisters we had no nurses on the pension list; those who had been pensioned had not left till they had been so broken down that they did not live many years.

2561. Have you many old servants of the hospital pensioned, stewards or other officers?—We have two matrons pensioned, but that arose from this circumstance: the first one is a very old woman indeed, who lived a good many years in the hospital; the second one resigned because we wanted to have a system of trained nurses, and

Chairman—continued.

and she was not a trained nurse herself; she had been 13 years with us. We have as pensioners two matrons, one apothecary, one nurse, one porter, one out-patient nurse; and the late head dispenser, after 33 years' service, has 150*l.* a year. That is the whole of our pensions.

2562. Did you not say that one nurse or matron was getting a pension after 13 years' service?—Thirteen years' service; but she was asked to resign to make room for a matron who was a trained nurse, and could take the head of the training school. She would not have retired otherwise; she was a very excellent matron.

2563. There are one or two further questions in respect to the nurses that I should like to put; first of all, what are their hours of duty?—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 once a month from 4 p.m. on Saturday to 12 noon on the following Monday; and on Sundays from 3 p.m. to 9 p.m. every alternate Sunday. The staff nurses have a rota of four weeks; in their first week they are off from 6 p.m. to 8.45 p.m. twice in the week; in their second week, from 6 p.m. to 8.45 p.m. once in the week; and from 2 p.m. to 9.45 p.m. once in the week; so that you see they get a half holiday once in that week besides an evening off. In their third week from 6 p.m. to 8.45 p.m. twice in the week; in their fourth week they are off a whole day to 9.45 p.m. On Sundays they are off for the purpose of attending Divine Service, but as a rule they attend with the patients in the church of the hospital. The hospital being a parish in itself, has its own parish church within the walls.

2564. And do they have any annual holiday?—They all have holidays varying from three to four weeks. Then, besides our own Convalescent Home, we have letters for convalescent beds at the seaside, to which we can send any nurses who are a little worn out by long duty.

2565. In the cases of nurses who have become invalided themselves, do you put them in the general wards, or have you nurses' wards?—If the nurses are sick, they are attended to in the Home by the medical officers on duty, at the request of the matron, and the officers are bound to attend them immediately; if they are too sick to be nursed properly in the Home they are then warded.

2566. In a general ward?—In a general ward.

2567. What is the class of person from which you draw your nurses generally?—I recently had a return taken out, and found that of those entered during the last two years four were the daughters of architects, seven the daughters of clergymen, three the daughters of farmers, five the daughters of manufacturers, four the daughters of medical men, six of merchants, four of military and naval officers, seven of solicitors, four of tradesmen, one of a stockbroker, and several others; but they are all necessarily educated women, and persons in a very fair position in life. As a rule they are persons who intend to devote themselves to the profession of nursing as a means of living.

2568. I think at St. Bartholomew's you have not got the term "lady pupil," have you?—No, we have only probationers and special probationers, nurses and sisters. I should like, if the Committee would not object, to state the departments into which the hospital is divided.

Chairman—continued.

2569. I will just ask you this question; do you take any kind of disease into St. Bartholomew's Hospital?—We do not. If any case of small-pox, or scarlet fever, or typhus comes to the hospital for relief, if it is clearly scarlet fever, we telegraph for the ambulance from the Fever Hospital belonging to the Poor Law Board. We subscribe to the Small-pox Hospital, and we sometimes send small-pox cases there, and sometimes to the Small-pox Hospital, I think, at Homerton. If a doubtful case arises in the wards, or arises in the admission-room, it is taken into one of the separate rooms in the isolation ward until the medical officer can determine whether it is a contagious case or not; and then it is immediately removed. It sometimes happens that it becomes too serious to be moved, and then it is treated in the isolation ward by a separate staff, who are not allowed to mix with the ordinary staff of nurses during the time; but we avoid having to treat these cases where we can avoid it without danger to the patient.

2570. Certain branches of your hospital administration are for special diseases, such as dental, ophthalmic, and so on; will you explain that?—In 1837 we established a dental department, the present staff being two senior and two assistant dental surgeons. In 1871 we established a department for diseases of the ear, under an aural surgeon. In 1871 a department for diseases of the skin, under one of the assistant surgeons. In the same year we had an ophthalmic department under two ophthalmic surgeons; a whole ward is given to the ophthalmic cases. In the same year we established a department for orthopœdic cases under an assistant surgeon, who specially devotes himself to that kind of case; and in 1878 a department for diseases of the throat, under one of the assistant surgeons; and in 1884 an electrical department under a gentleman of great experience; and we have found that department of considerable use. Patients are transferred by the surgeons and physicians to that department when they think treatment of that kind is necessary.

2571. Now, are all the gentlemen at the head of these various departments experienced men?—They are men holding a standing in the highest rank in the profession in the departments to which they belong.

2572. Then would you say that the fact of general hospitals in London (because I believe that the same system exists in most of the general hospitals) having these special departments for treatment of special diseases, does away with the usefulness of special hospitals?—I think where a special department is carefully organised, and under the direction of a man of experience in the specialty which the department treats, it is far better than having special hospitals. But, if the Committee would allow me, I should like to read a passage from an address which I gave about two years ago; because the time that has elapsed since has only confirmed me in the view which I then expressed. "In speaking of special hospitals, I do not include hospitals for consumption, for contagious

Chairman—continued.

tagious diseases, or lying-in hospitals, as the cases taken into these institutions are not often knowingly admitted to general hospitals. The cost per bed for maintenance is admittedly greater in special hospitals, but this ought not to be objected to if the patients are better treated. Whether this is so, however, is a question upon which there is much divergence of opinion. It is, I suppose, agreed that a physician who has given special study to a particular class of disease, or a surgeon who has had great practice in the performance of a particular operation, may be regarded as having more than usual ability and skill for that work; but we then have to ask ourselves whether that special ability and skill cannot be better utilised in a general hospital having special departments than in a special hospital?" "It has been stated by a great authority on the other side of the Atlantic that 'legitimate specialism should be recognised only as a superstructure, built on a substantial foundation of generalism,' an opinion which few, I fancy, are prepared to contradict. If I may refer to another and a greater authority, I find that in a recent address Professor Virchow said: 'Within twenty-five years the great host of specialties has developed, and it would be vain, anyhow fruitless, to oppose this tendency; but I think I ought to mention it here, and I hope that I shall be certain of approval when I say 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 specialties into account, and if all the specialties do not mutually assist one another.'" That is the opinion of one of the greatest men, and it is one which I read with great interest, and which I feel a good deal of faith in, and from which I gather that it is better to deal with specialities in a general hospital, where men have constant access to all the developments of general disease, than to have them isolated in special hospitals. I should be very sorry to say that special hospitals have not produced some men of great eminence as specialists; but I venture to think that if there had been special departments in general hospitals to the extent to which there are now, the same facilities would have been afforded for the treatment of special diseases, and that the ability and the experience which these gentlemen gained would have been gained with greater ease in the general hospitals. I have several copies of that pamphlet if any Member of the Committee would like to have one. It is entitled "Sixteen Years of the Metropolitan Hospital Sunday Fund, and its Influence on the Medical Charities of the Metropolis."

2573. Do you think that special hospitals are increasing at any alarming rate?—I do not think there is any reason for alarm, excepting, of course, that the larger the number of hospitals the more expensive is the management, and the greater the money that is raised for the support of hospitals generally. It does not go so far when you divide it into so many different institutions. If anything could be done to persuade some of them to consolidate, and to unite their establishments, I think it would not only be a saving

Chairman—continued.

of money, but I think it would be an advantage both to the sick poor and to the profession. But of course while they are supported by voluntary contributions, I think you have very little power, and possibly very little right to interfere.

2574. I will come back to that question when you come to the Hospital Sunday Fund; have you a chaplain belonging to St. Bartholomew's Hospital?—We have two; one is resident, one is non-resident; they both give the whole of their time to the poor in the hospital.

2575. Could you tell us what hours they are on duty, or are they always liable to duty?—The resident chaplain begins soon after 9 o'clock in the morning, and with the non-resident chaplain goes round the hospital, not together, but they divide the wards between them. Prayers are read by the sister in each ward every morning, and there is a short service in the wards frequently, and each of these gentlemen is on duty for five hours every day. Of course the resident chaplain is sent for if any one in the night should be very seriously ill and want to see him.

2576. Has the chaplain anything to do with the Samaritan Fund of St. Bartholomew's?—No, he has nothing whatever to do with it. He may advise the steward that a case, in his opinion, should have some help; and I could explain the amount of the fund, and the way in which it is administered, if you wish it.

2577. What has the steward got to do with it?—The steward is a very important person in the hospital.

2578. Perhaps you will tell us what his duties are?—His duties are to receive the patients "and to go round and see that they are properly and comfortably lodged and accommodated, taking care that all such patients who may be in a filthy and dirty condition, be clean washed in the baths or elsewhere before they are placed in the wards." Practically his action is jointly with the sister on the patient being received into the ward. He keeps a book for entry of the names of all patients admitted and discharged, the bed into which they are placed, the number of the bed and the name of the ward, and a record of their discharge; he receives all communications from the friends of patients, he sends for the friends of patients on receiving notice from the sister of the ward that a patient is seriously ill, and that if he has any friends, they ought to come and see him. He is bound daily to visit the several wards of one wing of the hospital, in turn, whilst the patients are at dinner, that he may see that the diet is properly distributed. He is responsible for seeing that the meat and the provisions generally for the patients are of good and proper quality, and that it is properly cooked, and that the cook serves it at the proper time.

2579. Does the steward make contracts?—No; contracts are made by the treasurer and almoners, or by the house committee generally quarterly, occasionally, for some articles, half-yearly, and for such things as coals, annually.

2580. Is he responsible, now, for the proper weight of meat being brought into the hospital, the weight that is ordered?—Yes; some years ago he detected improper conduct on the part of persons

Chairman—continued.

persons who were serving us, and it was investigated on his representation, and an alteration was at once made. This is the fourth clause of the charge to the steward: "You shall cause the sisters and nurses to give you an account of the clothes and money of all male patients who may be incapable of taking care thereof, and receive from the matron an account of the clothes and money of all such female patients"; and he has duties of that kind.

2581. What salary does he get?—He began at 200 *l.*, and now receives 350 *l.*, after 27 years' service; he is one of the most valuable officers of the hospital. As some evidence of that, I may say that the staff subscribed for his portrait a little while ago, and we look upon him as a person whom we should be indeed sorry to part with.

2582. He is responsible, I understand, for patients being put into the proper parts of the hospital which either their diseases require or where there is room, and also for the quality and the cooking of the food?—He is not exactly responsible for allocating the patient, he is theoretically, but practically the patient is allocated by the House Surgeon, who admits him, or any other medical officer; but in the event of any dispute, his authority, acting for the Governors, decides it.

2583. He is responsible then, through this committee of almoners, to the treasurer?—Yes.

2584. Does he have any quantity of accounts to look after; any weekly disbursements, the petty cash?—Yes, he has the petty cash.

2585. Which is submitted to the committee of the almoners?—Which is submitted every month and examined, and all our accounts are audited by a professional accountant, a chartered accountant.

2586. Now what is the nature of your endowment, and what is your revenue?—Our revenue in 1870, that is the cash available for hospital purposes, was 51,126 *l.* 8 *s.* 5 *d.* Our revenue last year, December 1889, the cash available for hospital purposes was 70,529 *l.* 16 *s.* 8 *d.* It is derived mainly from real property, being houses in London, and about 13,000 acres of land in the country, in the counties of Essex and Kent, Hampshire, and in some of the Midland Counties, but principally in the southern division of England.

2587. Your property has very much increased in value in the last 20 years?—Our property has increased, as shown by the figures I have given you, very largely; that has been mainly owing to the falling in of ground-rents, and I may add to very careful attention also on the part of the governing body as to the letting of property, especially City property, and suburban house property. There is now a falling off in the revenue of small house property in the suburbs, owing to the depreciation of rents, and, of course, there has been a loss on the agricultural property, probably varying from 25 to 60 per cent., but that loss has been more than counterbalanced by the improvement in the income derived from the great increase in the revenues of the house property.

2588. Do you derive much, or anything, from private subscription and legacies? We do not derive much; we do occasionally have legacies

Chairman—continued.

and occasionally have contributions; but it cannot be said that we rely upon voluntary contributions to any great extent. I mentioned that a gentleman, Mr. Peter Reid, gave us 5,000 *l.* to buy the land for building our Convalescent Home, and Mr. Kettlewell gave us 16,000 *l.* especially for the purpose of erecting the home, and towards its being furnished; another governor, Mr. Homan, gave us a church, and Sir James Tyler gave us a lodge for the home, and an organ for the church.

2589. Have you ever appealed to the public for money?—During the time I have been treasurer no appeal has been made. We are now saving money with the hope that we shall be able to purchase sufficient ground from Christ's Hospital, when they move, to enable us to enlarge the hospital; not to increase the number of sick beds, but to provide a better nurses' home than that which we have, which is only a temporary one, by the conversion of old buildings; and also to provide a better residence for the students in the college, and for the junior medical officers who reside. The houses in which they live now are not at all what they should be, but they are the best we are able to provide until we get more land. We have put by our surplus income for that purpose.

2590. What is the acreage of the ground on which the hospital stands?—Between four and five acres.

2591. That forms a parish in itself?—That is the parish of St. Bartholomew-the-Less. That four or five acres of course includes the ground upon which the school buildings and nurses' home and the residences all stand.

2592. Are those also within this parish?—They are, but some parts of the buildings extend into the adjoining parishes of St. Sepulchre and St. Botolph, Aldersgate.

2593. I mentioned just now the Samaritan Fund; could you tell us how that is disbursed and whence it comes?—It has been contributed by various benevolent persons. It was originated in 1836. Since that time 34,613 persons have been relieved, being patients of the hospital, who, being poor, on their leaving probably were in want of shoes, shawls, gowns, or other clothing, or tools to go to work with, or wanted their fare paid home to the country from whence they came, or assistance of that character. We have spent in that way 26,366 *l.* We have a funded property of 18,960 *l.* consols. And the last year we relieved 1,235 persons. It should be understood that we are not allowed to appropriate any portion of the hospital trust funds to any purpose of this kind; and the Committee can easily understand, I think, that there are frequently very melancholy and deserving cases to whom 10 *s.*, or 20 *s.*, or 40 *s.*, either spent in clothes, or given partly in money and partly in kind, is not only most serviceable, but is absolutely necessary to enable them to make a start after a long illness.

2594. Out of that Samaritan Fund do you supply patients with wooden legs and arms and surgical appliances of that kind?—Surgical appliances. There was expended last year in cash, 376 *l.*; in clothing for discharged patients, 205 *l.*; in artificial limbs and other surgical apparatus given to discharged patients, 292 *l.*

Chairman—continued.

2595. Do you ever get this sort of instruments, like these artificial limbs or certain other appliances from the Surgical Aid Society; are you subscribers to that?—No. Under the direction of the surgeon the appliance required is ordered from our own instrument maker, and we pay for it out of the fund. Sometimes the patient contributes something towards it, but more frequently, if it is not a very expensive instrument, we should pay for it entirely out of the fund.

2596. Have you any very stringent rules about the application being made for such an appliance before the patient leaves the hospital?—Yes; it must be made before the patient leaves, or at the time, and it must be recommended by the surgeon.

2597. Because, is it not possible that a patient might be discharged from the hospital before his leg, or what was left of it, was in a fit state to receive a wooden leg?—He might be kept on as an out-patient until the surgeon had absolutely done with him, and the instrument which was recommended had been supplied and had been worn by the patient.

2598. And it would be supplied?—Yes.

2599. Did you tell us where any of the 18,000 *l.*, the funded property of the Samaritan Fund, came from?—We have contributions from individuals; a good many governors subscribe towards it, and take a great interest in it; and sometimes we get money from some of the Livery Companies. I have sometimes to respond for St. Bartholomew's Hospital, and I never do so without asking for something for the Samaritan Fund. I never ask for anything for the hospital proper because we have funds enough; but the Samaritan Fund is a fund which I should be very sorry to see falling off.

2600. And then, I suppose, if money was required for the Samaritan Fund you would supply the Samaritan Fund with a certain sum from the funds of the hospital?—I should not like to do that; I would much rather beg outside. I should not like to mix up the two moneys together. I think I could always obtain money enough.

2601. Do you publish any accounts?—We print the accounts annually. We forward them to the Charity Commissioners, and every one of the 273 governors has a copy.

2602. That comes out with the annual report, I suppose?—It comes with the annual report. I can put in a copy of the last account.

2603. I should like to have also a copy of the last annual report?—The report is very short. I can hand it to the Committee (*handing it in*).

Earl *Cadogan*.

2604. On the general subject I have a few questions to ask you. At the beginning of your evidence I understood you to say that the accommodation in hospitals in London had increased in the proper ratio with the increase of the inhabitants of the metropolis?—Taking into account the large number of beds provided by the Poor-Law infirmaries.

2605. But it is your opinion that, generally speaking, the accommodation is sufficient for the inhabitants?—If all the beds which are now empty in the hospitals were full, I think there would be reasonably-sufficient accommodation.

Earl *Cadogan*—continued.

2606. Now, I want to ask you whether you think that that accommodation is properly distributed throughout the metropolis. We have seen a map showing the position of the various charitable institutions, and it appears to me, and this has rather led me off, that the hospitals are not so arranged as to be equally accessible to all the various districts of the metropolis; have you ever had your attention directed to that?—I have given considerable thought to that. There are two things to be considered in settling the position of a hospital. There must be some consideration shown to the medical men who practically give their time voluntarily to the hospital; and if you placed the hospital at too great a distance from the residences of the leading and most talented medical men, you would not get the amount of attendance from them that you get now. Again, patients very frequently come to the hospital that is farthest from them, rather than to the hospital that is nearest to them; they seem to form some idea in their own mind, that at this or that hospital they will get a better opinion than they can get at any other; hence a good many come to us from districts where they would be much closer to a local hospital, and I have no doubt that some go from our neighbourhood to St. George's, or to the Westminster Hospital, who might be treated in the City.

2607. Do you think that there is no practical inconvenience in providing hospitals in one portion of London while the remainder is rather denuded; for instance, I understood that south of the Thames there are only two large hospitals?—I think there is more hospital accommodation required on the south of the Thames, though of course you have two very large ones, St. Thomas's and Guy's, to which easy access can be obtained from almost any part of South London. If we could have what I some years ago endeavoured to establish, a better ambulance system, something like the ambulance system that they have in New York, and which I have had practical experience of, because I have been on the ambulance cart to fetch patients, and have come back with a patient to the hospital, I think we should no doubt give more ready relief in cases of accidents; but, as regards medical patients who come in as casualty or out-patients, my impression is that the nearer those hospitals are fairly to the centre, the better they are for the patients, because they secure better attendance from men of the highest position as physicians and surgeons. Of course this does not apply to Poor Law infirmaries, because there you have resident medical officers who alone can treat; and I hope before the Committee discharge me, they will give me an opportunity of expressing some opinion upon the fact that the Poor Law infirmaries do not allow those facilities for medical instruction which are afforded at the general hospitals, but I will not disturb the Committee now by speaking on that point.

2608. But, as a matter of fact, you would agree, I suppose, that the hospitals are not concentrated in the most central positions in London; that is to say, the most central positions

Earl *Cadogan*—continued.

as regards the poor in the localities?—If we had to locate them afresh, and could do so without any great expense or inconvenience, we, no doubt, would not select the exact spots where they now are; but I think that to put any of them very far from the centre would be unwise, unless they are rate-supported, and conducted on a different system from what the general hospitals are now conducted on.

2609. Do you think that any system of licensing hospitals would be advisable?—I should feel it very difficult indeed for Parliament by statutory power to exercise that kind of control over institutions that are supported so largely by voluntary contributions. Of course, in such cases as those of the two great endowed hospitals, St. Thomas's and St. Bartholomew's, they have endowments which Parliament has the power to do what it likes with; but it seems to me that where three-fourths is provided by voluntary contributions, you must leave those who find the money a certain discretionary power in the matter, unless it were provided by Parliament that a hospital should not be established for the relief of the sick poor except it were licensed by a certain board. I am rather at a loss to give an opinion upon that; I am afraid it would damp voluntary contributions a great deal.

2610. Take the case of special hospitals started in various ways and by various people; do you think there could be any system by which the starting of small hospitals under very special circumstances might be limited?—I think the starting of small hospitals is very much to be regretted; and during the last 20 years a great many have been started which could have been done without. A few have been started by some medical man who has not obtained the position in our large hospitals he hoped to have had, or who had some purpose of his own in starting them. I think we should have been better without them; but I do not know whether the evil on the other side would not have been almost as great, that is, you repress voluntary contributions directly you begin to dictate too closely as to the way in which those contributions shall be applied.

Earl *Spencer*.

2611. In the district where your hospital is situated, have you any other hospital close at hand to compete with you, so to speak?—Certainly, but not very close. This is the principal hospital in the centre of London; it draws a large number of patients from the East End, from Shoreditch, Curtain-road; and a large number of the accidents befall persons employed in various manufacturing places, especially in Finsbury and the East End of London. The persons injured in that district go either to the London or to St. Bartholomew's, whichever happens to be the nearest to the place where the injury occurred.

2612. Have you noticed whether the presence of large hospitals such as yours, has an effect on the existence of provident dispensaries and so on?—I have no personal experience of that; I was a member of the committee of which Mr. Bousfield and Sir Charles Trevelyan were very active members for promoting the scheme to establish provident dispensaries, but I resigned

Earl *Spencer*—continued.

because I found that the scheme did not realise all the expectations of its original promoters. I know it is said that it is because these dispensaries have to come in competition with the out-patient departments of general hospitals. Well, I daresay they do to some extent interfere with them; but one has to consider which is the greater evil of the two.

2613. But you would not be against provident dispensaries properly managed?—On the contrary, I think they are institutions which ought to have all the support that they can have; and as chairman of the distribution committee of the Hospital Sunday Fund I invariably urge my colleagues to take those institutions into the most favourable consideration; and grants are made from that fund to these provident dispensaries, and to provident and free dispensaries.

2614. We have had evidence that provident dispensaries cannot exist close to a large free hospital; you cannot give any opinion upon that?—No.

2615. With regard to the class of patients you principally have relieved, are they persons in a better position than those who would go to the workhouses, or do you ever get people who might go to workhouse hospitals?—That is very difficult to answer; my impression is that they are very largely persons earning weekly wages, some of a more and some of a less precarious character.

2616. Are they persons who could subscribe to provident dispensaries?—That depends so very much on the amount of wages they are earning and the amount of responsibilities cast on them. If they are persons who, we think, ought to pay for their medical relief, we do not continue it after the first treatment; we do not allow them to come again.

2617. You mean after you get the report from the inquiry officer you told us of?—From the inspecting officer.

2618. In regard to the out-patients, do you consider that the out-patients ought to be at all fined down or rather diminished in number, or separated, or do you think that all the people who come as out-patients now are proper people to receive relief?—I should be sorry to say that none are relieved as out-patients who might not pay something, but I believe that not only the inspecting officer, but the staff are very careful and discriminating, and I think that they would report to the inspecting officer the case of any patient who, they thought, ought to pay his own medical practitioner; because you see they are, all of them, men in practice themselves, and no doubt they would be jealous of charity doing work which members of the profession ought to do.

2619. We were told that there were a great many people who went from one hospital to another to get relief as out-patients, merely from the love of getting different treatment; have you anything to say on that?—No doubt there are some Quixotic people who fancy they are never cured, and who have not very much to do, and who try to get relief first at one place and then at another; probably chronic cases that very little can be done for, except giving them something to alleviate their pain.

2620. Do you consider that some of these cases, even the slight cases, are important for the students

Earl *Spencer*—continued.

students to see?—I have recently had with the almoners frequent conferences with some members of the junior staff upon the question of students attending in the casualty department, and we have at present decided not to alter the condition of things, namely, that students are allowed to attend quite a sufficient number in the out-patient department both on the medical and the surgical side. We think that in cases that can be treated in three minutes there is not much for a student to gain compared with the additional time which would be taken up. You could not treat a man, and give an explanation to a student of why you are taking a certain course of treatment, without taking much time; whereas in the out-patient department a great deal more time is given to each case, and opportunities are afforded not only for the clerks to take their notes of the cases, but for them also to have the nature of the cases explained to them.

2621. There would be no educational work, you think, in the cases to which I refer?—It is, I think, important that young students should have an opportunity of seeing the class of cases that come to the out-patient department.

Earl of *Kimberley.*

2622. Should you be of opinion that, subject of course to the difficulty of making inquiries with regard to the circumstances of those who come to you, that the class who are relieved by you as out-patients are a class which, if there were no hospitals available, would have a fair claim to be attended to at the expense of the poor rates?—If there were no hospitals available I should not like to say what percentage, but nearly all the persons that are relieved at St. Bartholomew's Hospital, I think, would have a fair claim for relief.

2623. Therefore, in your view, the accusation that you are pauperising the people would not be sustained; because, in point of fact, you are merely relieving those persons who would require relief in any case, from whatever class they came?—I think we are materially helping to reduce the disease rate of the poor and the working classes of this great metropolis; and wherever you have an increase of the disease rate you have necessarily an increase of the poor rate; because a disease allowed to run takes the power away from the bread-winner of earning the food for the family, and they are thrown on the rates.

2624. My question rather related to the difficulty of giving relief to persons who might fairly pay for their own medical attendance; and I understand you to say that, as I said before, with due allowance for the difficulty of making inquiries, your rule as to receiving only those who are in poor circumstances, and could not pay, excepting only in cases of severe accident, and cases of that kind?—We think that, subject to that exception, we take all the care we can to ascertain that the person is deserving of charitable relief. To say that we do not relieve a certain percentage who are not deserving of it, would be saying too much; but we endeavour to minimise the number that we relieve that are not deserving of charitable relief.

2625. I will direct your attention to a question addressed to Sir Morell Mackenzie with reference to the localisation of hospitals, and to the answer which he gave to that question at Number 2199. The question was this: "Would you like to see any readjustment of the localisation of hospitals at present?" and his answer was: "Yes, I think that a great saving might be effected, and improved sanitary conditions could be also brought about, if the large general hospitals could be moved into the neighbourhood of London, and built in a smaller way. At present it is a great disadvantage having these enormous buildings; they go on for hundreds of years; having one storey over the other, very nearly, they become permeated by emanations from sick persons, and as Sir James Simpson pointed out many years ago, it would be much more healthy if we could have small hospitals; of course, when we have built very handsome buildings in conspicuous places, people do not like them moved or interfered with. If a hospital like St. Bartholomew's could be moved into the country, leaving a small space for an accident ward and a space for an out-patient department, if the rest, the chronic cases and the sub-acute cases, could be moved into the neighbourhood of London, where they could have better air, the patients would get on much better, the students might have a better place for studying in, and a great saving would be effected. The sale of any hospital like St. Bartholomew's, St. George's, and St. Mary's, and several of the other hospitals, Westminster Hospital here, for instance, would give very large properties for building small temporary hospitals in the country. If they were small they might even be built of iron," and so on (I need not read that part). "At present I consider that the condition is very unfavourable, and it is the remains of an old condition of civilisation which is very unfavourable for treatment of the sick." Do you agree at all with what is stated in that answer?—I agree with Sir Morell Mackenzie, that if you treat a sick person in the country with all the advantages which you possess in London, the sick person is likely to get more rapidly better; but I do not see at all myself, speaking from long practical knowledge, how it would be possible to do so. If you have small hospitals in the country, consider the difficulty of getting the patients there, and how would you get your medical men there?

2626. I was going to turn to that part of the subject in a moment; but do you think that there is any serious evil arising from the antiquity of your buildings?—I do not. During this last 16 years in which I have had a very intimate knowledge of every detail that occurs, we have never had any scare of pyæmia, or any scare of erysipelas; we endeavour to prevent it; whenever there is evidence of erysipelas in any patients they are taken into a ward set apart for this purpose, Coborn Ward; and once in six years each wing is painted thoroughly over, besides being entirely emptied and turned out for cleaning more than once in the interval, and wards where there is most fear of contagion, such as obstetric wards, are painted every year; the floors are washed constantly, and by improved ventilation and other sanitary arrangements, and by a most careful attention to the cleansing and every thing, and by the better nursing, we have avoided

Earl of *Kimberley*—continued.

avoided for many years any fear of the spread of what are known as hospital diseases.

2627. With regard to the difficulty of obtaining attendance of distinguished physicians and surgeons, Sir Morell Mackenzie, in answer to No. 2256, said, "The sub-acute cases which I should propose to move are only visited twice a week by the physicians and surgeons; and the distances now are so great in London; it used to take me nearly an hour to go from my house in Harley-street to Mile End; it would not have taken me any longer to go from Paddington by train 12 miles into the country." Then he was asked in the next question, "Do you think that the most eminent surgeons and physicians in practice in London would be willing to go 12 miles ont of London two or three times a week?" and his answer was, "I am sure they would be quite willing, because they are so anxious to have the appointment." What have you to say upon that?—Upon that point I differ from Sir Morell Mackenzie. If a distinguished surgeon or physician comes to our hospital he can be found at any moment in a case of emergency; if he is wanted to attend to one of his patients he can be fetched, but if he were out for the whole afternoon I think he would find considerable difficulty in attending to his own work and the work of the hospital to the extent to which he does now. The senior physicians and surgeons come to us, I may say, five days out of the week, and often come in the night. Now, as an illustration, I may say that each surgeon and physician sends patients to the convalescent home who, he thinks, would be benefited; and, although he can get down to the convalescent home in about 40 minutes, it is very rarely that they can find time to visit their patients there.

2628. Where is that home?—At Swanley Junction, 15 miles from London; and there it is that the new convalescent home is to be built, with about 120 beds. That is the most healthy locality within that distance of London.

2628.* In short, your opinion would be that, whatever would be the undoubted advantages of better air that could be obtained out of London, such a system as has been suggested by Sir Morell Mackenzie is not practicable?—I fear that patients could not go there, and that the best medical men could not find time to go there.

Earl of *Winchelsea and Nottingham.*

2629. The same thing would apply to men in business, who, like yourself, devote their time to the management of hospitals; you would not find it easy to go 12 or 15 miles out of London?—If I go twice a month to Swanley, I think I have done very well; if I do not go five days a week to the hospital, I do not think I have done what I ought.

2630. It is obvious that the plan proposed would involve a duplicate set of officers; two hospitals, one in London and one in the country?—Yes; and the staff in the country must be necessarily very small, because they would have to devote the whole of their time to the work of the hospital in the country, and they could not have private business in London.

2631. And a good many of the cases brought

Earl of *Winchelsea and Nottingham*—continued.

to you are of an urgent nature, which it would be quite out of the question, I suppose, to move 12 miles into the country?—Quite out of the question; what we want to do now is to minimise the evil that arises in the removal from the spot where the accident occurs, to the hospital.

2632. You were asked whether any further public control ought to be applied to the management of hospitals, and I think you drew this distinction: You admitted that endowed hospitals Parliament might manage, but that you think not hospitals that are supported by voluntary contributions?—I did not say that Parliament might manage the endowed hospitals, but only that it was supreme in that matter; but I hope the hospitals are so conducted that they would not think it necessary to interfere.

2633. But, of course, an endowment was in the first instance a voluntary contribution?—It was; but you see they have been consolidated under the Charter and an Act of Parliament, and it is so many years since the generous benefactors have passed away; our hospital has been established 700 years, and the property arises largely from gifts of land many centuries ago.

2634. Do not you think it would be a great convenience, for instance, if some public authority could name a way by which the accounts of the various hospitals could be kept, for purposes of comparison, on a more uniform system than they are?—I think a more uniform system of accounts would undoubtedly be useful; but how far it would be right to interfere with an institution supported by voluntary contributions, I do not know; and you have in the Council of the Hospital Sunday Fund a power which is now being exercised with great advantage, and every year showing an increased advantage, namely, that if accounts rendered to the committee of the fund are not satisfactory, they refuse to make a grant until the accounts are rendered in a satisfactory condition, so that they may be analysed, as I shall explain, when I come to that subject, all in one form in order to get a comparison which may be fairly regarded as a proper comparison of the needs and merits of the institution; and, I think, by degrees these institutions will be brought into a more uniform system of rendering their accounts. Some give very intelligible accounts of the receipts and expenditure without a capital account; others give a capital account and do not always give quite as intelligible an account of receipts and expenditure; then the Hospital Sunday Fund send to them and require them to give those figures in a form in which they can be put in comparison with similar figures from other institutions; and by degrees we are bringing hospitals into a more uniform system. Of course if any special public opinion upon that subject was expressed, we should think it right to put even more pressure upon them, because the pressure which we can exercise of refusing a grant is considerable. Sometimes one hospital gets 3,000 *l.* in a year, and others get a thousand, and others get hundreds; but still, relatively, the contribution is a matter of serious importance to them, and the power of withholding it is a power which has been, and I hope will continue to be, exercised beneficially, specially with regard to keeping the accounts.

Earl of *Winchelsea and Nottingham*—continued.

2635. In some sense that takes the place of the power of the proposed Public Board of Control?—Yes; and in one sense it has a power which that board would not have.

2636. You mean the power of the purse?—Yes.

2637. The one item that the public take in forming an idea of the comparative cost of hospitals, the cost per bed, of course is not arrived at in a uniform way?—It is very difficult to take out the cost per bed at any hospital where there are a large number of out-patients, and casualty patients, because all classes of patients are relieved from the common store; they have the time and help of the paid and unpaid officers connected with the institution alike, and it is very difficult to divide it. The committee of the Sunday fund deem it necessary to approximate the cost, and where they find that the accounts do not give sufficient information they call for the information from the hospital, and require them to render and publish every year an approximate account of the cost of in-patients per bed occupied per week.

2638. As to the comparison it signifies much less what things are included, than it does that everything should be included in one hospital which is in another?—Exactly so.

2639. That is not the case now?—No; but in order to bring the account into that shape there is one uniform schedule made out by the Hospital Sunday Fund, and the accounts have to be brought into that shape in that schedule; and as the schedules are all arranged on precisely the same footing we do get a relative idea of the cost.

2640. The Sunday Fund is really doing the work of bringing the accounts of the hospitals into line for purposes of comparison from that point of view?—The fund has, I think, succeeded in obtaining from each hospital the information needed under the different heads, to enable them to classify the expenditure in a form in which a fairly accurate comparison can be made of the economy or extravagance, the efficiency or inefficiency of the several hospitals.

2641. I should like to ask you one question as to the restrictions which you impose with regard to the degrees which are required from candidates for the various surgical and medical appointments. I understand your object in these restrictions is simply to get the best men; you have no desire to favour London men, or to give them a preference over Edinburgh or Dublin men?—I presume that the governors, with whom the final election rests, if two men were of equal standing and in all other respects were equal, would lean a little towards the man who had been educated in their own school, rather than towards one who had not been educated in their own school; but as I pointed out, we have taken excellent men from the outside; and I have no doubt if a similar occasion occurred, if we did not think we had within our walls a man of the standing that we could get from the outside, we should take an officer from the outside again.

2642. You would not object then to relax your restriction so as to embrace any equally high qualification in the United Kingdom?—There is nothing in our rules with regard to taking a man educated in the hospital.

2643. But I mean the restriction as to a man holding certain degrees; the degrees, namely, of the Royal College of Surgeons and Physicians; that was the object of my question?—The physician must be a Fellow of the Royal College of Physicians of London, and the assistant physician a Fellow or a Member; if there is any higher standard which would give us better men we should be disposed to alter that standard.

2644. You would not object to altering that rule providing the qualification were an equally high one?—Certainly not. I think I may say for all the governors that they would wish to have the gates of admission as wide as they could be, so long as they ensured us the best men; but we should not like to lower the standard.

Lord *Clifford of Chudleigh.*

2645. Do you think that the proposal of Sir Morell Mackenzie is not possible to some limited extent; it seems from the answer which Lord Kimberley read, that he thought that chronic cases and sub-acute cases could be removed into the neighbourhood of London; do not you think there are a good many cases in the London hospitals that might with advantage be treated in the country?—At Bartholomew's, and I think at most of the general hospitals they do not keep chronic cases; they do not keep them any longer than they can be benefited by active treatment; and therefore the large number of persons referred to by Sir Morell Mackenzie we should not keep at all in the hospital; they would have to go to the Poor Law infirmaries if they could not afford to be treated in their own homes; the fact is that in the Poor Law infirmaries the large majority of cases are chronic cases; persons too sick to labour.

2646. And your convalescent home, I suppose, rather takes the place of hospitals for chronic cases and sub-acute cases in the country?—No, we should not keep chronic cases in the convalescent home; sub-acute cases. While they are acutely sick they are kept in the hospital; when they are convalescent they are sent to the convalescent home for a limited time to give them strength and fresh air to enable them to go back to work; but we consider that the patients there are improving every week; if they became chronic they would have to leave at the end of the time allotted to them.

2647–8. And you think that the same thing applies to the special departments; that it would not be advantageous to remove certain special departments of the general hospitals into the country?—I think you would be taking the machinery by which the sick poor are relieved away from their doors, and that they would never get there.

2649. They would come to the hospital in the first instance?—They do go down to the country if it is thought that a residence in the convalescent home would be advantageous to them.

2650. But I mean in the first instance, might they not be sent to the country; could they not be sent from the casualty department when they first

Lord *Clifford of Chudleigh*—continued.

first come in, straight to the country?—I am afraid that the expense of transmitting anything like the number of casualty patients, and the delay, would be far too much for our funds, and they could not go at their own expense, they are too poor.

2651. You think that the saving resulting from their being in the country would not be sufficient to meet the cost of removal?—I do not think so, and I also think that they could not be as carefully treated there.

Lord *Monkswell.*

2652. Do not you think that a larger proportion of patients ought to be in infirmaries than there are at present there; taking London all through, you know that Poor Law infirmaries are increasing much more rapidly than hospitals?—No doubt they are, because a larger number of persons every year are taken in who have hitherto probably been living in a suffering condition in their own homes; cases that could not be benefited by active constant treatment.

2653. You do not think that the infirmaries tend to take away cases that otherwise would go to the hospitals?—To a certain extent, but not to a very large extent.

2654. Do you think it is a good thing that they should go into the infirmaries?—I think it is well that they should take the chronic cases; the hospitals could never do anything like what they now do, if they were burdened with chronic cases. These cases are cases that ought not to be left at their own homes.

2655. You consider that you are burdened now with chronic cases?—We do not keep them.

2656. That is to say, there are plenty of places where chronic cases can go now; the poor do not suffer for want of accommodation for those cases?—If we attempted to take chronic cases we could not take any other.

2657. Practically you do not do so, I understand, and the poor persons can always find their way to the infirmary?—They can always go to the relieving officer of the parish, and apply to him, and if the medical officer of the parish thinks it a proper case for the infirmary they can go to the infirmary.

2658. Have you gone into the relative expense of beds in hospitals and in infirmaries?—I have it before me every year in the Hospital Sunday Fund.

2659. It is said that the hospitals are managed much more extravagently than the infirmaries under the Poor Law are; do you agree with that?—The treatment is much less expensive per bed occupied per week; the cost is much less; but the proportion of medical officers in the two cases is very different. Take, for instance, the Kensington Infirmary with 700 patients; there you have one senior medical officer and one assistant, I think; two medical officers; we have 667 beds, and we have 59 medical officers.

2660. Then you do not think any charge of extravagance can be brought against the hospitals, because it costs more per bed in them than in the infirmaries?—No.

2661. Do you think that sufficient convalescent homes are built, or being built, in pro-

Lord *Monkswell*—continued.

portion to the hospital accommodation?—I stated that they were very rapidly increasing, far more rapidly than one could have expected; but a large number of persons have come forward with generous gifts for that purpose during the last few years; I think when the Hospital Sunday Fund began, we had only some six or seven; now we have 20.

2662. Do you think that is a satisfactory increase?—I think that a bed in a convalescent home, which is free to the direction of the medical officer attending the patient, is worth almost two beds in a hospital. We constantly send patients to the convalescent home who come in without strength enough to endure an operation, and who are sent to the home until their strength improves, and their general condition improves, and then come back to the hospital to be operated upon.

2663. As to out-patients, when you say that so many thousand cases are attended to in the course of the year, do you mean treatments, or do you mean patients?—I mean patients.

2664. Do you agree with what Sir Morell Mackenzie said with regard to the out-patient department of hospitals at Question 2180: "Many do not require to attend there; many are slight cases of indigestion, bronchitis, and cases which do not require to come; they very often are persons who like to spend an hour or two at the hospital, and have a chat with their friends, and look upon it as a sort of club, and this great number of patients prevents the more serious cases from being properly attended to by the physicians;" do you agree with that?—I do not think they do prevent proper attendance to those cases that want real treatment.

2665. Do you agree that out-patients are in the habit of treating the place as a kind of club, and that they come with very slight ailments?—That many come with slight ailments there cannot be a doubt; but that is soon detected; and they cannot treat St. Bartholomew's Hospital as a club, because there is no food allowed, and there is no temptation to stop any longer than can be required.

2666. Cannot they buy food for a penny there; is there not some sort of refreshment place at St. Bartholomew's for those persons?—No.

2667. Then Sir Morell goes on to say, in answer to Question 2186, towards the end, "I think that the statements which have been so frequently made that these immense out-patient departments are necessary for educational purposes is not true at all, and I say that after watching the departments and working in the departments for many years;" would you agree with that?—I have not expressed an opinion that the casualty department is a necessity for medical education, but I think the out-patient department affords facilities which ought to be utilized, and are utilized by the students.

2668. But the majority of cases are casualty cases, are they not, in the out-patient department?—The majority of those that come to the hospital are casualty cases.

2669. Then you would not be prepared to disagree with Sir Morell Mackenzie when he says that there are too many persons who have out-patient relief?—I do not agree with that.

Lord *Monkswell*—continued.

Speaking for St. Bartholomew's Hospital, I do not agree to that statement.

2670. I thought you said just now that you did not see any special use with regard to medical study in the casualty cases?—Not with regard to educational purposes; but I think it is absolutely essential that the sick poor who come casually should have the opportunity of doing so, in order to prevent the spread of the disease, and frequently prevent sickness which might not only cause great suffering, but take them away from their employment for a longer period.

2671. As to inquiries into the pecuniary circumstances of applicants, I suppose your officer judges in the first instance by the dress of the out-patient, does he not?—He is a man that has been a long time at that kind of work, and seems to have a kind of intuitive perception; of course there may be doubtful cases, and then he pursues the inquiries further.

2672. If a man went to the out-patient department in a very poor dress, for example, would he be challenged by this officer; have you any regulations on that point?—His instructions are to endeavour to ascertain whether any persons are obtaining relief who ought not to come to the institution; he does it very well indeed, I think; he probably makes mistakes sometimes.

2673. Does he go by any rule as to who are necessitous persons; do you give him any rule, such as that they must be persons earning less than 2*l.* a week?—We do not lay down any rule; he is to exercise his best discretion in telling people who, he thinks, ought not to come for charitable relief, that they ought not to come again.

2674. Does he then report the particulars of the case to you, or merely report that he has sent so many persons away as not being necessitous cases?—He makes a written report every day, and a copy of his report for one day has been laid by me on the table.

2675. I understand that all out-patients begin by being called "casuals"?—The whole mass of sick poor who want relief in the hospital come into what is termed the surgery; then they are divided; the in-patients are taken in, the out-patients are sent to the out-patient department, and the casualties are treated then and there.

2676. A man is sometimes sent at once, I suppose, to the out-patient department before the inquiry is made by this officer of whom you speak, otherwise the inquiry ought always to be made at the stage when he is a casual patient?—Questions are asked on the arrival of the patients, and while they are waiting to be attended to.

2677. You say that so many inquiries are made with regard to casualty patients, and so many with regard to what are called out-patients; I should have thought the inquiries ought to have been made in the stage of their being in the casualty department?—I did not intend to make the statement to which you allude; the inquiry is made on the arrival of the patients, before they are divided.

2678. And some of them became out-patients, and some of them became cases in the casual department?—If the officer discovered that either an in-patient or an out-patient, or a patient that we had treated casually ought not to have received relief, if he saw the casual patient again he would tell him he ought not to come again; and if the out-patient came again he would tell me so; if the in-patient came again he would report it.

2679. You read out statistics as to the pecuniary condition of a great number of out-patients, and I understood that an out-patient was a man who had been previously passed through the casualty ward?—Yes, he is; but the officer is not in the out-patient department, but only in the surgery or casualty department.

2680. Supposing you, as treasurer, are absent, what happens?—Two almoners are equal to the one treasurer, and any two almoners can do what the treasurer can do.

2681. In answer to Question 2264, Sir Morell Mackenzie says: "I think that large numbers of people only give to special hospitals because, for some reason, they are interested in them; either because they have had some relation who has died of that special disease, or they have been ill themselves of it. The special hospitals are kept up almost entirely by people who have some interest in the special diseases of the hospitals to which they subscribe," and he gathers from that state of things that if you did away with special hospitals in favour of the system of special wards in general hospitals, not nearly as much money would be obtained as is now obtained for the special hospitals; what is your view on that matter?—I think as long as the public choose to support special hospitals it would be unwise to enact that they shall not be allowed to continue their work; but I have expressed an opinion already as to the relative advantages of special and general hospitals.

2682. Then Sir Morell Mackenzie says, in answer to Question 2116, that the special wards of hospitals "are not nearly so successful in the treatment of patients as the special hospitals; they are not carried out with the same success." Then again, he says in reply to the next question, "I think that there is not the same concentrated interest shown by the management as regards the special departments of the general hospitals as there is by the management of the special hospitals"; you would not agree with that?—Sir Morell Mackenzie has probably more experience than I have of that matter.

2683. Do not you think that the general hospitals would have to be very big in order that there might be a sufficient number of cases in each special ward; if you had a very good specialist attached to each special ward of a hospital, surely you could hardly have special wards sufficiently large to afford adequate study for a specialist unless you had a very large hospital?—In some cases we give a whole ward to the speciality, with 20 beds in it.

2684. You might do it in a large hospital like St. Bartholomew's, but you could hardly have very first class special treatment in smaller hospitals, could you?—You certainly cannot conduct a speciality unless you have a sufficient number of beds to ensure a sufficient number of patients to enable the students and others to gain

Lord *Monkswell*—continued.

gain experience; you could not have special wards, of course, in very small hospitals; you could in such hospitals as the London, St. Bartholomew's, and St. Thomas's, and St. George's and Westminster.

2685. And Sir Morell Mackenzie says, as regards special wards, in answer to Question 2210, "that in the special hospitals everything is made secondary to the care of the patients, whereas in the general hospitals the special departments are starved to a certain extent; they are not treated with the same liberality;" would that apply to St. Bartholomew's?—I do not agree with that at all as regards St. Bartholomew's, nor do I think it is the case in the other large general hospitals, as far as my knowledge extends.

Earl *Cathcart.*

2686. This return of yours with reference to this inquiry which you make into out-patient cases appears so complete that it seems desirable to get the headings of it upon the evidence, and the headings are these:—First of all, there is the name, then the age, the sex, the heading "married, single, widow or widower," the number of children, if any, the occupation, where and by whom employed, the income or wages, the residence, the rent paid, and "general observations;" that is so, is it not?—That is so.

2687. I still cannot harmonize in my mind exactly the earlier part of your evidence with regard to the number of hospital beds in London being sufficient, with your after evidence in regard to your own hospital, St. Bartholomew's, in which you say there is often a very considerable pinch and difficulty in providing beds?—I think I said that if the 2,000 beds that are now vacant were occupied, I thought there would be sufficient accommodation.

2688. But the impression you made upon my mind was that you thought the number of beds were, on the whole, sufficient for the present population, allowing for the numbers which are always necessarily kept vacant, namely, we were told that about 25 per cent. are generally kept vacant. I am referring to what you said yourself about the painting and repairs; 25 per cent. are not available on account of the wards being kept vacant for the purpose of cleaning and disinfection?—I must have been misunderstood: I said that once a year one of the five wings of the hospital was painted; but that only takes about a month.

2689. I speak of the evidence we have had before when I say 25 per cent.; taking the beds on the whole, 25 per cent. of the beds are vacant from one cause or another; some are kept vacant for the sake of accidents, and in case of necessity; others are kept vacant for repairs and painting, and that sort of thing, which, on an average, takes nearly a month in the year?—Your Lordship must have misunderstood me. I did not intend to state that 25 per cent. of the beds in St. Bartholomew's, or the other hospitals, were vacant.

2690. I do not mean that that was your statement, but I say we have heard that before; that a good many beds are always vacant from one cause or another, as much in one case, it was said, as 25 per cent.; but that is not your statement at all. What I ask you about is in regard to this, that I understood you to say that there are a sufficient number of beds for the present population of the Metropolis?

Earl *Cadogan.*

2691. Before you answer that question, I will put this to you; you said, did you not, if all the beds were occupied?—Yes; especially remembering the largely increased number of beds in the poor law infirmaries.

Earl *Cathcart.*

2692. But bearing in mind that we were told that there were 8,000 infirmary beds, and 6,000 beds altogether from all other sources in hospitals in the Metropolis, that makes 14,000 beds in all, that, in your view, is adequate to the present necessities of the Metropolis?—The last return of the Hospital Sunday Fund makes 8,063 beds in the hospitals, towards which the fund makes grants, and 6,030 daily occupied on the average. That leaves 2,000 beds unoccupied; about 200 of them would be necessarily unoccupied in order to meet emergencies, and as beds in special wards which could not always be filled; that would leave 1,800 beds which might be occupied if the public subscribed sufficient money towards them. This is exclusive of the beds in the endowed hospitals and the other hospitals that do not receive any grant from the Hospital Sunday Fund.

2693. There is another matter which is interesting with regard to the evidence we have had before, namely, as to whether in your experience you have known any cases amongst the students where there was necessity for expulsion or rustication: whether amongst the students there has been misconduct which has necessitated that at St. Bartholomew's?—Students at the present day are a very far superior class to what they were 20 or 30 years ago; they are in St. Bartholomew's, and I believe in other large hospitals where there is a large medical school, really much more gentlemen; and very rarely indeed is there any necessity for bringing their conduct under my notice, or, I believe, under the notice of the medical council. If they committed any offence which was professional the medical council would deal with it and report to me what they thought ought to be done; but if they commit any offence which is of a social character, misconduct in the yards or misconduct about the building, other than professional conduct, I should deal with it, and have the power of suspending them. That power has been very rarely exercised indeed, and I can speak with the greatest pleasure of the almost invariable good conduct of the students; and I think I could refer the Committee to the daily newspapers, and remind your Lordships how very rarely you ever see any account of the riotous conduct of medical students such as one used to see 20 or 30 years ago; they are a class better educated, and, therefore, I suppose so very much better socially than they used to be.

Earl *Cathcart*—continued.

2694. May we take it from you that you have not known a case of expulsion in recent years?—I do not for the moment remember one. I have had, of course, to remonstrate with students and with junior medical officers, but I have always found them amenable to reason, and I cannot remember at the moment any case of suspension.

2695. You mentioned your venereal wards; have you a great many venereal patients?—The venereal wards are only half the size which they used to be. We used to have two whole wards; now we have one ward divided into half.

2696. Then is it, in your opinion, happily the case that there is a great diminution in the number of venereal cases?—No, I cannot say that. I felt that it was a sad pity to keep out of the hospital persons who had been injured and were sick from causes beyond their own control to make room for persons who were only sick from their own vicious habits; therefore we have restricted it to as small a number of persons as were sufficient to enable the medical students and the juniors really to gain a knowledge of that very unfortunate and very unhappy disease.

2697. You have, in short, minimised that sort of treatment as much as you could?—I would minimise it in the general hospitals, and only have it there for educational purposes, and then let them be treated for different purposes in the male and female lock hospitals, where they are excellently treated.

2698. What do you do in St. Bartholomew's in the cases where you require male nurses?—We have not any male nurses.

2699. But where you require male assistants?—We have a small staff of men called "box carriers," so-called because in olden times these men used to carry the boxes of instruments round the wards for the surgeons. They are, in fact, a sort of porters, or assistant porters, for carrying in patients from the wards to the operating theatre; and if a sister wanted help she would call for the principal of these men, and he would either come himself or send such assistance as she wanted.

2700. It has been mentioned to me that corner-men and loafers, and other people, were called in at some hospitals to do the work of male nurses, required in certain special cases; has any complaint of that kind reached your ears?—I think I may say that nothing of that kind exists at St. Bartholomew's.

2701. No; probably not at St. Bartholomew's?—I should not know anything of it at other places.

2702. Does the health of the female nurses break down during the probation which they have, or afterwards?—We are very careful with them during the first three months, till they get acclimatised, and get accustomed to the work. If there is any indication of hospital sore-throat or failure of strength, if we think it is likely to be permanent, the probationer is advised to resign, and give up the employment; but if it is only a case in which a little extra relaxation enables them to return, we give them the necessary relaxation.

Earl *Cathcart*—continued.

2703. Then your experience is, that when the female nurses are acclimatised their health is afterwards good?—It is very good as a rule. At some periods there is a larger number off duty than at others; but we have so large a staff that there is never any necessity to keep nurses at work who are not fit for it.

2704. Have you at St. Bartholomew's that sanitary zone which is thought so much of by sanitary reformers in the present day, namely, a space all round the hospital where the hospital does not inpinge on other buildings?—The hospital is built in a quadrangle open at each corner; consequently whichever way the wind blows we get the wind into the centre, and you very rarely come across the centre of it without seeing the leaves of the trees moving.

2705. And that you consider a matter of some importance?—I believe in the pavilion system, but I believe in the erection of the pavilions in a quadrange rather than in a line, because it gives so much more facility to the administrative officer, and those who have charge of the hospital. You see, for example, at St. Thomas's what a distance it is from one part of the hospital to another. Again, enclosure in a quadrangle with gates, keeping the place from the public thoroughfares, gives an amount of quiet which you cannot get where there is traffic-passengers and carts and vehicles close under the window. Our wards all look into the quadrangle.

Lord *Lamington*.

2706. In answer to a question put to you by Lord Spencer you said that you did not consider that hospitals should take in patients who are not necessitous though they are willing to pay; you do not consider that hospitals should receive paying patients?—I do not remember that any question was put to me about paying patients.

2707. I thought you said something about taking away the practice from regular practitioners?—I do not think that the persons relieved in St. Bartholomew's Hospital could afford to pay out of their own means for medical attendance, except, of course, in some few cases, which we are unable to discover.

2708. But do you think it would be an objectionable thing for people to be treated who could pay and did pay?—That is a very large question. I myself have a very strong feeling that it is better not to mix up paying patients with non-paying patients. I think there should be hospitals where there could be paying patients, and where the staff were properly paid; and there should be hospitals for the poor where the staff would be as a rule practically merely honorary officers, and where the patients are all on the same footing. In some of the hospitals where there are paying patients and non-paying patients, and where there is a rule to this effect, "Patients are required to pay according to their means," that practically often results in their keeping them so long as they pay, and their not keeping them any longer, when they have no more money. I do not say that, of course, of such hospitals as Guy's or St. Thomas's; I mean some of the smaller hospitals that were established upon the principle of taking paying patients. In the

case

Lord *Lamington*—continued.

case of one or two of them we have been obliged to refuse grants from the hospital Sunday fund, because these hospitals are not properly managed.

2709. Patients are sometimes visited in their own homes by the staff of the hospital?—At St. Bartholomew's, only midwifery cases.

2710. As to these special wards, are they under the sole authority of the specialist of that department or whom does he consult?—The specialist has a certain number of beds in some of the wards, and there is almost every day a consultation, sometimes on special cases, sometimes on general cases.

2711. By specialists only in the special wards?—No, I think the specialists would call in the other officers of the hospital where there was a case upon which they wanted any stronger opinion than their own.

2712. I see in this copy of your pamphlet, in spite of your saying that the Sunday Hospital Fund has systematised the accounts of hospitals ——?—Has attempted to do so.

2713. There are great reforms still wanted, and the great difficulty is to know how to distribute the money with fairness?—If I may defer my reply to that question till I come to the general question of the Hospital Sunday Fund, I should prefer that; because, to answer an isolated question would, I think, be to give an answer scarcely intelligible. The committee of distribution have a very systematic manner, and I should rather prefer to explain that as a whole.

Lord *Zouche of Haryngworth.*

2714. It has been suggested by two or three witnesses, with the view of relieving the pressure of the out-patient department, that a patient should always bring a letter from some medical authority, either from some private medical man or from a dispensary, poor-law or otherwise; do you think that that plan would work?—I do not think it could work, because the medical officer who is to give this letter would take just as much time in examining the patient for the purpose of determining whether he ought to have the letter as he would do by prescribing for him; and, again, it would be an impediment to the facility with which persons can get prompt relief in case of sickness at the hospitals, which I think is very essential indeed. I think anything that can be done to secure early relief to the working population when sick, is, in the interests of society generally, very desirable.

2715. Then you do not agree with the view that the out-patient department ought to be made more of a consultative department than it is

Lord *Zouche of Haryngworth*—continued.

now?—I do not see myself how that is to be done.

Earl of *Lauderdale.*

2716. Have you anything at St. Bartholomew's in the way of a reserve of beds for patients on payment only?—None.

2717. But there are a certain number at other hospitals?—There are at Guy's and St. Thomas's; but I believe those beds would never have been set apart had it not been for the pecuniary needs of those two hospitals. I do not think that the governing body or staff would have organised a system of paying patients if it had not been for the need of money.

2718. The large number of the beds not occupied is due to this, I suppose, that some are reserved for paying patients?—No, the 1,800 or 2,000 does not include the vacant beds in St. Thomas's, if there are any.

2719. What is your estimate of the number of vacant beds, including those that are reserved for payment; that is to say in addition to the 2,000 there are a certain number of beds that are vacant in consequence of their being beds that are available for payment only?—I said that I gave the number exclusive of the number in St. Thomas's and Guy's.

2720. But if you include those, what do you think the numbers are?—I have no returns of them, because at St. Thomas's Hospital the authorities do not apply for any help from the Hospital Sunday Fund; therefore I have no returns of them.

Chairman.

2721. I see put in the accounts here in this return of yours, "diet for poor patients 7,822 *l.*;" that is, diet given them by the hospital?—Yes, certainly.

2722. But are there any patients who are not "poor," who pay for anything at all?—No.

2723. Then it really ought to be "diet for all patients"?—There is but one class of patients; everyone is treated perfectly free.

2724. Then it would have had the same meaning had you put "diet for patients"?—Yes.

2725. At the end here, I see you had a surplus in 1889 of 7,000 *l.* odd?—Yes.

2726. What course do you generally pursue with regard to that money?—We fund it from time to time, and it is put aside under a special resolution of the governors for the purpose of raising a fund for the purchase of additional land and providing additional buildings, so soon as we can get any, from the authorities of Christ's Hospital.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 12° *Junii*, 1890.

LORDS PRESENT

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

Sir SYDNEY H. WATERLOW, Bart., is called in; and further Examined, as follows:

Chairman.

2727. The other day I asked you some questions with regard to the inquiry into cases with a view to find out the circumstances of the people who presented themselves as out-patients. Could you put in any return upon that matter?—I could put in a return giving a summary of the casualty patients whose circumstances were inquired into from 1883 to 1889 and I can, if you think it is of any use to the Committee, hand in the detail of one day recently, showing the names, addresses, and occupations of the persons whose circumstances were inquired into.

2728. I think that would be a very valuable return to have?—I have also a monthly list of the casualty patients' daily inquiry sheets, showing the number of cases on each day for the month, which I will also hand in (*handing in the same*).

2729. When was this system of inquiry first instituted?—In 1883.

2730. Did you find that the instituting of some system of inquiry restricted the number of out-patients at all, or caused the number to diminish?—The numbers that seemed necessary to inquire into were reduced from 14,822 in 1883 to 11,458 in 1886. In 1887 they were 12,324, and in 1888 they went down to 11,764; but in those two years the numbers who voluntarily went away and said they would not come again were very much smaller.

2731. Do you consider the people into whose circumstances you endeavoured to inquire resented inquiry very much?—I think there is some sort of communication that takes place, which it is difficult to explain, amongst the people who come to hospitals, and that they know the circumstances under which they are admitted, and when they found that we were stringent in our examinations, those who thought they could not pass them did not like to submit themselves to the examination, and stopped away.

Chairman—continued.

2732. Do you think your sending them away had the result of driving them to other hospitals where there was no inquiry?—That is very difficult for me to say, as I have no records of attendances at other hospitals. It may possibly be so.

2733. From the Hospital Sunday Fund returns, you would notice, I suppose, whether the number of out-patients of other hospitals increased as yours diminished?—I have not made a sufficiently careful comparison of the two to enable me to give an answer to that question.

2734. When the officer has made his inquiry, to whom does he report, in your case?—The report is sent in to the committee-room, and I see it directly it arrives.

2735. It comes to the treasurer?—Yes; to the room where I sit.

2736. Is there any supervision of the work of the inquiry officers, besides the sending of the report to the treasurer?—If there is anything upon the report which either the clerk (Mr. Cross) or I myself, on seeing it, think ought to be further inquired into, the officer is sent for, and he is examined with regard to the circumstances.

2737. On the whole are you satisfied that the system of inquiry which you inaugurated in 1883 works passably well?—I am thoroughly satisfied with it. I am quite sure a large number of people are prevented from coming, because they are not inclined to disclose their circumstances and the position in which they live; they feel that if they did, they would be rejected, and they are disinclined to submit themselves to that.

Earl *Cathcart.*

2738. I want to ask you one little question, and my very high respect for your opinion causes me to put the question, so that we may have the matter correctly before us. You will understand that we have before us a memorandum of facts

Earl *Cathcart*—continued.

which is in fact part of the evidence which has been given on oath, and it has been verified so far as it goes. The figures there given exactly as I quoted them at our last meeting, and with those figures I understand you do not agree; therefore it would be very interesting to us if you, on your high authority, would kindly correct those figures by your latest Charity Organisation returns. At page 25 of this memorandum, paragraph 19, it is said, "at the general hospitals with schools the difference between the number of beds and the number of occupied beds is 25 per cent., at the special hospitals 30 per cent. Apart from wards or beds vacant from want of funds or patients, at least 10 to 12 per cent. must be allowed as working margin in the management of the hospitals. The great variations between beds and unoccupied beds will be noticed." That is where I got the 25 per cent. I mentioned to you at our last meeting of the Committee?—Yes; but I have only been speaking at present about the beds and patients in St. Bartholomew's Hospital. There are a much larger average number of beds vacant in other general hospitals, because they have not money enough to keep them full. We are never in that position. I have had in a return before me this morning showing that the number of vacant medical beds is very small.

2739. We have a return of the medical beds at St. Bartholomew's, but that return may be inaccurate, so far as I know. It is very important that we should verify this document that is before us, because it is put in as part of the evidence. In the Return, at page 11 of this memorandum the total number of beds at St. Bartholomew's Hospital is stated as 750, and the average number of occupied beds as 570. Is that correct?—The real fact is that there are in the hospital 667 beds, including 80 cots, and then there are 70 beds at the convalescent home.

2740. This return does not, I presume, contemplate the convalescent homes?—The exact number at the hospital is 667 beds including 80 cots.

2741. The average number of occupied beds are put down in this return (excluding convalescent homes, I presume) as 570?—That would probably be a very fair average, 570 out of 587 beds and 80 cots. I stated that we had always to keep 20 to 25 beds vacant in the surgical wards in case of accident, and then, of course, as regards the special wards we could not put an ordinary medical case or a surgical case into the ophthalmic ward, or into the diphtheria ward, or the casualty ward; so that there is always a percentage of beds in each of the special wards which, when added together, make up the difference between 667 and the figure your Lordship gave me as the average number of occupied beds, according to that return.

2742. 750 is the number of beds, and the average number occupied is 570, according to this return?—Yes, if the cots are included it would be about right, deducting from 750 the 70 beds at Swanley.

2743. I wanted to explain to you that when I mentioned the 25 per cent. as the proportion of unoccupied beds I was speaking from this memorandum from the facts placed before us?—Your Lordship is aware that there are 2,000 empty beds in the general hospitals, excluding the endowed hospitals, of which about 1,800 could be occupied if there was money provided by the public.

Earl *Cathcart*—continued.

Earl of *Lauderdale*.

2744. With regard to this inquiry, which takes place with respect to out-patients and casualties, I understand the name of each person whose circumstances are inquired into is recorded in a return?—I have placed on the table one day's return, which gives the names; that is the return (*handing in the same*). In answer to a noble Lord with regard to the average number of beds occupied daily throughout the year in St. Bartholomew's, I have it for the last ten years, and the average for ten years is 557·519.

Earl *Cathcart*.

2745. That is very nearly what we have in our return?—Yes. The figure 750, which your Lordship mentions in that return, must include Swanley. The exact average number of occupied beds was 557 in the hospital.

2746. Do you think that the difference between your statistics and those I quoted is the difference of, including or not including, the convalescent beds?—Yes; it is 557, excluding Swanley.

2747. The difference between my question and your reply the other day, is probably on account of the convalescent home being included?—I am glad your Lordship has given me an opportunity of explaining it.

Chairman.

2748. Now we will turn to the subject of the Hospital Sunday Fund. You were the originator of the Hospital Sunday Fund, I think?—I presided at the first meeting that was called at the Mansion House, for the purpose of considering the policy of inaugurating the Hospital Sunday Fund, and I was appointed the first president, and have been vice-president and chairman of the Distribution Committee ever since. The first collection took place in 1873.

2749. Perhaps you would explain to the Committee what the system of the Hospital Sunday Fund is?—A collection is made in almost every church or chapel of every denomination on one Sunday in June. The number of churches at which collections were made last year was 1,655.

2750. Two thousand churches in the Metropolis?—Yes, giving that word rather a wide area, so as to include suburbs.

2751. When I say the Metropolis, you have no branches anywhere in the provinces, we will say at Birmingham, for instance, or any places of that sort?—No; it is entirely confined to the metropolitan area.

2752. Do you mean the metropolitan police area, or the administrative area?—We are not very strict. If a clergyman is willing to have a sermon and make a collection, even if he is eight or nine miles, or even further, from London, and he thinks his patients come to our hospitals, he does what he can to help our collection.

2753. Could you give us any definition of the area

Chairman—continued.

area over which the collection is made, any distance from a certain central point like St. Paul's or Charing Cross?—We have no fixed distance. The money collected is sent to the Mansion House. The first collection, in 1873, produced 27,700 *l.* 8 *s.* 1 *d.*, and the collection in 1889 produced 41,744 *l.* 12 *s.* 11 *d.* including legacies. There has been a gradual increase; showing, I feel, that the public from year to year are more and more satisfied with this method of collecting money for distribution amongst the hospitals, because it is the cheapest method of collection and distribution as compared with the cost of collecting for the general hospitals by other means. Then another reason why I think the public are more satisfied with it is that they are beginning to understand much more clearly that the money is divided upon a basis which gives to each hospital, dispensary, convalescent home, or other institution having a grant from the fund, as near as it is possible to arrive at it, that sum which they are entitled to, having regard to their needs and their merits. Now the Committee would perhaps like to understand what I mean by the words "needs and merits," and how we arrive at a comparison of the relative claims of the different hospitals. In order to enable us to do so, we call upon the hospitals to submit to us their reports and accounts for the past three years. Now their accounts are made up in various ways. The action of the Hospital Sunday Fund has no doubt tended to bring them a little more into one system, but they are still widely different in the form in which they render the accounts. We prepare a form into which the accounts have to be analysed, and if their published account does not enable us to arrive at the information which is necessary for the purpose of analysing that particular account in a form in which it will compare with the accounts of other hospitals, we send to the secretary or accountant and we require him to furnish us with the information in such a form as that we can do it, or we compel them to fill up our own form, putting the receipts and expenditure under the heads that we require for comparative purposes. I have here before me, if the Committee would like to look at it, the sheets of the whole of the accounts of all the hospitals and dispensaries that received any grant out of the collection for the year 1889. We divide the receipts under what we term charitable revenue and proprietary revenue; the charitable revenue being annual subscriptions, congregational collections, and benefits being bazaars or dinners or fancy fairs, and legacies of 100 *l.* and under, and legacies of 100 *l.* or more, which have been necessarily expended in the current use of the hospital, regarding that as charitable revenue because it was necessary to carry on the year's work in which the money was given. Then the proprietary revenue consists of legacies of 100 *l.* and upwards which have been funded, dividends, interest, rents, and trust funds, bonds and securities paid off. Then comes the item of payments by or on behalf of patients. So that we try to arrive at the sum which the hospital needs every year from the public, and we regard that as their "needs." We deduct, therefore, the dividends, &c., which are received from realised property belonging to the hospital from the total

Chairman—continued.

expenditure, and then we arrive at what we call their needs. Then the expenditure is divided under maintenance and management. The maintenance includes everything that is necessary for the care, treatment and cure of the patient; the management includes money expenditure in administration, salaries to secretary, collectors, printing and advertising, and items of that kind.

2754. Would the salaries to nurses come under maintenance or management?—That is maintenance, because that is necessary for the patient. The rent (if they pay rent) is under maintenance and also any furniture and petty expenses.

2755. Would the annual cleaning of the hospital come under maintenance or under management?—It would come under maintenance, because it is necessary for the patients. We then compare the amount spent in management with the amount spent in maintenance, and if it is excessive we then consider the hospital managed extravagantly and it lessens the merit of their work. Therefore, we first arrive at the arithmetical basis of what they would be entitled to, provided all the hospitals did their work in an equally meritorious way; and then we add to or deduct from that basis what we think we ought to take from them or give to them extra, as the case may be, when we decide whether their work has been what it should be in the public interest, and what it should be having regard to the voluntary contributions of the public. Some institutions we refuse altogether; as regards some, we take away from them part of their natural right, by reducing their basis, and then we are obliged to send for them because the laws of the constitution under which we act require us, if we deduct anything that the hospital would naturally be entitled to, that we should send to see whether we are mistaken and so afford the committee of management an opportunity of explaining. The advantage of these conferences has, I think, been very great; because we have been able to point out to the committee of management where they have been less economical, or where they have been unwise in their management as compared with the economy or the care in the administration of other institutions similar in size and carrying on similar work. It has been my practice, as chairman of that committee, always to point out to them in such cases, If this hospital here, which is about the same size as yours, can work at as low a rate of management as they do, why should you not do it? Then we go over the items to see where we think the fault of their management lies. That discussion, as you may imagine, taking place with gentlemen who have no interest but the good of the hospital for which they are working, we find in a year or two, as a rule, the management is much improved, and they get back to their natural basis, and sometimes get into such a position that we feel we can give them more than their arithmetical calculation would entitle them to.

2756. How many hospitals did you refuse to assist last year?—I find, on referring to the Report of the Council for 1889, these words: "The number of deputations representing committees of various hospitals, invited to confer with

Chairman—continued.

your committee and to offer explanations on matters of apparently unsatisfactory character, was only nine this year, as compared with eleven in 1888. Four of these deputations attended, and in two cases your committee regret to report that after these interviews they are unable to recommend any award. Five institutions sent replies, but did not attend. The application from one dispensary was withdrawn. That gives the committee an idea of the way in which this work of examination is conducted.

2757. Could you tell us what those institutions were which you refused?—One was the West End Hospital for Diseases of the Nervous System. I do not seem to have the names of the others at present; I could put them in.

2758. Can you procure the names of those hospitals for us?—Yes, I can procure them; or if your Lordship thought of calling Mr. Custance, the secretary; he, of course, has got the details more completely than I have. But I may say we have rather hesitated to blackball any institution, and therefore we have not been as firm, perhaps, as we ought to have been. Of course, this Committee is entirely in a different position.

2759. Does not that point to this: if you have refused any place pointblank to give them assistance, that stamps them as being unworthy of support?—Yes, quite so; and it is that kind of influence which, I think, the Hospital Sunday Fund exercises from year to year. I will send for the names of the hospitals.

2760. Have you any other hospitals on your list which have refused to have their accounts audited when you have requested a deputation?—I have not the names of the deputations that attended, but I can get them from the minute book.

2761. I think that would be valuable information. You said just now there were five hospitals which refused to come, I think; there were nine deputations requested altogether?—Five institutions sent replies, but did not attend; and four attended.

2762. The Committee will be very much obliged if you could furnish them with the names of those hospitals?—I will send for them.

2763. Could you tell us what the nature of the replies was that were sent by the institutions who did not attend finally?—Without referring to the replies themselves, I could scarcely trust my memory as to the individual replies; but I have no doubt that they were to the effect that they would not trouble the Committee at all.

2764. That is, I presume, that they were afraid of having their accounts looked into?—For some reason they did not care to answer our questions, and therefore they received much smaller awards.

2765. In the case of those institutions to which you refused any assistance, do you think that has had the effect of preventing their development?—That would be difficult for me to answer, because unless they apply, we have no opportunity of examining their accounts to see whether they are progressing, or whether they are falling back. I may say this: that some of those who at one time ceased to apply have applied since, and have received an award, because, as I said, they have mended their ways, and put themselves into a condition in which the committee seemed to think they were entitled to a share, though, perhaps, not a full share of the fund.

Chairman—continued.

2766. Therefore your committee have had a very satisfactory influence upon the affairs of those institutions?—We think that holding the power of the purse in the name of the public, we have an influence over them which it would be most difficult to exercise in any other way; the majority of them being institutions supported by voluntary contributions.

2767. Has the Hospital Sunday Fund at any time taken any steps to prevent the increase of special hospitals?—We have not taken any direct steps; but by discouraging them, except where they were specially good, and by expressing constantly at meetings our regret that there was an increase in the number of hospitals, there being so many empty beds in existing hospitals, we have endeavoured to influence the public mind, and to induce the public not to contribute to new hospitals, and not to regard special hospitals as being more specially entitled to their help than the general hospitals; but rather we have endeavoured to indicate that general hospitals are more entitled to help than special hospitals. We do not say that special hospitals do not do any good; that would be wrong; but comparatively speaking, the work done in general hospitals is more charitable work than in special hospitals.

2768. Your collection from the public to the Hospital Sunday Fund has increased, I think you said, from 27,700 *l.* and odd in 1873 to 41,700 *l.* and odd in 1889?—Yes.

2769. Has that system of subscription by the public caused other subscriptions to fall off, do you think?—We are of opinion that it has not. Some figures were taken out some two or three years ago, which clearly indicated that the general subscriptions had not fallen off, but had increased. Nearly all the hospitals have more or less property, the income of which goes towards the support of the institution. I have an analysis here, with a summary, showing the receipts of all the hospitals, dispensaries, and convalescent homes; in fact, all the institutions receiving grants from the Hospital Sunday Fund. The income is divided under three heads: the charitable income, the proprietary income from property, and the payments by patients. Perhaps your Lordship would like to have the figures.

2770. If you please?—There are 8,063 beds in those institutions, and 6,030 occupied; the total charitable income for 1889 is 302,625 *l.* The proprietary income is 122,840 *l.*, and if you take that at 30 years' purchase, that would represent a property of the value of 3,685,200 *l.* The total of payments by patients is 45,624 *l.*

2771. Then the hospitals of London depend far more upon the charitable relief they get from time to time than upon the funded property that they possess?—Yes; hence, of course, the feeling of those who are working the Hospital Sunday Fund, that the public should be urged to subscribe a larger sum than they now subscribe. We have asked for years for 100,000 *l.*; we are getting

Chairman—continued.

getting by degrees towards it, but more slowly than I think we ought in this greater London, with its 5,000,000 of inhabitants.

2772. You treat legacies of 100*l.* and upwards, as being what you term property other than charitable?—Unless the legacy is spent during the year of the receipt in the ordinary expenditure of the hospital; then we are obliged to regard it as one of the necessities of the hospital.

2773. Do you know any hospital in London that is not obliged to spend its legacies as it gets them, whether they are legacies of 100*l.* or 10,000*l.*?—I will give you the return for 1889. St. George's in 1889 received a legacy of 100,000*l.*; 10,456*l.* was spent in the current expenditure and improvements at the hospital, and 91,795*l.* was, we presume, funded.

2774. That is to say, it was added to the endowment of the hospital?—Yes. The endowment at that time was 9,381*l.* for the year, that is, the dividends received from property. St. Mary's Hospital, in 1886, received legacies of over 100*l.* in two amounts, namely, 5,510*l.* and 4,000*l.*; and they funded 5,277*l.*

2775. Do you happen to know, when that is funded, as you term it, is it put into the names of trustees, so that the capital of it cannot be spent on any account whatever?—I cannot say that. I do not know sufficiently.

2776. We may presume, may we not, that all the hospitals, when they receive a large legacy like 100,000*l.*, no doubt temporarily fund it?—No doubt.

2777. In some security, perhaps, from which it may be withdrawn as occasion requires; in the case of a hospital receiving 100,000*l.*, do you know whether it is the custom for such a hospital to put, say, 50,000*l.* on the endowment of its hospital, so that it should be inalienable?—I cannot speak of that matter.

2778. I suppose some of these hospitals have some endowment which they cannot spend?—I do not know in what way the endowments are tied up in the general hospitals.

Lord *Clifford of Chudleigh.*

2779. If a sum of money is taken from the funded property, and not immediately from a legacy, does that appear as charitable income?—If it is taken from funded property and applied to current expenditure, it would come in as a receipt, that is, stock sold out.

Chairman.

2780. We have heard it said that 100,000*l.* was required (I think you said so yourself just now, in addition to other witnesses) to make up the deficiencies for the hospitals?—Yes; your Lordship will see that the 1,800 empty beds, which might be filled up if they had the money, would take about 50,000*l.* or 55,000*l.* more than they get now.

2781. You have a column, I think, there for the money received from paying patients; can a hospital charge such rates as to make that department a paying concern, do you think?—Of course, that money includes the money received at dispensaries as well as hospitals. There are some beds, I believe, at Guy's, and some at St. Thomas', for paying patients; and some of the patients pay a sum which is quite equal to the cost to the hospital, but then others are received at lower rates. It is very difficult to answer that question, because in some institutions there is a rule that the patients shall pay for the relief received, each one according to his means. I myself do not think that rule has worked very wisely for the poor; because it has sometimes, I am afraid, been regarded that they should be treated as long as they could pay, and, when they could not pay, the treatment has not continued. There is always a tendency, of course, when you have free beds and paying beds, and free out-patients and paying out-patients, to encourage and nurse those who pay. I think it is unwise to have the two systems under one management and one establishment.

2782. I think you did not tell us just now how many institutions you assist?—There are 22 general hospitals, five chest hospitals, 12 children's hospitals, three lying-in hospitals, six hospitals for women, 27 other special hospitals, 20 convalescent homes, 11 cottage hospitals, and seven institutions for the sick, which are hospitals, but not of the character of those previously enumerated; one is the establishment for sick gentlewomen in Harley-street. Then there are 50 dispensaries; and that completes the list, being 163, or rather 161, in 1889, because there were two refused.

2783. You refused to assist nine, I think you said just now?—We refused two, and reduced seven, making nine.

2784. Do all the special hospitals apply to you, do you think?—No; there are some small hospitals that do not apply. I may say, that on reading the evidence of one of the witnesses, I find it stated that certain hospitals received grants from the Hospital Sunday Fund; but it was an erroneous statement. I am referring to Question 1093, addressed to Mr. Hardy: "Does such a hospital" (referring to the Queen's Jubilee Hospital) "as that get on to the Hospital Sunday Fund?" and the answer is, "Certainly; as soon as it has been established for three years it gets on to the Hospital Sunday Fund." It has never received any grant from the Hospital Sunday Fund. The same question was also asked at Question 1106, with regard to the Lady Gomm Memorial Cottage Hospital, Rotherhithe. That hospital receives no contribution.

2785. Have they made any application?—I think the Queen's Jubilee Hospital applied, but I do not remember the name of the other one.

Earl of *Lauderdale.*

2786. Has the Queen's Jubilee Hospital been in existence for three years?—I think so.

2787. If there is that condition as to three years, it necessarily would not come in until it had been in existence for three years?—That is so.

2788. It has not been in existence for three years, has it?—I am not quite sure at the moment.

Chairman.

2789. Have you any three years' rule under your present system?—Yes; we regard three years as necessary to indicate that the hospital is not an experiment, but is likely to continue in operation.

Earl *Cathcart.*

2790. But now that the Queen's Jubilee Hospital is established, will it receive a grant in future years on application?—I should not like to give a verdict before the evidence is laid before us. It would be entitled to a share.

2791. It would be entitled to receive a share if you were satisfied that the management was sufficiently good?—If we are satisfied that it is efficiently conducted, it would be entitled to a grant.

Chairman.

2792. With regard to these other places that have not made any application to you, is that, do you think, because they fear to come before you, or because they happen to be in affluent circumstances?—I think the Committee can form as good an opinion as I can as to that. I should not like to assign the cause why an institution does not apply; because if it does not apply we know nothing about it.

Earl *Cathcart.*

2793. I observe that, according to this book I have before me, the Queen's Jubilee Hospital was founded in 1887?—This hospital has not applied this year.

Chairman.

2794. Is the whole of the work as regards the administration of the Hospital Sunday Fund (and it must be very considerable) done by honorary officers?—There is a paid secretary, and he has assistance sometimes.

Earl of *Kimberley.*

2795. You mentioned that there were 1,800 beds unused, which, if there were more money, it would be very desirable should be available: is it perfectly clear that those 1,800 beds are wanted, now that there has been, of late years, this very large extension of poor-law infirmaries?—Looking at the frequency with which we, at St. Bartholomew's, find our beds are full, especially the medical beds, my own impression is that they are wanted.

2796. Then I suppose that, before infirmaries were instituted, there must have been an enormous deficiency of accommodation?—The infirmaries took in a class of cases which, if we took them in, we should not keep at the hospitals, but which are kept at the infirmaries for years.

2797. Still, the 12,000 beds which there are in the infirmaries must have had a very considerable effect upon the amount of the accommodation for the sick in London; is that not so?—Undoubtedly; but of those 12,000 beds I should think a very large proportion are occupied by persons who formerly were treated at home by what was known as the parish doctor, and there is no doubt, I think, that it was impossible to treat them either humanely or efficiently in their own homes. The parish doctor was often a man very much overworked, and even if what he prescribed was sent to the man or the woman's home, the surroundings were such that I think a great many of them died who now survive for years in the poor-law infirmaries.

Earl of *Kimberley*—continued.

2798. Still, I suppose there are some acute cases in the poor-law infirmaries, are there not?—No doubt there is a percentage of acute cases; but the majority of cases must be chronic; otherwise they could not be conducted with such a small medical staff. If they were acute cases you could not have 700 beds treated by one medical officer and one assistant; instead of two you would want certainly 20.

2799. What is the reason why there is apparently such a very much larger proportionate demand for hospital accommodation in London than there is in rural districts?—I am not aware that there is a larger demand in London. There is no doubt that in rural districts there is a great anxiety on the part of the rural population to get up to the London doctors. I was asked the question whether I thought dispensaries languished when established in the neighbourhood of hospitals. For the same reason that I think they languish, namely, that they cannot afford to have men of the ability, knowledge, and experience of the surgeons and physicians who attend at the large London hospitals, so I think you could not expect to find in rural districts men of the ability that you would find in London; and therefore the poor are tempted to come to London. I know, from villages round where I live in Kent, I have constant applications from persons who are probably on their club there, but who are not satisfied with the medical relief which they get there, and come up to London for it.

2800. I suppose that is because Kent is very near to London; the districts are within easy reach of London which you are speaking of?—Yes; but no doubt, in districts further off, they drift to the large well-managed hospitals in the provincial towns.

2801. Still, in the rural districts there are a large number of people attended for a variety of diseases in their own homes, who do not go to hospitals; have you ever heard of any very serious result to the health of the rural population from that cause?—I am sorry to say I can remember one or two cases of accidents where the limb had not been properly treated, and the patient came to London to have it broken again and reset.

2802. Such things may happen, of course; I suppose even in the hospitals they make mistakes sometimes, do they not?—Yes; but we should all feel that the men in London are the best men in the profession, because, even if they have been trained in the country, the best men drift to London.

2803. If these 1,800 beds were filled up, would not there be a tendency to an immediate extension on the part of hospitals beyond their means, and so to get into debt?—That is the tendency with most administrations, and possibly it might be so. Of course, as the population increases you would want more accommodation still.

2804. Is there not a tendency to extend a hospital without much reference to the real demand?—I am afraid there is.

2805. Do

Lord *Clifford of Chudleigh.*

2805. Do you think that the effect of the Hospital Sunday Fund is in any way to stop the energy of the hospitals in collecting funds?—I do not think so; nor do I think that the amount which they collect from the public, irrespective of what they receive through the Hospital Sunday Fund, is lessened. I think we see as many fancy fairs, dinners, and bazaars for hospital purposes, and private gatherings in gentlemen's houses, as before.

2806. They are just as numerous, you think?—Just as numerous.

Earl *Cathcart.*

2807. The infirmaries do not take any accidents, as a rule, we are told?—I think not. I think they are sent on to the hospitals.

2808. Still there is the relieving officer there who can give an order at any time, is there not?—Yes; but they have not at the infirmaries the same appliances for dealing with major operations which, of course, will be found in all the large general hospitals.

2809. Setting a broken leg was one of the specific cases mentioned. I think one-third of the patients in the metropolitan hospitals were said to come from the country into London?—I should not agree with such a large proportion as that.

2810. A large proportion, in fact, are from the country, are they not?—I do not think one-third of the patients coming to St. Bartholomew's Hospital are from the country.

2811. There is a certain proportion that come from the country?—Yes.

2812. According to my experience of country people, they do not like to leave their home; they have a strong objection to be taken away from their friends. Is not that so?—My experience has been that persons in the country, who do not seem to improve under the local practitioner, are very anxious, even in spite of disinclination to become in-patients of a general hospital, to come to the London hospitals to see if they are able to obtain better advice, and so get benefit.

2813. Dr. Steele told us that patients are sent up at the expense of the rates even from places so far off as Wales; he said the parish paid the hospital 2 *s.* a day?—Guy's have an arrangement for taking paupers on payment from the parishes, but in St. Bartholomew's Hospital we are entirely free from that; we do not take payment from anyone.

2814. The noble Lord in the chair asked a question about how you posted the particular items of account. Do you recognise the glossary which has been published in Burdett's Hospital Annual; there is a glossary here of all items, showing to which accounts the items ought to be posted in the hospital accounts?—We have not sent out any form of account requiring the hospitals to keep their accounts in accordance with our form, but we are contemplating doing so.

2815. Do you think, having regard to the desirability of the uniformity in hospital accounts, such a glossary, if properly compiled, would be

Earl *Cathcart*—continued.

of valuable assistance. This glossary which is sent to us is, I understand, compiled by Mr. Michelli, who is connected with the Seamen's Hospital, I think?—Yes.

2816. I gather you do not know it yourself of your own knowledge?—I do not.

2817. If such a document were properly drawn, it might be a valuable document in producing uniformity, might it not?—I think if the Committee of the Hospital Sunday Fund can induce the hospitals to keep their accounts all in one form, it would be a great public advantage. Some hospitals give a capital account and some do not.

2818. You endorse very much the principle that in the case of hospitals, as in other things, criticism depends upon comparison?—Everything is relative.

2819. But that leads me up to this point: it must take a great deal of time to make all these comparisons?—A large amount of time is given to it, as your Lordship will see if you look at this volume which I have before me. There is a volume for every year, and an abstract of it.

2820. Is there a paid audit, or is it done by volunteers on the committee?—This work is done by the secretary of the Hospital Sunday Fund; and at this time of year when the accounts are under examination he has some assistance.

2821. Is the assistance voluntary that is given to the secretary?—There is a great deal of voluntary assistance, but there is some paid assistance given by the secretary of one of the special hospitals who is accustomed to deal with figures of this kind.

2822. You mentioned in a pamphlet which you produced the other day, a very important fact, namely, that your total expenses are only about 10 *d.* in the £., as against the expenses of management of 5 *s.* to 6 *s.* in the £. I think it was, in the case of the other hospital funds; is not that so?—The total expense of collecting and distributing the money is only about 10 *d.* in the £.; but it is not fair to compare that with the cost of management of the hospitals as compared with maintenance.

2823. Perhaps the right way to put it is that that is the cost of collection of the funds. I think you state in your pamphlet for hospitals it amounts on the average to from 4 *s.* to 6 *s.* in the £.?—That is as regards such systems of collection as public dinners and bazaars.

2824. That was what I meant. I do not mean the expenses of management, but the expense of collecting and bringing the funds into the hospital?—The difference between the relative cost of management as compared with maintenance is very wide indeed. I have before me No. 1 and No. 2 on the list. One hospital is managed at 11·516 per cent., and the other is managed at 20·259 per cent.; so that the management of one, as compared with the management of the other, costs just double.

2825. With regard to patients paying, and part paying for accommodation as in-patients in hospital, you say one objection is that it might lead to people who were near one another, the one paying and the other not paying, thinking

Earl *Cathcart*—continued.

that there was some favouritism; do you see any other objection in addition to that?—I think, as I said just now, there is a tendency on the part of those who manage the institution, to rather cultivate the development of the paying side.

2826. At the expense of the non-paying side?—At the expense of the non-paying side.

2827. Sir Morell Mackenzie said they took as little in his hospital (if my memory serves me aright) as a shilling a day in some cases for paying patients?—We have returns of the exact amount received by the several hospitals for paying patients.

Earl of *Arran.*

2828. Would your experience show that the expenses of management in special hospitals are relatively higher than in the general hospitals?—Certainly. If you will name a general hospital I will tell you what the expense is, and if you will name a special one I will tell you what it is there.

2829. My knowledge is not sufficiently special; but take St. Thomas' Hospital, for example?—That is one of the endowed hospitals, and received no grant. Shall I take the London Hospital, for example?

2830. Take the London Hospital?—The percentage of management as compared to maintenance in the London Hospital is 6·172.

2831. Now would you take a special hospital?—In the Royal London Ophthalmic, which is a large one, the per-centage is 11·091 but in another Ophthalmic Hospital it is 25·500.

2832. Is there, in your opinion, a tendency to undue multiplication of special hospitals?—The percentage of management is always excessive where you have a small hospital. The London, which is our largest, is about as low as any of them.

2833. Therefore the more the general hospitals were used, the expense of management would be comparatively smaller. That is to say, supposing you could increase the number of general hospitals, the probability is that the expenses of management would be smaller than if the special hospitals were increased?—Certainly. I may perhaps put it in this way: If the public subscribe twenty shillings to a general hospital like the London Hospital, it is managed at a cost of a little more than one shilling in the twenty shillings; but if you subscribe twenty shillings to the majority of special hospitals, the management is from four shillings to five shillings out of the pound.

Earl of *Lauderdale.*

2834. Have you got the total cost of management of all the special hospitals here; there are 27 down in your list?—I have not the total; I could give you the list.

2835. Could you give us the total cost of the 27 special hospitals as against the 22 general?—I cannot give you the total, because it is taken out in each individual case, and we have not added it up.

Chairman.

2836. There is an institution called the Hospital Saturday Fund, is there not?—Yes.

2837. You are quite separate and distinct from that?—Perfectly. The money collected on a Saturday is collected principally in the streets, in workshops, and in public places.

2838. By a different organisation?—Entirely; and divided upon a different principle, by a different committee.

2839. You have one basis of account which you make the hospitals send in to you, as I understand?—Yes.

2840. Do you happen to know whether the Hospital Saturday Fund basis is the same as yours, or does it differ?—They divide their money upon a different principle altogether. I think it would be a public benefit if the two institutions could agree upon one system. Whichever is the best should be adopted; because it does not matter from what source the money comes, I apprehend those who give it desire that it should be distributed in the best manner, and that each hospital or medical charity should have a fair share in proportion to their work.

2841. Would it not also be a public benefit if all these great general hospitals with their very large expenditure should have some common basis for their accounts, so that their accounts would be easily intelligible?—Certainly; and I hope that we may be able to induce them to accept a general basis of account.

2842. You have been chairman of the Central London Sick Asylum Board, I think?—Yes, for eight years; soon after the Board was constituted; in fact, I was the first chairman of the board when they undertook any practical work.

2843. Will you give the Committee your opinion of the working of the poor law infirmaries?—I think they have done an immense deal of good, and I think they have caused a great many poor people suffering from chronic complaints to live a great many years which they would not have lived if they had remained to be treated in their own homes. I have a strong feeling that those institutions ought to afford more opportunities for medical instruction than they do at the present time. Would the Committee object to my reading from what I have said upon this subject in this pamphlet, because I have no reason to alter my opinion.

2844. If you please?—"Thirty or forty years ago it may have been not only undesirable, but practically impossible, to have carried on any useful and efficient medical teaching in the old workhouses, where all classes of the poor, sick, healthy and able-bodied, were cared for under the same roof; but this condition of things was gradually changed by the Poor Law Act of 1867, and the Amendment Act, 1869. Under the authority of the Act of 1867, the guardians of the poor were authorised to erect and maintain asylums or hospitals for the sick poor and the insane, and by clause 29 it was enacted that 'where the asylum is provided for the reception or relief of the sick or insane, it may be used for the purposes of medical instruction and for the training of nurses.' The great benefits which would

Chairman—continued.

would undoubtedly have been derived from this provision, if it had remained on the statute book, it is impossible for anyone at this distance of time to estimate accurately. Unfortunately, before any one of the proposed asylums or hospitals could be completed and set to work, or any arrangement for a medical school could be tried, the Poor Law Amendment Act, 1869, was passed. Section 20 of this Act read thus: 'So much of the 29th section of the Metropolitan Poor Law Act, 1869, as authorises the use of any asylum for the sick or insane for the purposes of a medical school is hereby repealed.' The reason for this sudden change of policy I have never been able to discover. I tried to do so many years ago, when I held the position of chairman of the Central London Sick Asylum District, and have since endeavoured to do so, but have failed." I may say I attempted it by an interview with the gentleman who was then at the head of the Poor Law Department. "The number of the asylums or infirmaries erected under the authority of the Act of 1867, and subsequent Acts, is constantly increasing. They contain, at the present time, many thousand beds for the reception of persons suffering, not merely from chronic diseases, but from almost every variety of complaint to which we are all, whether rich or poor, equally liable. What is far more serious, they are becoming almost the only large institutions in the metropolis for the treatment of infectious diseases, such as small-pox, scarlet fever, and typhus fever, or for the care of the insane, and are therefore almost the only places where the rising medical men can gain a practical knowledge and experience of the proper treatment of those diseases which are so frequently the great scourges of our population when collected in great cities. A large number of cases are received in the wards of the Poor Law infirmaries, supported out of the rates, which cannot be admitted to our general hospitals, owing to their chronic character and the long time they take to run their course. These cases are most important in a scientific medical point of view; require most careful patient diagnosis, and are frequently capable of permanent cure by discriminating treatment and the use of improved appliances. Practical experience of the various phases of this kind of disease is most important in the interests of improved medical education, but Parliament has hitherto prohibited it. I am, however, very glad to find, from a report of a Select Committee of the House of Lords issued a few days since, that there is some hope that this prohibition may soon be removed." Then, as your Lordships know, there was fresh legislation, and an Act was passed by which I think it was enacted that the guardians may permit medical men to attend dispensaries, under regulations which they are to make.

Earl of *Kimberley.*

2845. That is only in infirmaries for infectious diseases. If you have the Act, it would be convenient to have the clause read, so as to have it upon the notes?—I will read the section. It is Section 4 of the Poor Law Act of 1889: "The asylum managers may, if they think fit, allow the asylums provided by them for fever, small-pox, and diphtheria, to be used for purposes of medical instruction, subject to any rules and regulations which the Local Government Board may from time to time make, with regard to such use of the said asylums." Now what I wanted to point out is this, that this is too permissive. If the clause had run that "they *shall* permit, under such rules and regulations as the Local Government Board shall make from time to time," then we should have had representations made to the Local Government Board by those interested in the question of the advantages we should derive, and the onus would be upon the Local Government Board to see that proper rules and regulations were made. But now the clause merely says that "managers may, if they think fit;" and I am afraid that as the managers promoted the alteration of the law as it stood when it was first passed, permitting medical instruction, we shall find they will continue to object. Possibly there would be one infirmary here and one there where the line would be drawn less stringently; but I am afraid generally they will object to the presence of students or of professors in the dispensary whose attendance would undoubtedly be most beneficial to the advance of medical education.

Earl of *Kimberley*—continued.

Chairman.

2846. Would you like to see a school attached to these new State hospitals or infirmaries?—No; what I would suggest is something like the plan that is adopted in the great hospitals in America, that is at certain hours, to be arranged by the managers, the professor attends with the students who take notes of the cases, and, of course, with the assistance of the medical officer attached to the institution, they are explained, and sometimes a certain number of students are told off to assist in dressing, and in that way honorary help is given to the work in the infirmary, which, I am afraid, looking at the fact that it has to be paid for out of the rates, is not so efficiently performed as it might be under such an altered system as I describe.

2847. Would you like to see, for the whole subject of medical education in London, a central university or body where lectures could be given, and then the students be registered to a certain hospital where they could go for instruction?—That is a very large question; I should not like to express a definite opinion upon it. But my plan could be tried in connection with infirmaries supported by the rates; and if it was found to work advantageously, the larger question could then be considered. But you could not deal with the medical instruction in our large general hospitals without upsetting the existing state of things, which is working satisfactorily so far as it goes. If it was found that a central university for medical students could be considered as the better arrangement, after trying it in the poor-law infirmaries it might be extended.

2848. I understood you to say just now that you consider the medical attendance in big infirmaries is insufficient?—I did not intend to express that definite opinion; I compared the attendance there with the attendance in the hospitals;

Chairman—continued.

hospitals; and the impression on my own mind is that it would be very much improved if additional assistance could be given. Of course, one does not like to charge the rates with any expense that can be saved; at the same time I think the ratepayers themselves would not object to such reasonable expenditure as may be necessary for the proper care of the sick. But that expenditure could be saved on the part of the rates if the students were allowed to attend to assist. In St. Bartholomew's Hospital, of course, the dressers do a large amount of work in the wards. It is an education for them, and of course it gets through the work in a much more efficient manner. If it had to be left to the nurses, or to the fully qualified medical officers, there would not be force enough to do it.

2849. You have about 670 beds at St. Bartholomew's Hospital, and I think you said you had between 50 and 60 medical gentlemen of different kinds?—Yes, apart from the dressers and clinical clerks.

2850. Now, taking the Kensington Infirmary, which was the instance you mentioned, there, I think, there are 700 beds?—Yes.

2851. Is there more than the one medical superintendent there?—Yes, there is one assistant.

2852. There are no dressers?—So far as I know, none.

2853. So that it stands to reason that they do require more assistance than they have at present?—In the absence of any evidence to the contrary it does appear to me to be so.

Earl *Spencer*.

2854. Do you know at all the reasons why the guardians who control these workhouse hospitals object to students visiting the hospitals?—Speaking from the experience of the eight years during which I acted with the guardians in controlling two large infirmaries, I am afraid there is a feeling that the authority in the place might be disturbed by the presence of professors and students; but, inasmuch as the system works thoroughly well in America, I myself have no fear of it. Of course the authority of the medical officer responsible for the care of a particular infirmary should be paramount, and if he thought anything was done that ought not to be done he should have the power of stopping the education until the Poor Law Board could decide whether he was right, or whether the professors and students were right.

2855. In America do the professors with their pupils visit under some State law?—I have visited nearly all the hospitals in New York, some of them two or three times, and spent some time there. The Bellevue Hospital there has a large school; part of the school buildings are inside the wall of the hospital, and part on the opposite side of the street, and the students come over with the professor.

2856. That was not quite the point I wished to know about; I was rather asking are they authorised to enter these places under some State law giving them the right of entry?—I do not think so, but I cannot speak positively upon that. The hospital I speak of is partly supported by the municipality and partly by voluntary contributions.

Earl *Spencer*—continued.

2857. In London is it the guardians of the parish who have the control of the workhouse hospital, or is there some central board to which the central rates contribute?—When the hospitals were under the Central London Sick Asylum District the parishes having the right to send patients to the hospitals controlled by the managers of the Central Board had representatives on the board; each parish had a number of representatives in accordance with their relative rating, and the board was composed of guardians from each parish.

2858. Was it the Central Asylums Board which objected to the visits of the students?—During the time I was chairman no proposition of that kind was put before us. I having experience of a general hospital, and coming in contact with surgeons and physicians, frequently heard them express an opinion as to the advantage which it would be if instruction could be allowed in infirmaries. There was an unofficial discussion in the board upon it, and we went as a deputation to the Poor Law Board to try and find out why the law was altered, but we did not get much satisfaction.

2859. Are we to understand that the Central Board was in favour of the visits of the students?—No resolution of the board was passed; there was merely a suggestion that the matter should be inquired into.

2860. There is now a considerable contribution from the Imperial funds to this very fund, I think?—I have always felt it was rather hard upon the voluntary hospitals that they should have all the responsibility of providing the means for the practical instruction of the medical students for this country, and I may say not only for this country but for our Colonies (because frequently our men are sent abroad), and yet the rate-supported hospitals, because they are really hospitals, give us no help in the matter. In fact, now that we are not allowed to have contagious cases in hospitals, there is very little opportunity to study such cases. I know that some few students are permitted to attend the fever hospital and small-pox hospital; but it is very difficult for them, because there is such a great distance between the hospitals they belong to and these fever and small-pox hospitals.

2861. Do you think that if a contribution is made from the Metropolis at large, or even from a larger area, there should be some right of making the conditions under which they receive the assistance?—I think as the public, through the rates they pay, really pay the whole cost of these infirmaries, they have a right to expect that the medical men to whom they are to look to take care of them should have better opportunities of having practical experience in dealing with these dreadful diseases.

Earl of *Kimberley*.

2862. Putting aside the chronic cases, the treatment of which, though important, is probably not so urgent a matter, is it not absolutely essential that medical students should have access to fever and small-pox hospitals, because otherwise there would be no education possible in these particularly common and most important branches of disease?—Years ago, at St. Bartholomew's

Earl of *Kimberley*—continued.

tholomew's Hospital, scarlet-fever cases were treated, and one strong objection to refusing admission to them, or to removing them directly it was discovered that the patients had such a disease, arose from the profession, upon the ground that there was no opportunity for medical students to gain knowledge of the disease, and we think the students should follow the disease.

2863. Unless access is given to these infirmaries, the result would be that the whole mass of the medical students who are going into the profession would be ignorant of the treatment of some of the commonest and most important diseases?—No doubt the rising generation of medical men will not have the same opportunities that their predecessors had of examining those cases, because they are removed from the hospitals.

2864. Will they have any opportunity?—As I understand, some few students are admitted to the fever and small-pox hospitals: but I cannot say precisely what the conditions are as to that.

2865. I am aware that some slight access is given; but, as a general question, is it not absolutely necessary that the admission of medical students to fever and small-pox hospitals should be made compulsory?—I think it should. But if I may go back to the first part of your first question to me, I think not only is it important on account of cases of contagious diseases, but that chronic cases, to which you referred as not being so urgent, are also most important, for this reason, that they are the kind of cases that a medical practitioner on coming into active practice is sure to be called upon to treat, and he practically knows nothing of the scientific method of dealing with such cases from his hospital experience, because they cannot be kept in a hospital but only in places which are more asylums than hospitals.

Lord *Clifford of Chudleigh.*

2866. You mentioned that, comparing the number of medical men in a hospital and the number of medical men in a Poor Law infirmary, the proportion was apparently very small in the latter?—Yes.

2867. Do you know anything about the proportion between the nurses in the two establishments?—I have no recent information upon the subject, and, therefore, I should not like to express an opinion; but I apprehend there is not anything like the nursing force in a Poor Law infirmary, compared with the number of patients, that there is in a general hospital.

2868. I suppose, in making that comparison, you make full allowance for the different kinds of cases?—Quite so; you do not want so many nurses and doctors for 20 cases in Poor Law infirmaries as you would for 20 cases in general hospitals. I have had an opportunity of seeing something of infirmaries of late years, and I think that the system of nursing in them has improved quite as rapidly as it has in the general hospitals. The nurses are of a higher tone and better educated, and I think, in the majority of cases, certificated; at all events, a large number of them are certificated.

Lord *Monkswell.*

2869. Would you carry on your system of compulsion so far as the union or parish boards of guardians are concerned, as well as the Asylums Board?—As I mentioned just now, I think the clause should have been to the effect that the guardians shall admit, subject to such regulations as the Local Government Board, by any scheme that they may lay down, shall determine.

2870. I gather that you think the students should take the place of the paid nurses and assistants, to some extent, in the Poor Law infirmaries?—Not take their place; but I think they would render the help given to patients much more efficient, and they would keep the number of paid nurses at the minimum.

2871. Practically, they would take the place of the paid nurses?—Some of them.

2872. Do you think that the students could or should be put under an engagement to give their services, so many hours a day, we will say?—I do not think that would be necessary, because students are always most anxious to gain all the practical information they can. Nothing pleases a student better than, after he has gone through his theoretical education, to find he is considered sufficiently capable to take part in practical work; and I do not think they would require to enter into any engagement. Those that did not attend would, of course, be struck off the list.

2873. You think, practically, the superintendent of the infirmary could always count upon all the reasonable assistance he could require from the students who came there?—I think a larger number would attend than would be necessary for giving such help as we have been discussing; because the majority of them would, of course, take the opportunity which it would afford of acquiring a knowledge of complaints which they do not see in the general hospitals where they are trained.

2874. I understand your contention is, that the guardians are wrong in their own interests not to allow this to be done?—I think they are unwise in not stimulating it to a greater extent than it has been developed up to the present time.

2875. You think, in fact, that the rates would be saved?—I think that the treatment and care would be improved without any addition to the rates.

2876. I thought you went further than that. I rather understood you to say that the rates would be somewhat decreased, because the students would take the place of paid nurses; you say that the nurses at present engaged are not sufficient, as I understand?—I should not like to say that; because my answer to the Chairman was, that I had not sufficient knowledge as to the staff to express an opinion upon that subject; but it is clear, if you give skilled assistance to the nurses, you do not want as many nurses as you would otherwise require.

2877. Would you not go so far as to say that the rates would be, to some extent, saved by this system?—Yes, if you decrease the number of nurses; but whether you would do so I cannot say.

Earl *Cathcart.*

2878. A high medical authority has told us that the students in these infirmaries would be specially useful as clinical clerks; keeping records and helping in that way?—Yes.

2879. Would you be so good as to turn to page 3 of your pamphlet, because it is there expressed so much better than any words that I could put into your mouth, that I would infinitely prefer that it should come in your evidence in your own words; would you kindly read the last paragraph, beginning at the bottom of that page and the first paragraph on the next page?—"Many will, perhaps, be surprised to learn that from the returns annually sent to the Mansion House, it is evident that, as a rule, of every 20 *s.* given at bazaars or public dinners in aid of medical charities, a sum of from 4 *s.* to 6 *s.* has to be deducted for expenses of collection, and never reaches the suffering objects of those charities. In the case of charities frequently advertised in our daily and weekly journals, the per-centage of deduction is very little less. Of the money received on Hospital Sunday, less than 10 *d.* in 20 *s.* is spent in collection and distribution, including all salaries, advertising, &c., &c."

Chairman.

2880. There is one question I should like to ask; are you in favour of special hospitals for children?—That is a very difficult question. We have discussed it several times with the medical staff at St. Bartholomew's, and we have not yet altered our plan. Our children are principally in the female wards; all children of a tender age are in the female wards. We find that they no doubt occasionally disturb the adult patients, yet, on the other hand, they are frequently a source of pleasure to them; those who are more convalescent assisting very much in the care of the children. If you were to go into the wards where our children are, I think you would find every one of the patients would protest against your taking the children out of the wards.

2881. The children, of course, have frequently infectious diseases, like measles, whooping cough, and so on; what is done in that case?—In that case they would be isolated. The report this morning which was read to me notifies the case of a child who had an infectious disease, and it was removed at once out of the general ward to the isolation ward; it was, however, subsequently discovered that it was not an infectious complaint, and the child was taken back again.

Earl *Spencer.*

2882. You say it is an advantage to women to have the children in their ward for their amusement; is it also an advantage to the children to have them in the women's wards?—I think it is better to have the children treated by the medical officer or surgeon who is dealing with the cases generally. Then there is another reason. Where you have a special ward for children, or where there are special hospitals for children, from an educational point of view, you do not give the same number of medical men an opportunity of seeing the diseases of children. We have five senior surgeons and four senior physicians. If one surgeon and one physician were told off to

Earl *Spencer*—continued.

treat the children, the other senior surgeons and physicians who have a junior staff of students under them would not have access to the children's wards, and the young men under their care would have no opportunity of getting experience in children's diseases.

2883. Is not that a matter of arrangement; if you had a separate ward for the children could not you give an opportunity for the students to visit that ward?—They have a separate ward in the London Hospital, and I went to inquire upon that point; the sister there said, "I have pretty much a doctor at every bed, because each doctor follows his own case, but I do not mind having half a dozen doctors in the ward instead of one or two." On the other hand, other sisters would say, "I find two doctors in the ward is quite enough; I could not manage the ward with six or eight doctors coming in every day."

Chairman.

2884. You send all your accounts to the Charity Commissioners, I believe?—Yes.

2885. They do not audit the accounts, I presume?—The accounts are audited by a chartered accountant, and his clerks. They are also audited by a number of governors who take turns in attending at the hospital for the purpose of seeing the vouchers, and auditing the accounts in their own way; so that we have a professional audit, and an audit on the part of the governors told off for that special purpose.

2886. What do the Charity Commissioners do with the accounts; do they merely keep them, or do they criticise them at all?—As they have never made any complaint, I presume they are satisfied with the manner in which the money is expended, and the estates controlled.

2887. Do you think it would be a good plan if the power of the Charity Commissioners was extended to all of our big general hospitals, and that the big general hospitals should send all their accounts to the Charity Commissioners?—I have no doubt that anything of that kind would tend to greater uniformity in the accounts; but I do not quite see why persons who are spending their own money should be compelled to render their accounts to those with whom they have no relation. The property of St. Bartholomew's Hospital is an endowment, and, therefore, the Charity Commissioners are bound to have the accounts to see that the property is wisely dealt with.

2888. You, of course, have a number of students at St. Bartholomew's; have you a residential college there?—Yes; the students vary from year to year from 500 to 600.

2889. Are they increasing at your school?—They are not so high now as they were a few years ago; they rose to their highest point some four or five years ago.

2890. Can you assign any reason for the decrease?—I think the other schools found that when we erected our new school buildings, and provided new lecture rooms and built a new museum, and when we opened our new dissecting rooms, giving a power of putting 200 students down to dissect at one time, our school was running away with the students, and that, I think, induced the other hospitals having schools,

to

Chairman—continued.

to improve their schools; and while our school attracted the largest number before the other hospitals had made their improvements, now that they have made their improvements the thing is levelling itself a little.

2891. But as regards this residential college, what number can you put into it?—There are 13 junior officers who reside, and about 32 or 34 students.

2892. Is the residential college always full?—Yes; there is constant complaint amongst the students that they cannot be taken in. Of course, a gentleman who sends his son up for a medical education is only too glad that, if his son is away from home, he should, if possible, be resident in the college; because the warden of the college then looks after him, and he perhaps keeps to his studies with greater continuity than he would do if he was in private lodgings away from the hospital.

2893. The residential college pays its own way, I suppose?—Yes.

2894. The advantages to students are naturally very great?—We are very desirous of enlarging it, because we feel that the number of residents, compared with the number in the school, is not anything like what it should be.

2895. Would you put in the names of those special hospitals you mentioned to which you refused assistance, if you have them now?—The paragraph which I read from the report stated that five institutions sent replies, but did not attend. Those five were: The Cancer Hospital, the Gordon for Fistula, the Hospital for Epilepsy (Regent's Park), the City Orthopœdic, and the Central London Ophthalmic. All those received an award, but not such an award as they would have been entitled to if they could have made their accounts more satisfactory to us. The system is this: the money is divided before it is collected, that is to say, the basis is declared, and if we do not give them their basis we are obliged to send for them; if they do not come, they are obliged to take what we allot them. Then there were two that received no award, namely, St. John's Hospital for Diseases of the Skin, and the West London Hospital for Paralysis, which I mentioned before.

Earl *Cathcart.*

2896. I think one thing that was said the other day will rather startle the medical profession, namely, that you minimised, as much as you possibly could in St. Bartholomew's Hospital, the treatment of venereal cases, and that those cases in your opinion should be absorbed in the lock hospitals; I think you expressed that opinion, did you not?—What I thought I said was this, that we have reduced by half the number of cases treated; because I felt, and the staff felt, that we should minimise it to a point sufficient for instruction.

2897. That I quite understood?—And that cases which come which we cannot take in should go to the male and female lock hospitals, where I think they are as efficiently treated as they can be.

2898. Are those hospitals of a capacity sufficient to take the cases?—I think I could tell you the number of vacant beds. In the female lock hospital the number of beds is 135, and the

Earl *Cathcart*—continued.

average number of beds occupied daily last year was 76·2; therefore, very little more than one half of the beds are occupied. In the male lock hospital there are only 20 beds, and the average number occupied is 13. The average number of days each male patient remained was 22 days.

2899. There is not very much room for the accommodation of these things in the lock hospitals?—No; but it seems that the accommodation that there is is not utilised.

2900. Are they maintained by voluntary contributions?—Yes, almost entirely.

2901. But I judge from what you said the other day that you are alive to the disastrous effects upon the population of these syphilitic diseases?—No one who is acquainted with the cases that come to the general hospitals could be otherwise than thoroughly alive to it, looking at the large percentage of persons suffering from other diseases than absolutely venereal disease, secondary and tertiary.

2902. Therefore if these cases are rather turned away from a general hospital, and are not accommodated efficiently, the effect upon the population would be disastrous, would it not?—No doubt; but still it did seem to me, and I must confess I hold the same opinion still, that it is greater charity to try and cure a person who is suffering from some disease for which he is not responsible, rather than attempt to cure a person who is suffering from a disease arising from his own vicious and immoral conduct. If you have to say which person of the two shall be relieved, I think the leaning is in favour of the person who is not responsible for the disease from which he is suffering.

2903. Syphilis has been said, by high authorities, to be the greatest of all chronic affections; consequently it is desirable that those cases should be treated in the early stages, is it not?—Yes; I think the onus of treating them should fall rather as a compulsory payment upon the rates, and that it should not be thrown upon voluntary contributions any more than can be avoided.

Lord *Clifford of Chudleigh.*

2904. The noble Lord asked you just now as to whether the Lock Hospital was supported chiefly by voluntary contributions or not; I see in this book which I have before me, that in the male Lock Hospital in Soho-square, out of a total income of 1,045 *l.* there is very nearly 800 *l.* paid by the patients?—The exact figures for 1889 are 252 *l.* received from charitable revenue, that is, subscriptions and donations, and 793 *l.* paid by patients.

2905. So that it is supported chiefly by patients, and not by voluntary subscriptions?—That is the male Lock Hospital; but when you come to the female Lock Hospital, it is very different. The receipts in 1888 from charitable subscriptions and donations were 4,018 *l.*, and from patients, 630 *l.*; so that you have less from the patients, and you have six times as much from the public in the case of the female Lock Hospital.

Earl of *Kimberley.*

2906. Would not the principle which you applied to this class of diseases, carry you rather far; are there not a vast number of persons

Earl of *Kimberley*—continued.

suffering from excessive indulgence in alcoholic liquor?—No doubt there are; but it is not so easy to distinguish them.

2907. When you do distinguish them, do you exclude them from St. Bartholomew's Hospital?—Certainly not. Supposing persons have destroyed the mucous membrane of their stomachs by ardent drink, and are unable to digest their food, and have got into a bad state, they would be treated in hospital, because you cannot say definitely what the cause of the complaint is, as you can in the case of venereal disease.

2908. Is that really so; are there not a large number of cases where it is perfectly well known to the medical attendant that the cause of the complaint is excessive indulgence in drink?—No doubt it is perfectly well known; but I think you would find that medical men are not inclined with the same decision to assert it Then another thing is this; I do not think the public mind is so shocked by a person over-indulging himself in eating and drinking, as it is by their being vicious and immoral, and bringing syphilis upon themselves.

2909. That no doubt might be the public opinion; but it seems to me a strange thing if, in the administration of charitable relief of the sick, you are to go into moral causes, and not the physical wants of the patients; does not that lead to all kinds of consequences which it would be exceedingly difficult to justify?—No doubt that is so; your Lordship is quite right; but still we have not refused admission to them; we have simply contracted it during the last 10 years.

2910. I understand that you have simply contracted it, but I understand also that you contracted it for a reason which is one simply of morality, and not one connected with disease; do you think that the administration of a charity for the relief of disease can be carried on on the principles of inquiring into the moral conduct of the persons who apply to you for relief?—I should scarcely feel that it was a question strictly of inquiring into the morality of the patient. We have to discriminate between cases which we will take in, and cases which we will refuse to take in, because we have not sufficient beds for all; and that being so, the leaning has been in favour of those who have suffered from diseases which are the act of God, and not so much their own fault, and to lessen the number of syphilitic beds.

2911. Then I understand that you do, to a certain extent, take it upon yourself to punish persons indirectly who have incurred their disease in a particular way?—Having the responsibility of discriminating, we have arrived at the conclusion which I mentioned; but if we thought that public opinion pointed to a different conclusion, we should probably have to reconsider it.

2912. Do you think that that is consistent with the administration of an endowment which is founded for the relief of the sick?—I think surely the donors, and those who consolidated our property by agreeing to the Act of Parliament by which we are governed, certainly expected that we should exercise discrimination in the face of the public.

Earl of *Kimberley*—continued.

2913. Is there anything at all in your Foundation which shows that you are to exercise discrimination as to the morality of the patients?—Not at all; I think the words of the Charter are "for the relief of the sick poor."

2914. Upon what grounds are you justified in distinguishing between the sick poor whom you think are immoral, and those whom you think are less immoral, and distinguishing who have incurred venereal diseases from those sick poor who have drunk themselves into such a state that they are almost dead?—Probably there would not be much choice, if those were the only classes we had to select between; but if you come to have to choose between a case of a man who has broken his leg, and a case of a man suffering from syphilis, I think the leaning would be in favour of the man who had broken his leg.

Earl *Cathcart*.

2915. As this is a matter of so much importance, I would like to point out two illustrations which occur to me. I once tried a case in which a mother and all the children were infected with venereal disease through no fault of their own; they were perfectly innocent. The prisoner I tried was a vile man who was suffering from the complaint, and came into the house and used their flannels and sponges, and so on, and the whole family, who were perfectly innocent, became diseased; it was a most heartrending case. Then another illustration is found in the Divorce Court; you constantly read of legal cruelty, which is where a husband infects a perfectly innocent wife?—There are no doubt cases of that sort.

Chairman.

2916. One question with regard to the Hospital Sunday Fund; do you send any visitors to the hospitals to inspect, or do you just draw your conclusions from the accounts of the hospitals?—We have upon the committee a very eminent surgeon, and another medical man of large experience, who is sanitary officer for the City of London, and they have a knowledge, which is perhaps more known in the profession almost than it is to laymen, of the manner in which the work in some hospitals is conducted, and, as a rule, if we want some information which seems necessary to enable us to decide, we leave the discussion of the particular case over until the gentlemen have tried to ascertain an answer to the doubts we have upon the subject.

2917. But beyond those gentlemen you have no official whose business it is to go to each hospital every year?—We have a secretary and a gentleman who assists him. The secretary frequently visits the hospitals to make inquiries and get answers to enable us to come to a conclusion upon the amount to be awarded.

2918. I do not know whether there is any other point you wish to refer to?—I think not.

The Witness is directed to withdraw.

Mr. JOHN CHARLES STEELE, M.D., called in; and further Examined.

Chairman.

2919. I UNDERSTAND you have some corrections which you wish to make in the evidence you gave on the 8th May?—Yes, I desire to make some corrections, and to amplify some of the evidence I gave on a former occasion. In reply to your own question relating to the government of Guy's, I find I was wrong in my surmise that the committee, known by the name of the Court of Committees, met every three months.

2920. What is the number of the question to which you refer?—Questions No. 253 and No. 513.

2921. Question 253 relates to the constitution of the committee?—Quite so.

2922. The question I put at No. 253 is, "Does the rule exist at Guy's, as in some other hospitals, that no salaried officer of the hospital is a member of any committee," and you say in reply, "There is a fixed committee that meets once a month"?—Then further down I go on to say: "Then, again, there is a body of governors who appoint annually what is termed a court of committees, consisting of 21 members, who retain office for two years; there are only 60 governors altogether in connection with the hospital, so that it comes to their turn every few years to attend the quarterly meeting of governors, called the court of committees." Instead of holding a quarterly meeting, I find this court of committees meets every six weeks. I do not call or attend those meetings myself, consequently I do not know what takes place at those meetings unless I am informed by the treasurer, who, no doubt, would tell me if anything occurred relating to the internal administration of the affairs of the hospital.

2923. Does that court of committees have to do with the estates?—Yes. Then I find that seven members of the committee retire each year. I think I said differently in my evidence; I was not sure. They are replaced by seven others, who are not on the court.

2924. Are the former members eligible for re-election?—Yes, they are eligible for re-election; generally, those who attend worst are put off, and other seven are put on. Then there are also four general courts of the whole body of governors, which take place quarterly, generally on the same days as the court of committees meets, though perhaps at different hours.

2925. The court of committees is formed of governors?—Yes, 21 governors, and the general court would be all the governors together, of whom there are 60.

2926. How many generally attend?—They do not all attend. I could not say how many attend; you would get that from the treasurer. Then in my evidence last time I referred to the monthly meeting to consider the medical and nursing arrangements at which two members of

Chairman—continued.

the staff are present; that is once a month. It has occasionally happened also when any addition is to be made to the building or to the medical school, that a sub-committee of governors is formed to consider the matter, and to see that it is properly carried out.

2927. That is a sub-committee of any governors?—Any governors; three or four will form a sub-committee to consider any contemplated alteration in the medical school, or hospital buildings. The treasurer, of course, would be the chairman of the committee. I mentioned that though no payment was required of the governors, they were still very extensive contributors to the maintenance of the charity, and I might mention a fact which is not very generally known, that on the occasion of a recent appeal by the governors for 100,000 *l.* to enable them to carry on the institution, the governors themselves, though a very limited body, contributed 30,000 *l.* towards that object, and through their friends, and through their large business connection in the City chiefly; and, no doubt, also from their high moral status, the whole money was collected. Then with regard to Question 403, which is a question relating to the number of beds in general, and special hospitals, I said there were 4,000 occupied in the general hospitals, and some 12,000 in the poor law infirmaries; I find I have under-estimated the average number of the beds in the general and special hospitals combined. The total number available for ordinary purposes in those hospitals is not less than 8,500, and in continuous employment, 6,500. In the poor law infirmaries and in the sick wards of workhouses, there are 14,000 beds, of which 12,000 may be said to be in continuous employment. That was the number I gave before. The Metropolitan Asylum Board provides 3,505 beds for infectious cases, apart from what I have stated, and the numbers continuously in those beds fluctuate from year to year, with the absence or presence of epidemic disease in the metropolis. The last returns of the Poor Law Board only give 707 as the average number throughout one year ending Lady-day 1888.

2928. I understand there are about 2,000 beds belonging to charities unoccupied for want of funds?—I should not say it was for want of funds, because there always must be a large number of beds kept vacant for cases that are continually arising. I said in my evidence there were 15 or 20 per cent. of the beds always vacant in the hospitals. Then, going on to Question 498, I was asked relative to the private nursing institution, and I stated that a few governors contributed 200 *l.* or 300 *l.* towards furnishing a house in a street adjoining the hospital. I find they actually contributed, out of their own pockets very nearly 1,000 *l.* towards the installation of the private nursing institution. One of the objects of the

Chairman—continued.

private nursing institution was also to attend the sick poor in the neighbourhood, especially the poor lying-in women to whom I referred on the last occasion in giving my evidence. Then, with respect to Question 505, when I was asked: "Can you give us the average number of the old out-patients admitted in that way; there are 80 new, and how many old?" I stated, "There are about 400 people who attend daily; between 400 and 500." When I said that I had in my mind at the time the heaviest days of the week, and in that number I included minor accidents, which are usually called casualties in hospitals. Taking a recent week, I enumerated the number each day in the week, and I found the highest number, on one day, was 481; that was on Monday; and the lowest number was 281 on a Saturday. Saturday has generally the smallest number applying. The average throughout the week would be 340. I am including in that number not only the return of the regular out-patients who receive cards and letters, but the casualties and minor accidents. I ought to have stated also, as regards these casualties and minor accidents, there are two additional house surgeons and half a dozen or more dressers to attend to them; they are slight cases and generally return after their first visit, perhaps twice; that is they are seen three times altogether.

2929. Are the house surgeons salaried?—No; those gentlemen are students.

2930. That is to say qualified students?—Yes, they are qualified. Then I would refer to Question 550, which relates to the question of student discipline. I do not seem to have made it quite clear that my duties would be limited to cases of misconduct occurring in the wards or among the residents in the hospital. The dean of the medical school would be the responsible officer in cases of misdemeanour in the class-room or outside the hospital, if such things came to his ears.

2931. Supposing that a student misconducted himself very much, perhaps with an out-patient, or supposing he committed some breach of discipline, to whom would the dean report?—The dean would report to the treasurer, who is the head of the school as well as the head of the hospital.

2932. Supposing it was an extreme case, and serious notice had to be taken of the occurrence, would the treasurer have the power to suspend the student from the service of the hospital?—Yes, he would have the power to do so.

2933. He would not have to wait for the taking-in committee or the court of committees to meet?—No; that would be done independently entirely of the taking-in committee; it would be a question of student discipline, and a question for the medical school to consider.

2934. Would the medical school have the power to suspend?—No; that must come from the treasurer.

2935. He does it on his own responsibility, without reference to any committee or court?—Yes.

Lord *Thring.*

2936. Do I understand the dean of the medical school to be an officer of the hospital, or is he independent?—He is in our hospital one of the assistant physicians, and he is also warden of the new residential college for students.

2937. In his character of dean is he directly subordinate to the treasurer?—Yes, entirely so; I am not sure I made it sufficiently clear that the treasurer was the head of the medical school as well as of the hospital, and that he represented the governors in their corporate capacity, in fact. When I stated he resided in the country some part of the year, I might have added that he was at the hospital two or three times every week to conduct the ordinary business of the hospital.

Chairman.

2938. I gather he represents at Guy's what a weekly board or an executive board would represent at another place?—In the same capacity as a weekly committee. There is a weekly meeting, but that is a meeting of the resident officers and himself, where we each have to give a report as to our proceedings during the week; anything of importance or interest that occurs we must report to him.

2939. Does that committee include the chaplain?—Yes; I can hardly call it a committee because we are only representing the different departments of the hospital. A committee, I presume, strictly would only consist of the governors.

2940. You meet for the purpose of reporting to the treasurer?—Yes, quite so. I would like to hand in a copy of the regulations at Guy's Hospital. One of your Lordships was very anxious to know my special duties; they are all represented here as well as the duties of the various officers in connection with the hospital.

2941. Will you put that in?—I should like to put it in. It is written or printed up to date with all alterations. I also told the Committee on the last occasion that about 10 or 12 years ago I was engaged in an inquiry, at the request of the chief authorities of the London hospitals, into the out-patient system, along with Dr. Poore, of University College. We drew up a report upon the subject, and being a confidential and private inquiry, we got a large amount of information from the various hospitals, from 13 of the largest hospitals. That information is conveyed in this pamphlet, which refers especially to the question of abuse in connection with the out-patient system, and traverses the ground upon which your Lordships are passing at the present time. I should like to submit this report to the Committee.

Earl *Cathcart.*

2942. Would you tell us the title of it?—The pamphlet is not to be obtained generally, I think; it is called "A Summary of the Information relative to the working of the Out-Patient Departments in 13 London Hospitals;" those are the chief London hospitals.

2943. Could

Earl *Cathcart*—continued.

2943. Could you put it in?—Yes (*handing in the same*). It is valuable on account of its eliciting information from the medical officers attached to the out-patient departments of each of those hospitals.

2944. I observe a note here on Dr. Steele's paper on mortality in hospitals; that is not the same pamphlet, I gather?—No, it has no relation to that. I have no objection to putting that in too if it is desired; but this is a different affair altogether; this is entirely confined to the out-patient departments.

Chairman.

2945. I shall be glad if you will put that in?—I will put it in along with the annual report of the hospital (*handing in the same*).

2946. What is the date of that pamphlet of yours, which you have handed in?—The returns are made for the year 1878; we took 12 of the large hospitals associated with medical schools and one special hospital, namely, the Royal London Ophthalmic.

2947. Have not the circumstances rather altered in the various hospitals since then?—To some very slight extent. In some the numbers of out-patients have increased and in others they have diminished; they have diminished very materially at my own hospital and at St. Thomas'.

2948. We had evidence that at St. Bartholomew's Hospital since 1883 a system of inquiry has been instituted; at the London Hospital they make some inquiry now, and I think at your hospital you have lately taken to charging a certain fee of threepence?—We charge threepence if they are able to pay.

2949. That paper was drawn up before those changes?—Yes; it was in order to see whether it was advisable to enter upon a plan of that kind, to charge fees. There is only one other important point in my evidence that I wish to correct. I have spoken of a very important special hospital, which stands very high, as existing in Soho-square; it ought to have been Queen-square; my geography was rather in fault.

2950. Which hospital is that?—That is the National Hospital for Epilepsy and Paralysis.

2951. Are those all the corrections you wish to make?—Yes.

2952. There is one question I should like to ask arising out of something you said just now. You said that some time ago you appealed to the public for 100,000 *l.*?—Yes.

2953. That was because you were short of funds?—That was so.

2954. Was that action taken through fault being found by the Charity Commissioners, to whom you submit your Report?—No; that action was taken because we could not carry on the hospital without money. Our net income, being from landed property, had diminished from 41,000 *l.* a year to 25,000 *l.* In a number of years it has gradually diminished, so that at the present time the money that is available for hospital purposes

Chairman—continued.

only amounts to 25,000 *l.* a year; and the governors found it absolutely necessary either to put their hands in their own pockets (which they did to the extent of 12,000 *l.*) or appeal to the public. We found it necessary to appeal to the public after the 12,000 *l.* had disappeared, and the public very willingly responded to the call, and in the course of two years we received the 100,000 *l.* that we asked for, and a little more than that.

2955. But then, supposing your property decreased in value still more, have you got no capital fund you could draw upon to keep yourselves going?—We have only the estates, mortgaging the estates, which I do not think the governors would care to do. Our only resource is to apply to the public for money.

2956. You have no capital fund in the shape of stock that you could sell out?—We have no capital fund in the shape of stock, or not to any extent. That 100,000 *l.* has been capitalised; that does not yield a very great deal, for a considerable portion of it has been paid away already.

2957. That 100,000 *l.* has been capitalised, and added to your endowment?—It has; but a portion of it, to the amount of 30,000 *l.*, I think, has been used to pay off a certain amount of debt.

2958. The remainder of it, 70,000 *l.*, you cannot spend as you go on, but you can only spend the interest?—We can only spend the interest, and we look for legacies. We have been very fortunate in the past year in receiving several legacies and donations, which enable us to pass through one year, at all events, without infringing, to any serious extent, upon the invested capital.

2959. Like many other institutions, Guy's Hospital depends very much upon its legacies?—Hospitals are not really supported by their subscribers or by their governors so much as they are by the legacies and donations.

2960. You say that you have generally more out-patients on a Saturday than on a Monday?—Yes.

2961. Is that because you keep the out-patient department open fewer hours on Saturday?—Not at all. We are obliged to close at 12 o'clock; we give notice outside that the doors will be closed at 12 o'clock.

2962. Can no one come in after that time on Saturday?—The entrance for out-patients is closed at 12 o'clock every day of the week; there is another department of the hospital called the Casual Department; but we would not admit readily to that department anybody who had been too late to come to the other place unless they were seriously ill or injured.

2963. I suppose anybody seriously ill or with a bad accident, can get into the hospital if there is room at any time night or day?—They would be admitted at the front entrance of the hospital at any time.

Archbishop of Canterbury.

2964. With regard to the number of beds that are vacant, I understand there were 2,000 vacant beds out of 8,500?—Yes.

 2965. I think

Archbishop of Canterbury—continued.

2965. I think you said you thought there ought to be 20 per cent. or nearly 20 per cent. kept vacant?—Yes, kept empty.

2966. Taking it at 20 per cent. that gives you 1,700 out of 8,500, which is not very far from 2,000?—Quite so.

2967. So that there are not many more beds vacant than there should be if you take that percentage?—That is so. I do not think there are very many beds actually vacant for want of money in London. At St. Thomas' Hospital I believe there are several empty wards. At Guy's we have one large ward empty on account of the financial depression, but we propose to open it again. It has been used for other purposes during the last two or three years, and we propose in the course of this year to open it for medical puposes. It would hold 50 beds.

Chairman.

2968. That ward was not kept empty for want of funds?—Not altogether; that ward was being used as a sort of restaurant for the students; it was partly kept empty for want of funds; it was only for want of funds that we were obliged to close it in the first instance.

Earl *Cathcart.*

2969. Do you send away venereal cases or try to minimise the treatment of venereal cases, or do you receive them as you do other cases?—It is very difficult to know what to do with venereal cases. Of course a very large number of venereal cases attend our out-patient department, and in former times, in my own time, we had a couple of wards in the hospital holding 20 beds each for males and females. After a time, about 10 or 15 years ago, the wards were closed for venereal cases, and were used for other infectious complaints occurring in the hospital, such as erysipelas and gangrene. Arrangements, however, were made by the Lock Hospital people to receive patients from the hospitals. There is a large female lock and a male hospital, lock also, which are very necessary institutions. When casesare very severe, and cannot very well be sent away, we occasionally take them into our own hospital amongst those infectious cases. In the majority of instances they are sent me from the out-patient's room by the surgeon on duty, and I send them with a note to the male Lock Hospital.

2970. Are they always received?—I believe they are received; they are received upon payment, I believe, more readily.

2271. You would not as a medical man of great experience, I presume, be in favour of throwing these cases back upou the public; that is to say, rejecting them from the hospital, and throwing them back upon their own resources?—I am afraid that must be done in very many cases. There is not the provision there was for venereal cases in general hospitals.

2972. Would not that militate greatly to the

Earl *Cathcart*—continued.

disadvantage of the general population?—It would be very much better if there was a department in the general hospitals for those patients. I have always been of that opinion; I do not mean to say a prostitute from the streets ought to be received, but young married women who sometimes contract the disease from their husbands; I think that class ought to be treated in a general hospital. The other class I refer to, could be very well treated in the Lock Hospital, or in the poor law infirmaries, and I believe they are now.

2973. You are well aware of the dreadful effect of the sins of the fathers visited upon the children in such cases?—That is a different affair from acute syphilis.

2974. Would you reject those cases which it is very desirable should be treated?—That is a different disease altogether from acute syphilis. Those cases are continually being treated in our wards. We have a number of young people suffering from skin and other affections the result of the indiscretion of their parents, and grown-up people suffering from tertiary symptoms of syphilis, diseases affecting both the external organs and the internal organs of the body somewhat similar to cancerous disease; what is called gummatous disease, the effect of syphilis.

2975. Your experience, as I understand, is entirely in favour of treating those cases early?—I think it would be an immense advantage if some of those early cases were treated in hospitals. I do not mean to say we should open a number of wards, but a ward, say, of ten beds to take in the very worst class of patients requiring immediate operation, because as a rule venereal cases can be very well treated outside the hospitals as out-patients, and that is done. I think it would be a great boon to the community if some slight provision was made in the hospitals for those acute cases.

Earl of *Kimberley.*

2976. I understand you to say you treat out-patients largely for venereal cases?—Very largely. There are two kinds of venereal cases; there is syphilis as well as venereal cases; those we employ the term venereal to can be treated very well in the out-patient department.

2977. Have you enough of those case for medical instruction?—Yes, almost too many.

Lord *Monkswell.*

2978. In poor-law infirmaries I fancy that the practice is increasing to send those cases to the lock hospitals; is not that so?—I am not quite sure what is the practice now, but I know that those cases are very often treated in the infirmary wards of the workhouses.

2979. That is what I understand to be the case; in Chelsea the guardians tried a veneral ward, and they deliberately came to the conclusion that it was better to send them to the Lock Hospital?—I think that is the general feeling even among the general hospitals.

2980. How

Chairman.

2980. How many lock hospitals are there in London?—Only two, the male and female.

2981. The female is in Soho, is it not?—The head quarters are in Soho, I believe; but the female Lock Hospital is in the Harrow-road.

Chairman—continued.

2982. Does it form part of the same building as the male Lock Hospital?—No, I think they are totally distinct places. The male Lock Hospital is in Dean-street, Soho.

2983. Is there anything else you wish to add?—I think not.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 16° *Junii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Lord Zouche of Haryngworth.
Lord Saye and Sele.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Thring.

The LORD SANDHURST, in the Chair.

Sir EDMUND HAY CURRIE, is re-called; and further Examined, as follows:

Chairman.

2984. On the last occasion that you gave evidence we were obliged to break off at the point of the medical schools; are you of opinion that it would be better to have a central University of medical instruction from which students could go to the different hospitals for clinical instruction, than as at present having a school attached to certain general hospitals?—Undoubtedly. May I amplify the answer?

2985. Yes; will you please do so?—It seems to me that the difficulty which a parent has to deal with at the present moment, if his son wishes to enter the medical profession, is a doubt in his mind where his son will get the best education in the lecture room, and at the same time get the proper amount of clinical work. The best hospital for clinical work need not necessarily be the best school, and it seems to me that if I was the father of a young man going into the profession, I might be tempted to let my son go, at the present moment, to one school for his head work, and to another hospital altogether for his clinical practice.

2986. I suppose we may put it in this way, may we not, that if there was a central university of medical instruction, the probability is that the lecturers would be a much higher type of men, and you would secure the best lectures in those schools, whereas now you sometimes have to put up in the hospitals with second-rate lecturers?—I should think that is undoubtedly the case. At the present time there are well-known men at the top of their profession who can only, I take it, give a certain amount of lectures in the week, and it might be impossible for them to go the long distances that London necessarily entails.

2987. At the same time, would it not be rather a pity to do away with lectures at the hospitals altogether, for this reason, that in some hospitals, in fact, I suppose in all, the nurses take courses

Chairman—continued.

of lectures?—Undoubtedly, I think, it would be a great mistake to do away with them altogether. The great improvement in the nurses of late years, I think, has been caused by the interest that some members of the staff have taken in giving lectures to them; but I think that would go on in just the same way on the part of the staff of the hospital.

2988. That system of lecturing which you mention is not, as a rule, entirely disinterested?—No.

2989. It is done for fees, I suppose?—Yes; I do not think anything at a hospital is wholly disinterested.

2990. At Berlin this exists; students are not allowed in most of the general hospitals, I believe; but the university has a few hospitals attached to it for instruction purposes. I suppose you would not withdraw the students from the general hospitals of London?—No; my idea is that with regard to the hospitals of London, I would divide London into districts. Take the districts your Lordship is most associated with; I would connect the Middlesex Hospital and the parish infirmaries, or sick asylums, as the case may be; and so again in East London, I would connect the London Hospital and St. Bartholomew's Hospital, the Poplar and Stepney Sick Asylum, and the infectious hospitals at Homerton; I would connect them altogether in one group, dividing London into so many different parts.

2991. Then, I suppose, that really this medical instruction would be a sub-head of some location scheme for hospitals?—Yes.

2992. Have you any definite idea of what the location would be?—Only that I would divide London distinctly into different districts, very much in the same way as the Asylums Board have divided London into districts for dealing with infectious diseases; in fact, the districts

Chairman—continued.

which are already assigned, with the consent of the Local Government Board, seem to me to be districts which might very well contain every description of hospital and infirmary which was required for the sick.

2993. Then to control such districts you would require some central body?—You want some independent body independent of the hospitals; some one who would stand in the position of the friend to the father of the boy or young man who wishes to enter the medical profession. Of course one looks at these schools, not primarily as affording an income for the professors, but that the students are going out all over England, all over the world, and they should have the opportunity of learning every description of disease. As I think I said in my last examination, it is a great mistake that these young men are debarred from seeing the ordinary forms of disease in the parish infirmaries, which they are likely to see a great deal more of in their lives than they are of the more difficult operations and questions that may arise.

2994. But now as regards this controlling body or board, one of the difficulties about that would be that you would require a certain amount of funds for office expenses and so on; where is that money to come from?—I do not think you would require much, because after all the hospitals would carry on their own work. All you want is in each of those districts to bring together the representatives of the different charities, who would meet, probably at one of the existing charities, probably at the hospital, and the medical part of it would control to a certain extent that part which belonged to them, and the lay members would, as they now do in the general hospitals, control the other part. The great point seems to me to be the having a central body which would be collected from all the different institutions which are recognised as belonging to it, but which at the same time, in the interests of the students, should be independent of any existing institution.

2995. Would not that rather lead to the sinking of the individuality of each separate institution?—What I take it is in your Lordship's mind when you speak of the individuality of the institution is the interest which the persons connected with it would take in it. I should think that would not be sunk. I should think, on the contrary, that you would find that persons would take a greater interest in a group of charities in one district than they would in just simply one isolated charity. I am not thinking of any particular district in London. I fancy that if I or others interested in that locality felt that we were elected in some way to control not simply one hospital, but a group of charities for the relief of the sick, you would have no difficulty in getting the people to do the work. I take it that that is what you mean by your question?

2996. Yes. Such a board as that would of course, in your own mind, be independent of the rates?—Yes, certainly.

2997. And do you think that, supposing you had a board to control all these hospitals, the general public would not consider that it in some sort or other had a large amount of funds, and therefore would stop their subscriptions?—I think there is always a vague idea in people's minds as to where funds come from; but I think if it were put very plainly before the public that money was required for a specific object, they would give it. You mean if you were to merge the London Hospital and the Sick Asylums in Poplar or St. George's-in-the-East into one category, the public would say, "Oh, very well, the funds will be forthcoming." There might be a difficulty in that direction, but I should not think so.

2998. Then are you of opinion that there is so much philanthropic feeling in the public that, no matter what the fund is, if the institution, or group of institutions, is good, the amount of money needed will be forthcoming from the public?—I have always found that that is so. I have been a beggar for these institutions all my life, and I have found that if you have a really good object the public will subscribe to it.

2999. And that the public are good judges of that; that if they do not give money, it is probably because the institution is rotten?—I take it that that is a very good way of putting it.

3000. As regards this locations of hospital, as you are aware, at present all the hospitals of London, with two or three exceptions, are in an area of about two square miles?—I know that.

3001. The first step towards any location scheme would be taking away hospitals from certain districts, and placing them where they would be more useful in the town, or else putting some of them out in the country; have you considered that?—I have considered that a good deal; I have spoken to many people about it. It is perfectly absurd at the present day that if you walk from the Law Courts to anywhere about here, you should pass King's College Hospital, and then Charing Cross Hospital, and then the Westminster Hospital, and then come on to St. Thomas's. Two of those hospitals are not required for the purposes of the neighbourhood, and if their sites could be sold, and if they could be moved, one into the south of London, and one into the north of London, of course their powers of doing good would be enormously increased.

3002. Then, continuing your expedition, after leaving Westminster, if you went round towards the west you would come to St. George's, and if you continued it to the north-east, again, you would come upon the Middlesex Hospital, University College, and the Central Sick Asylum, which there is in that neighbourhood, and then at a very short distance you have St. Mary's?—I was struck some years ago on that point, at the time the cholera was expected, when I was consulted, I think, by Sir William Harcourt, then the Home Secretary, and others. In dealing with cholera, of course, the great point is that the patient should be moved as short a distance as possible; and with the assistance of the gentlemen who is the present medical adviser of the London County Council, Dr. Shirley Murphy, we took the map of London, and we found out that it was nearly possible with the public institutions that no person should be carried more than half a mile, there were so many of them. I take it that if your inquiry could cover this point, if you had a map

Chairman—continued.

a map and saw the different districts, how they are peopled with institutions for the relief of the sick poor, including poor law asylums and the existing hospitals, and some of the better of the special hospitals, you would see that London is extremely well provided, except in the extreme outlying districts of the south and the north; and if you could move one of those two hospitals in the Strand, and perhaps make a little alteration in the district you are more immediately connected with, that of Middlesex and the University College Hospitals, if one of those could go away elsewhere, I think London would be amply provided; because the wants are not what they were before Gathorne-Hardy's Act came into operation. The very poor of London are extremely well cared for; and the hospitals that are built for them are a great deal better planned than some of the old hospitals which you, my Lord, and I myself are connected with.

3003. Now, it was suggested to us by one witness, I think Sir Morell Mackenzie, that it would be a good thing to take some of these hospitals out into the country; but a doubt suggested itself as to whether you would be able to get the same amount of first-class attendance by medical men at a distance from London of, say, 10 or 12 miles, as you can get near at hand?—I remember years ago Mr. Jonathan Hutchinson, the present head of the College of Surgeons, suggested to me that there were certain operations with regard to which it would be very desirable if they were performed outside the London Hospital. As you know, we have 700 beds always occupied there, and in the case of some of the more severe operations, he suggested that the persons who were operated upon would have a greater chance of recovery if they were operated upon in pure air. He himself suggested at that time Southend; but we secured, with his sanction, a site at Brighton. A very liberal gentleman put 5,000 *l.* into the hands of the committee (of which I was chairman) of the London Hospital, to acquire this site in order that operations might be performed outside London; and I think Mr. Hutchinson was quite prepared to take his share of going down to perform these operations. Unfortunately the Brighton people took alarm, and the property, some of the Wyndham property at the top of the Rock-gardens, was rebought from me, and we were unable to carry that through. But I should take it that it would be of the greatest possible advantage in some cases of operation to have it performed outside the wards of the London Hospital; I have no experience of any other.

3004. Even supposing that this difficulty of getting surgeons to go down two or three times a week to a distance of, say, 10 or 12 miles from London were got over, Brighton is rather far, 50 or 60 miles?—It is very easy to get there.

3005. It would take a surgeon a whole day, or a large part of a day, to go there and come back?—Brighton is within an hour and 10 minutes of London.

3006. But supposing these hospitals to be within the distance of 10 or 12 miles, the difficulty of the staff going down would be obviated by having a larger number on the honorary staff, would it not?—Yes.

3007. So that the difficulty of the staff is not an insuperable one?—No, I should think not. I mean that the whole present system of the election of the members of the staff altogether seems so peculiar, that any system which would bring in perhaps some larger number, I should think, would be desirable for the interests of everybody.

3008. Then about students; students would have schools in these hospitals in the country, would they not?—I take it that they would be attached to one of the existing hospitals in London with a school already existing.

3009. Would you build any general hospitals nowadays with 500 or 600 beds?—Certainly not.

3010. Or 400 or 500 beds, without giving the students the opportunity of going there?—I should be very sorry to see a new hospital built for anything like that number, 400 or 500, in future. We could not help ourselves in the Whitechapel-road. I happened to be chairman when we built the last wing, and it was a question whether it would not have been better then to have built another hospital instead of increasing the London Hospital to its present size.

3011. For what reason do you say that?—I suppose at the present moment there are 700 patients lying in that hospital, and in a smallish area; the houses round are pretty well packed with people; the whole district has an excessively large number to the acre; and I do not think that people have perhaps quite the same chance of getting fresh air as they would have if they had a much smaller number of beds in that hospital.

3012. If that remark applies to the London Hospital, does it not apply with much greater force to very nearly all the other hospitals in London; because, if I remember rightly, you have a very large garden there?—We have a fairly large garden there. We have been obliged to build a good deal over it, but now we are taking out the hospital actually to the Mile End-road, because we want additional accommodation; but I should take it that your Lordship is quite right, and that the hospitals which are in your mind would be much better if they had more fresh air round them.

3013. Take Charing Cross; there is not a square inch of open space there, I think?—No; Westminster the same.

3014. And St. Mary's to a great extent?—And King's is the same.

3015. St. George's is in rather a different position?—St. George's is a hospital *per se*, in every way; a hospital for gentlemen's servants, beautifully placed and with plenty of fresh air.

3016. Why do you mention gentlemen's servants?—I always look upon St. George's as being a hospital for gentlemen's servants. Placed where it is, it has not a very poor population immediately attached to it: I think the Westminster, or King's, or the London, or even the Middlesex has; but with regard to St. George's, I do not know, it may perhaps be more as a *façon de parler* than anything else, but one has always

Chairman—continued.

always looked upon that hospital as doing a grand work, it is true, but a work among gentlemen's servants.

3017. Of course a governor subscribing to a hospital is quite entitled to send anybody he chooses to it?—In the case of the London Hospital he may send him, but we do not necessarily admit him. The governors, I mean, have no privileges at the London Hospital, if they knew it. They are entitled to so many letters, as far as the out-patients are concerned, and a person is never admitted unless his case is the worst of those applying for admission.

3018. Supposing a man subscribed to a hospital 3 *l.* or 5 *l.* a year, which entitles him to be a governor, do you think it wrong that he should send his servants to the hospital?—I do not think the hospitals were ever built for that.

3019. Is this in your mind, that he would perhaps send a butler who was earning 70 *l.* or 80 *l.*, or it might be 90 *l.* a year, to the hospital, and that he could not be considered a poor person?—I do not want to convey the idea that people with black coats on their backs are not often poorer than people without them; but at the same time I think it would be very wrong for the staff to admit a gentleman's servant into a hospital if a poorer man were waiting for a bed.

3020. Then you do not consider that subscribing to a hospital does entitle you to send anybody to that hospital?—That is what we have come to recognise at the London Hospital. We print on the ticket that it rests with the staff whether the patient will be admitted or not.

3021. Do you know that at St. George's there is a very old rule (I think it is a rule of one of the founders) that no one is to be admitted into the hospital who is earning more than 10 *l.* a year?—I did not know that.

3022. The object of it being to exclude wealthy people's servants?—I did not know that they had the rule.

3023. Then you have some views, I understand, about the affiliation of hospitals and infirmaries?—Yes; on the principle on which I have already answered you, I think that would be the greatest possible advantage if, in the different districts, all the charities for the relief of the sick poor were amalgamated together; I would have them in separate districts, with a board formed from the different hospitals, and also in some way or other, of course, taking care that the poor, who were the persons to be relieved, were represented on the board.

3024. But then, would it amount to this, that you would have a board which would answer to what is called the Bureau Central in Paris; if a person goes to that Bureau Central, they have to ascertain by their returns where there is a vacant bed, and they send the applicants to such vacant beds as there are; and the individual hospital itself is nothing but a branch of the Bureau Central?—That is an excellent system.

3025. You think that would answer here?—It is an excellent system; there is no delay. At the present moment a governor may give a letter; if he is interested in the person he writes up to ascertain if there is a bed, and if there is a bed there is not the slightest delay. So, with regard

Chairman—continued.

to the infectious diseases hospitals in London; we know at the Asylums Board office at this time, every hour, the number of beds that are vacant, and exactly where to send a patient. If one hospital is full the ambulance has to take the patient to another hospital.

3026. Would there not be a difficulty in discriminating as to who should go on the charity and who should go on the rates?—There might be some difficulty, because of course the Local Government Board would have to have a say in the matter, but I should think the difficulty might be soon threshed out.

3027. Would not that soon lead to bringing in the Government inspector, or would that be a necessary part of the scheme, having a Government inspector or inspectors?—I have never thought that out. I should not like off-hand to say whether it is desirable. I should think it would be extremely desirable to have someone responsible who would be able to inspect all the hospitals, and be able, by continually seeing any abuses that might exist in one hospital, to find out whether they exist in another. I think the principle of a Local Government Board inspector is a very good one. Their inspectors inspect all the different poor law infirmaries, and when they find out anything very advantageous in one place they tell it to another; and I should think that would alter the whole thing with regard to hospital administration.

3028. Do you think an inspector by walking round a hospital would be able to see anything of the interior economy, and could find out its weak points, or find out the advantages or disadvantages?—No; except that a man whose business in life it is to give his mind to that sort of work is able to find out abuses much more easily than a person who is simply confined to one particular hospital.

3029. You do not think that there would be any disadvantage in such an inspection?—It is the first time I have been asked the question, but I should think it would be an advantage to have a certain number of trained men to go round the hospitals, and, so to speak, find out the good points in one hospital, and, at all events, mention them to the committee of another hospital.

3030. Such a person would have to be almost what you would call a hospital expert, I presume?—Yes, he would have to be a first-rate man.

3031. Now, would not such a first-rate man require paying?—I suppose he would, certainly.

3032. Unless it were put on the rates, where is all the money to come from?—Suppose you take it with regard to the different hospitals of London, if they all paid a certain proportion it might be to their advantage, because they would save money very considerably, very often a great deal more than his salary, by the improvements he might tell them of which were carried out in one hospital and not carried out in another. I think the system is too disjointed in London; we have no unity of action in the hospital administration. The poor law work in one way, the general hospitals work in another,

and

Chairman—continued.

and private individuals, I suppose, work in a third.

3033. In fact, is this your opinion: that if some such scheme could be devised for location with a central body to exercise a sort of influence over them or to direct them, thereby the aid afforded to the poor sick in London would be materially increased?—Yes.

Earl *Cathcart.*

3034. I think you rather take the view which I have always taken, that a large diagram or map would be exceedingly valuable, showing all the medical charities in the metropolis; on the principle that the eye assists the mind to understand the whole subject?—Yes; I think there is such a map existing. I think Dr. Shirley Murphy has a map of that character; he was a Local Government Board official, and he is now the officer of the county council; but there was a map prepared at the time when we expected the cholera, which showed all the hospitals and places in London which were available in case of an emergency.

3035. Then, in regard to servants admitted into St. George's Hospital, we have all the statistics here before us; and, so far as these statistics are reliable, only 7 or 8 per cent. of all the patients of St. George's are of the class of domestic servants; there are seven housekeepers returned, 16 ladies' maids, 56 cooks, 29 butlers, 37 grooms, 16 footmen, 73 coachmen, and 53 general servants; that makes 7 or 8 per cent. of the whole of the patients; the total is 287 of this domestic servant class, and the number of in-patients treated was 3,482; that means that something like 7 or 8 per cent. were of the class of domestic servants. With regard to the inspection, I daresay you would agree with me in this: I had a great deal of experience at one time with regard to private lunatic asylums, and also in reference to the county asylum at York; and we found that the medical inspection there by the commissioners was of exceeding value in every case; that the different institutions all worked up to this inspection, and the inspector had a wonderful knack of finding out any weak places?—I agree with you; I think it is perfectly marvellous how soon and how readily a man who gives his mind to one particular thing, and with an apparently, to us, merely superficial examination, is able to see the faults of any particular system; I mean a man whose business in life it is; and I think it would be of immense advantage to London to have some independent person who could go round to the hospitals and pick up the good points in one and take them to another.

3036. In regard to the question of a central association, has it ever occurred to your mind that there might be, or would it meet your view if there were, some sort of an association of chairmen or delegates of the various hospitals?—There is something of that kind at the present moment at work, but I do not think it quite carries out all one would wish.

3037. There is, for example, an association of county councils, in which Lord Thring is active, doing good work; there is also a meeting of chairmen of quarter sessions, which I know myself has done good work; but you would not exactly see your way to an association of that sort in regard to hospitals?—No; I still think that the idea of dividing London into different districts, and in each district taking in all the buildings which are for the relief of the sick poor, would be better; it would not be so big as if you had it all over London, and I think it would be of immense advantage.

Earl *Cathcart*—continued.

Chairman.

3038. Does not what Lord Cathcart suggests occur practically: that the various hospitals, when they want to know what they had better do with regard to the wages that they have to give, or any matter of administration, write to their friends at the other general hospitals, and they are very ready to afford one another advice?—Undoubtedly, there is a very happy feeling existing among all the hospitals in that way.

3039. So that there is a great amount of co-operation as regards management and administration?—Yes. It does not quite convey to my mind what I am trying to express: that if you could have all the charities in a district connected together, you would be able to treat the poor, I think, in a better way than they are now treated with the disjointed manner in which the charities are at present worked.

Earl *Cathcart.*

3040. Something in the nature of a hospital clearing-house system is what you really would like?—Yes. You may see a patient now take the run of the hospitals, a person who is able to do so. I daresay it would be the same with myself; if I heard of someone who had been cured in a different hospital from that which I had been in, I should like to take my chance of going there. You get patients who are running round all over London to the different hospitals.

3041. Did you ever think of the Paris plan of having a large sort of co-operative arrangement for the purchase of appliances and drugs?—No.

3042. We were led to believe that there was some institution in Paris where all the hospitals were supplied from one centre with those things?—The Hospital Sunday Fund is doing that surgical appliance work at the present moment.

3043. But that is hardly a co-operative system with a central place to which the various hospitals could send and buy things at a cheap rate; cost price, for example?—The Hospital Sunday Fund do get the different artificial limbs, and what is required, at a very much reduced price to the general price.

3044. I want to ask you a question of some little importance, and one to which the answer, I think, can be best got from yourself; that is in regard to the condition and division of the people of East London and Hackney. This paper before me is a very elaborate paper by Mr. Charles Booth; you are acquainted with that paper?—Yes.

3045. Do you know Mr. Charles Booth?—I know him.

3046. Do you think that a reliable paper that we might derive information from?—I think he took immense trouble with regard to the

Earl *Cathcart*—continued.

persons whom he employed to get the information.

3047. He employed the school board officers and the relieving officers, he says, and also he had access to the central statistical offices, of course?—Yes.

3048. And he has published in this paper very interesting definitions with regard to the "poor," and the "very poor," and probably those definitions are, as far as you know, correct definitions?—Yes; I should think so. I think the people who are the very poorest in London are not the very poorest in appearance; I mean the people who are suffering most are the respectable poor rather than the very poor.

3049. He defines poverty and want and distress, and his definitions would appear (and I should like to know whether that is your view) to be correct definitions?—Yes, I think so.

3050. Then he says that drink is the principal cause of want and distress in 14 per cent. of the cases he has traced; that is not as a contributive cause, it is as an immediate cause of want and distress in 14 per cent. of the cases; then he says the Whitechapel Jews are very sober people?—That is quite true.

3051. And that they go down to about 4 per cent. of want and distress caused by drink. I mention the drunkenness, because you referred to that in your evidence before, and you observed that there is comparatively little drunkenness in East London compared with what existed in former times?—Yes; East London is a different place from what it was in 1855, and about that time when I first came to East London; there is nothing like the drunkenness that there was.

3052. Mr. Booth says in the paper in question that the south side are rather jealous of all that has been done for the East End of London; that on the south of London there is distress and want, and that they think that more in proportion has been done for the East End than for the south?—I should think that is undoubtedly true. Taking that district stretching from New Cross right away towards the Crystal Palace, I always fancy that the Bishop of Rochester has the most awful district that a man can possibly conceive; it wants everything. A great deal is being done at the present moment; but comparing the poverty of East London and that of South London (I have no experience excepting what I am told in regard to South London, though I have great experience in East London), I should think the poverty is infinitely worse in South London than with us in East London.

3053. And in South London there is great deficiency of hospital accommodation?—There is none between Greenwich Hospital and St. Thomas's; there is that new little hospital founded in memory of Dr. Miller; that is the only one.

3054. Then you would recommend any of their Lordships desiring information with regard to the East End of London to read this paper of Mr. Booth's?—Certainly.

3055. As containing probably the most valuable information on the subject that could be obtained anywhere?—I do know that, independently of the two sources of information that you have mentioned, the relieving officer and the school board officer, he employed other agencies of a most reliable character. He took an immense deal of trouble in getting his information, and as far as any statistics are correct, those are very reliable.

Earl *Cathcart*—continued.

3056. And also the definition which he gives of "poor" and "very poor" are correct?—I should say so.

Earl of *Arran*.

3057. I do not know whether I understand you right, but in the institution of this central body for the management of the affiliated charities, would there be any direct representation of each of the different charities on it?—Yes; I would have each charity represented on it, and I would also have the persons we are dealing with represented on it.

3058. Then you would have three kinds of charities, supported on different principles, managed by one body; the poor law dispensary, the provident dispensary, and the hospital?—Yes.

3059. Would not that raise a certain amount of friction; do you think it would be possible to carry on the business in that way, where you have the three different kinds of charities deriving their funds from different sources?—I would not interfere with their internal management in any way, but I would have the central body, which should meet and decide matters, common to all of them; and I think that would be greatly to the advantage of all of them.

3060. And, in your opinion, that could be done without interfering with the internal management?—Certainly.

3061. Of course, you have one kind of charity supported by payment of contributions, and another by payment from the people to be benefited, and a third by the people through the rates?—I remember at the time when the shipbuilding trade left the Thames, and there was great distress, we had a committee, of which I was chairman, including clergymen and medical men, and we worked very closely in connection with the Poor Law in regard to getting people removed. It was a time when we had the best mechanics in the world thrown out of employment, the workers in wood, shipwrights; and we worked then in conjunction with the Poor Law for a period extending over some two or three years, the Poor Law or the Local Government Board officers, who acted as inspectors, and the guardians; we worked in touch so as to avoid overlapping, and I think that nothing but good resulted from it.

Chairman.

3062. Would you like to have the medical and lay members of this board working at the same board?—Certainly.

3063. You would prefer that to having two committees, a medical committee and a lay committee?—I think I would have them all together, and they could subdivide if they thought proper. I think it is a great advantage that the medical men and the lay authorities should work conjointly.

3064. I think

Earl of *Lauderdale.*

3064. I think you stated that the nomination of the staff of the general hospitals in London was conducted in an unsatisfactory manner?—I do not say in an unsatisfactory manner, but what was in my mind when the Chairman asked me the question was this: I was thinking that to-morrow I am asked to go and elect an assistant-surgeon for the London Hospital. There are a number of the best men in London competing for this. On one side, you may say, that there may be men who have been trained in the London Hospital who have been all through those offices and are candidates; and on the other side there are outsiders, first-rate men, who also want it. I am inundated with applications from personal friends recommending this gentleman or that gentleman.

3065. By the "staff," you mean the medical staff, of course?—I mean that there is an appointment of assistant physician (I think it is) to-morrow, and I happen to be a very old member of 24 years' standing, of the London Hospital, and I am besieged at the present moment on all sides by applications from these gentlemen and from their personal friends, asking me to vote for them. I think that system is a bad one. In the interest of the poor, I do not care sixpence about these men's future. Of course if a man gets to be assistant physician at the London Hospital, it is not all honorary; it is honorary as far as that, but probably it means his future affluence. But I would like some one much better qualified than I am to judge who is the best man to look after these sick poor. I would have some different system of election.

3066. What system would you suggest then?—I think I would have a system which would bring trained men to bear, who would be able to know who the best man was.

3067. And would you open the door to all?—Undoubtedly.

3068. You would not confine it to those belonging to the London Colleges of Surgeons and Physicians?—No; when I am dealing for another sick man I would not think about the hospital or about any feeling in the particular school; I would get the best man that I could.

3069. From anywhere?—From anywhere.

3070. Then did I understand you to say that you would locate the hospitals out of London rather than have them in the dense parts?—I think you ought to have a hospital, as the Chairman suggested, just out of London affiliated to the existing hospitals, because the chances of recovery for patients would be greater if the operations were performed in fresh air instead of in the vitiated air, say, for instance, of East London.

3071. Then with regard to those hospitals, I think I understood you to say that you would not have them large hospitals to the extent of containing 400 or 500 beds?—No.

3072. What would be the objection, if they were in the country, to that?—I think there would be the objection of physicians and surgeons in good practice not being able to get out to them; but I think a small operation hospital outside London for bad cases, or a hospital also where cases could be taken which could not be

Earl of *Lauderdale*—continued.

taken to the ordinary convalescent homes (where they do not care as a rule to take patients who want professional nursing), would be most beneficial; that description of hospital would be invaluable, I think, outside London.

3073. How would you draw the line?—I would have it comparatively small, not more than 40 or 50 beds.

3074. Would you have these dotted all round London?—I do not think you want so many of them, but each general hospital in London wants something between the convalescent hospital and the hospital in London.

3075. You would still retain the London hospitals?—Yes; I hope if the London hospitals are moved they will be moved nearer or into the district where these people are.

3076. Then with regard to the governors at St. George's Hospital, did I understand you to say that if they paid a certain sum that entitled them to send patients there?—I think I said that as far as the London Hospital is concerned, we live by the indulgence of our governors. About St. George's I only know from hearsay; it is a splendid hospital, doing a magnificent work, but from its position it is not able to do the amount of work among the poor that the Middlesex or the London Hospital is.

3077. I have heard from a governor of St. George's, that on paying a certain amount you were then entitled to send patients there; that you could get a bed there. I do not mean that you could ensure getting that bed whenever you chose, but that it was within the competence of the medical officer at the moment to admit the patient or not?—I quite follow the question. I think it is this: that the pressure in St. George's is comparatively slight, compared with the pressure at some of our hospitals. The pressure at the London Hospital is so immense that if I, with any influence I might possess, was to send a particular patient, I should not have the slightest chance of getting him in if another person was waiting who was much more ill. The fact is we want additional accommodation, because we are unable to take persons in in the earlier stages of their disease; and when they come to us we are obliged to take them in because they are so ill that we do not dare to refuse them. The difference between St. George's and the London Hospital is owing to no fault of St. George's, but is just simply the result, as a matter of fact, of where it is placed.

3078. Admission to St. George's is comparatively easy?—I do not know, but I should think it is, as compared with the London Hospital.

3079. Then with regard to these inspectors that you suggest, what class of persons would you have for that purpose?—I think I would have a highly trained medical man.

3080. Of high standing, I suppose?—Yes.

Lord *Thring.*

3081. I understand that your ideal hospital would be this: a large hospital in London for receiving the cases, a small special operation hospital in the country, and then I presume a convalescent hospital besides?—Exactly.

3082. Then with respect to this centralisation, I understand

Lord *Thring*—continued.

I understand that you are entirely in favour of a central body, consisting partly of nominated governors, and partly representative, partly lay, and partly medical, who should have power over all the hospitals in London?—If you divide London into six centres I would have six different committees, so to speak. London is so big that I do not think if you were to work from one centre you would ever get the individuality that you would want.

3083. You would have six such centres?—I would have six; I would take the same number as we have at the Asylums Board for dealing with infectious diseases.

3084. Whatever number you have for the centralization, do you intend to give them power or only make them an advising body, because that makes all the difference?—I would not take away from the management of the existing institutions one iota of their present power, but I would have these gentlemen meet together, and powers should be given to them certainly with regard to the recommendation of patients.

3085. Do I understand you to say that you would give the central body, as I will call it, I mean the board you have spoken of, power (I say "power" advisedly) to recommend patients, although the individual hospital did not wish to receive those patients?—I would certainly give the central body this power, that any person who wished to go to a hospital should be able to apply there instead of to the existing hospitals.

3086. I want to know whether you would give a central body, however chosen, power to overrule the discretion of the individual hospital in the reception of patients. I am not offering any opinion upon that; I want to know what your opinion is?—I do not want in the least to fence with your question for one moment, you may be sure of that; but I will go back to what I said before, that I do not think I would interfere with the internal government of the hospitals, but I think I would give this body power to recommend, and let every person in their district know that by applying to this place they could get immediate treatment for the disease that they suffered from, either if they were paying patients in a paying hospital, or if they were pauper patients, they would be put in communication with the relieving officer, or in the case of ordinary patients, they should be put in the general hospital.

3087. Then I do not misrepresent you when I say that your opinion is that there should be a central body having power to distribute patients amongst the general hospitals?—Yes, I do not think you would be very far wrong. Only, as you talked about the component parts of this committee as being persons who represented the different charities, I would add that there should be distinctly a representation from the persons who go to the hospitals.

3088. Do you mean from the poor?—Yes, from those persons who use the hospital.

3089. In other words, from the poor?—Yes

3090. I will not go into the difficulty of election, but your general opinion is that there ought to be a central body composed of representatives of the poor, representatives of the hospitals both on the medical and the lay sides of the hospitals, and some Government representation, who should have the power of distributing the patients in the several hospitals; that would not be an unfair summary of your views, would it?—I am not quite sure that I would not go beyond that to a certain extent, and say that while they should not interfere with the internal control of the individual hospital, they should have certain rights with regard to the hospital.

3091. Then taking that statement, do not you think that any centralizing power of that sort has a corresponding paralysing power upon every individual hospital?—No. I think that the gentlemen very often who are managing the hospital take the greatest possible interest in it; but many of them are not very well suited for hospital work; they are men in business, men very much occupied, who only give a minimum of time to come there. I think you would take your body from a *larger clientèle*.

3092. Do you think you and I, for instance, sitting as governors of the London Hospital, would be equally free, or could give equally free decisions if we could be overruled at any moment in the most important function of the distribution of the patients by a central body?—I think I can answer for myself. I have so long worked with the Local Government Board, and have never found them to interfere in any matter where they thought one's own knowledge was better, that I do not think the central body would interfere in a manner which would cause friction and trouble.

3093. Then you do not agree with me in the opinion that a central interference has a great tendency to paralyse individual exertion and cause friction?—No, I do not think so in this case.

3094. Then, with respect to the inspection, do I understand that you would wish a government inspector to go through the hospitals?—No; I wish a gentleman to be appointed by the committee I have spoken of, who should be selected for his great knowledge of hospital work, who should be a medical man, I think, from preference, and who should be able to go, not simply into any one district, but all over the different districts (I am supposing that there were several of them), and should be able to pick out the principles which might be found advantageous in one hospital, and which were not worked in another.

3095. Then these men, these inspectors, would be the eyes, as it were, of the central body?—They would be its eyes in respect of the good they had found out in London.

3096. True, but they would report to the central body?—Yes

3097. Then, supposing that they reported against a particular system, or mentioned a fault in any particular hospital, would you give the general body the power to correct those defects?—I think I would only give the power of representation. If anything were represented as wrong, no one would be more anxious than the committee of the hospital themselves to put it right.

3098. One word with respect to the colleges. As I understand you, you would advocate (and there

Lord *Thring*—continued.

there I think we should agree) the view that it would be a very good thing for the manners and customs of the medical students if they were associated together for the purpose of control and discipline in a college or colleges?—Yes, certainly; I think that the present system of medical students being pitchforked into the same hospital for education and for clinical practice is not always to the good.

3099. And you would advocate their being placed under the same description of control as those in the colleges of Oxford or Cambridge?—Yes.

3100. Then I presume with regard to the clinical instruction, arrangements could be made between this college or these colleges, and the different hospitals for the distribution of the students, for the purposes of clinical instruction, amongst them?—Yes, of every kind; so that a student on leaving the hospital should have had his turn at everything he ought to know before going to the village in the country.

3101. He should be morally controlled by his college?—Yes.

Lord *Clifford of Chudleigh.*

3102. Is the present location of hospitals in London an entirely fortuitous one, or have they been placed where they are for any reason, sanitary or otherwise?—I should think it is entirely fortuitous; because most of the hospitals have been built for many years, and since they were built the population has left the centres and come into the suburbs to some extent.

3103. Do you think that with regard to the question of moving any of them, setting aside the financial question, there would be any great difficulty about it. Of course, to move a hospital is an operation which involves serious financial considerations; but supposing that those financial difficulties were smoothed away, would there be any very great objection on the part of the staff and establishment of a hospital, to its being removed to another part of London?—I should think the hospital staff would not like it at all; because my idea would be to take the hospitals to the suburbs of London, and, of course, it would be much farther for the staff to go. At the present moment at King's College, one of our great schools, it is quite possible for a man to drive down from Grosvenor-square and the neighbourhood where doctors live in a short time; if he had to go into the suburb it would be a difficulty; there would be an objection to moving the hospitals on that ground.

3104. Would not that rather point to the fact that the present position of the hospitals has not been entirely fortuitous, but that in some measure it is due to the convenience of the medical men?—I think it was because the population were settled in those districts; the other districts did not exist. The district I have in my mind that wants a hospital tremendously is the south side of London; the district beyond New Cross. When going along the South Eastern Railway you get towards Deptford, if you turn your eyes towards the Crystal Palace, you see an enormous population there which wants a hospital. And the same thing in the north-east of London; there is an immense want; but there were no houses there a few years ago.

Lord *Clifford of Chudleigh*—continued.

3105. But the present position of the hospitals is more convenient to the medical profession than the distribution you propose?—Undoubtedly more convenient for the staff.

Lord *Lamington.*

3106. Supposing that the inspector you recommend were to make some representation of what he considered to be a defect in one of the hospitals in management, and would it not be very likely that that hospital would suffer a diminution of funds in consequence, that would not be very likely to occur, and that that hospital would strongly object?—I do not mean it rather so much perhaps in that way as in sanitary matters. I daresay you are right, that it would damage the hospital if the public thought it had been reported against; but that would not come to public notice; it would be told to the committee of the hospital, who, of course, would put it in order. For instance, I have been the Honorary Secretary of the Hospital Sunday Fund since its beginning, and we know at the Hospital Sunday Fund all the details about the different hospitals as to their expenses; and when we think something is not going right at a particular hospital, we send to the representative bodies and ask them to come and see us before we recommend a grant for that hospital; and we never find, or hardly ever find, that they object to come and see us and give their reasons why this, that, and the other are not perhaps as they themselves wish.

3107. If they refused to conform to your advice you would stop the grant?—Then the distribution committee of the Hospital Sunday Fund would report to the council that they had not come, and the public must then take their own course.

3108. With regard to this central body, what kind of steps could they take?—My impression of the working of the hospitals, except those established for the benefit of a particular doctor getting into practice, is this; I think the hospital committees are most anxious to be told of anything. The Chairman has said that the hospitals always send to each other for information that they want on any particular point. There is perfect good feeling between them in that way; and my experience of hospital management is that they are only too anxious to be told of any improvement, and to adopt it, or of any fault, and to rectify it.

3109. When you were last here you strongly recommended provident dispensaries, or dispensaries being started?—Yes.

3110. Have you ever inquired into the system at Edinburgh?—No; I have heard of it. I wish very much I had had the time to go there. I do not want to repeat what I said before, but I look upon the provident dispensary system as the most important question of the day with regard to the London poor.

3111. In Edinburgh they have no out-patients practically?—And there is no necessity in London for the big out-patient departments that exist, and I believe that they are productive of the greatest possible amount of mischief at the present moment. Poor people are perfectly willing to pay according to their means if you give them the opportunity.

Lord *Lamington*—continued.

3112. And also with reference to medical students, they are not allowed to practise in hospitals in Edinburgh until they have a certificate of having attended at the dispensary for such and such a period?—I am very glad to hear of it.

Lord Archbishop of Canterbury.

3113. Supposing the six boards of which you have spoken were in existence, how would the poor sick persons proceed from the time they got ill until they got into the hospital?—I take it they would go to the central office, an ordinary poor person or labourer I mean; I do not mean an accident or a case for immediate treatment: those cases would always go at once to a hospital without waiting for any advice; but in the ordinary case of a woman suffering from some women's trouble, some medical case, she would come to the central board or central office; she would say: "I have been treated as long as I can afford it, I have no more money, I am very suffering, can you tell me where I can probably be taken in at once?" The central body would know at once where there was a vacant bed, and she could be sent there; and it would rest with the hospital authorities whether she should be treated indoors or out of doors, but there would be no delay, no waiting for a governor's letter.

3114. But people do get admitted now, almost mainly, without a governor's letter; governor's letters seem to bear a small proportion to the entire number of admissions?—That is so as far as the London Hospital is concerned; governors' letters have very little force there.

3115. There is no delay really in getting governors' letters for admission;—No, you may get a governor's letter without much difficulty; but if one hospital is very full so that it cannot take the patient in, if it is not in touch with another hospital, it cannot send the patient there. For instance, the London Hospital could not say, "You go to St Bartholomew's and they will take you in"; whereas, if the central office knew where there were vacant beds, it could send the patient to that hospital.

3116. The sick person, then, is to go to the central office?—Or his friends.

3117. And ask, "Where am I to go?" Would that be an office always open?—Always.

3118. The board always sitting?—There would be an officer acting under the orders of the board.

3119. And this officer would have the power of sending the patient to a hospital; not the board?—The board would give directions to this officer, I take it.

3120. That would really come to this one officer, admitting patients to all the hospitals in that district?—He would not admit them, but simply give the order; in your Grace's own neighbourhood he would say, "The Westminster Hospital is full; it is no use my sending you there, but I will give you an order for St. Thomas's, and you can go there at once."

3121. You would quite destroy the choice which the poor now have?—I think the choice which the poor now have is used vexatiously to a certain extent. I know that poor people will pass the London Hospital and go up to St. Bartholomew's, simply because they have had an aunt, or a cousin, or someone known to them, treated there.

Lord Archbishop of Canterbury—continued.

3122. Then you mentioned that the poor would be willing to pay. We have had it before us in evidence that the savings of the poor are not best spent in providing themselves with medical attendance; that the savings of the poor man must go to maintaining his children and wife and keeping them out of the workhouse during the long illness which he possibly has in the hospital; that he might be willing to pay, but it is almost the ruin of his family if he does?—I do not know who has told you that, but I venture to think he cannot have much real knowledge of the habits of the poor at the present time. A poor man or poor woman is perfectly willing to pay, provided you put facilities in their power of paying weekly towards their sickness which they know must come when they feel that they will get that relief at once and without any further charge. For instance, a system which I detailed here the other day, as adopted at the Metropolitan Hospital, which is only in its infancy and might be improved in a variety of ways, is that a poor man living within a mile of the Metropolitan Hospital (which adjoins the Haggerston Station on the North London Railway) by the payment of a penny a head, or 6 *d.* for the whole family per week, paid regularly, in health and sickness, can at once get medical relief when he is ill, or any of his family are ill. Then the pressure is not heavy for him; it is an insurance against it, and he feels that he gets relief at once and in a form which is convenient for him.

3123. But you would not compel everyone to insure, would you, or would you exclude those who had not insured?—I would not refuse anybody whose illness was grave, or who had broken his leg and wanted immediate relief.

3124. Would there not be a large number of persons always who wanted medical relief and, as a matter of fact, had not insured?—I do not think that that would be so if it were properly worked. A real dispensary system has not been tried in London to any extent (I am not talking of the miserable doctors' shops), because no dispensary can exist as long as your present system of out-patient relief goes on; no one would dream of going to a dispensary while he could get relief for nothing from some of the first men in London in hospitals. You have never given the dispensary system a chance of existing.

3125. May I ask you what the inspector would report to the central board upon?—There is a mass of detail work in regard to the inside economy of a hospital, which may be carried on excellently in some cases, and very badly in other cases. For instance, Lord Sandhurst is the Chairman of the Middlesex Hospital; I do not know whether he has ever had the opportunity of going carefully into St. Bartholomew's or Guy's, and finding out points which may be much better in those hospitals than in the Middlesex; and in the same way, with regard to introducing improvements from the Middlesex Hospital into St. Bartholomew's or Guy's.

3126. Would

Lord Archbishop of Canterbury—continued.

3126. Would you not want some system also to keep these boards in touch with each other?—I think it would be very desirable indeed if some system could be adopted for London, by which a certain number should go out of office every year, or every two or three years, and be replaced by others from the whole of London. I think you would find a great emulation to belong to a strong board of that kind, which while not interfering with the actual administration of the Poor Law hospitals, or the general hospitals, could at the same time take an interest in charitable work among the sick poor.

3127. Then the boards are not to direct the managers of hospitals to make changes at all?—No, they would advise them.

3128. Their work then is only to bring pressure to bear upon them; but I thought you said that there is no need for such pressure, because they would do it at once willingly?—They are most ready if only they know it, but unfortunately they do not know because they are not in touch with each other. For instance, I dare say, St. Thomas's knows very little of what goes on at the Westminster, and there may be matters at the Westminster infinitely better managed than at St. Thomas's.

3129. You do not think that there is abundant communication now, and you think that the communication would be very much increased by having a central body which would receive reports and advise, but not direct?—I think nothing but good would result from a body having a certain amount of control over the different medical authorities in a particular district.

Lord *Saye and Sele.*

3130. Do you intend that there should be a body of control as well as an inspector appointed?—My impression is that what you call a body of control, which would be simply a body of representatives from all the different charities in the particular district, should appoint some one or two, or that the whole of these different districts of London should appoint some one or two who should continually be moving about so as to see the improvements in any particular charity and get them effected in another.

3131. Do not you think it would be better for the Government to appoint hospital commissioners, such as the Lunacy Commissioners, two or three commissioners who would visit quarterly every hospital in the same way as the Lunacy Commissioners do the asylums?—I think I would sooner they were appointed by the persons who were wishing to benefit the poor; I would sooner have them appointed by the different boards than I would have them appointed by the Government, though the Government might have some voice in the matter on account of the Poor Law work which would be included.

Earl *Spencer.*

3132. You gave (at No. 1852) the scale of subscription when you gave evidence before; that I believe was with reference to the subscription to your own dispensary, was it not, the Metropolitan Hospital?—Yes.

Earl *Spencer*—continued.

3133. Now do you propose in the scheme which you have been describing now, there should be one large Provident Society for London?—No; what I would like to see is that every hospital should have affiliated to it a certain number of dispensaries. I would say, for instance, to the Westminster Hospital, "Take a radius round you of half a mile, or three quarters of a mile, or a mile," and everybody in that district should look to that hospital as the consulting physician for them in serious illness; but that there should be dispensaries in that district where any person who was ill should be able to go in the first stage of the disease and be treated. If it were only an ordinary case they would get the treatment there, but if they were seriously ill they should be able to go at once to the hospital without any governor's letter, simply on account of their having paid weekly in health and sickness as an insurance for relief when ill.

3134. And that each should have its own financial scheme; not one large financial scheme for a society in connection with the various hospitals in London?—I think it would work better if the hospital itself was connected with the dispensaries around it, and let the radius stop there.

3135. And that would be large enough you think, financially, to secure sound financial results?—I do not think the amount of money you would ever get from the poor people would ever put the hospitals in a sound financial state; but I think the public are always anxious to help the poor if they see that they help themselves.

3136. I thought last time, you said that if you got the number of members you expected for your hospital, it would put your hospital on a sound financial basis; if you got 50,000 lives?—If we got 10,000*l.* a year it would not be sufficient of itself to carry on the hospital, but it would put the hospital, with the money which naturally flowed in, in a very comfortable position.

3137. And you think that the same system could be applied to the various districts in London?—I think so.

3138. And would you propose the same scale of subscription as you proposed in your previous answer?—Yes, I think so; I would make it as low as I could; and so as not to injure the medical practitioners I would put a fixed rate of pay within which only we should take the people. I mean that if their rate of wages was over 25*s.* a week for a single man, or, whatever the figures are over a certain rate of payment, I will say, they should go to their own medical practitioner.

3139. Do you know any examples of successful provident hospitals or dispensaries on a large scale in any other parts of the country out of London?—No, there is one I heard of on a small scale in a factory town; I could not tell you where it is; but I do not know of any, because you see we have got into that system of giving, which I do not think the people ask for. I think they would far sooner feel that they were paying a certain amount according to their incomes.

3140. You have never gone into the way in which it is worked in country districts or large towns in the country?—No. While we are very anxious for the poor, we must take care not to ruin the medical men; and I think that a certain

Earl *Spencer*—continued.

wage ought to be arrived at. It would have to be thought over very carefully, beyond which we ought not to take people into our charity; but that is only in the interests of the medical men.

Chairman.

3141. Do you prefer, on the whole, the organisation which would be by private endeavour, or by Government?—Infinitely that by private endeavour. I think it is a great mistake to make people depend upon the Government.

3142. At the London Hospital, have you a residential college for students?—No, we have not a residential college in the way you mean, not like that which you have at the Middlesex Hospital, for instance. We keep a list of proper places for the young men to live in, houses that we can recommend; and we have a splendid college where they can have all their food, a club house and everything of that kind, but not sleeping accommodation.

3143. Do you think there are advantages in having a residential college for them to sleep in, to be under the eye of the Dean?—I think certainly.

3144. Do you think that that is so much the case, that it is worth while for the hospitals to make sacrifices, and pay any loss that there might be on such a college?—Yes, I think it is for the benefit of the hospital.

3145. And of the young men?—And of the young men.

3146. Have you a system of reading at the London Hospitals, ladies who come to read?—We have a number of ladies who take an interest in the hospital, and who do a great deal of work, always provided that it does not interfere of course, either with the treatment of the patient, or the work of the chaplain.

3147. And do you find that they are a good channel for obtaining complaints from patients supposing they were made?—No. I think it is a very difficult matter to get at the truth with regard to complaints of patients who are in hospitals. I do not mean to say that they do it unkindly but I think they imagine things and exaggerate difficulties.

3148. But still it is a good thing that such complaints, whatever they may be, should be brought to light?—Yes. I do not think now that with the present class of nurses we have in hospitals, any real complaint is made without being remedied. I mean that the nurses in the hospitals are so essentially different from what they were some years ago.

3149. You suggested a short time ago, in answer to a noble Lord, that you would build a certain number of small hospitals with 40 or 50 beds; would not that lead to tremendous extravagance and expense?—I would certainly suggest if it were possible that a certain number of small hospitals should be built outside London, within easy access for the staff, for operations to be performed, when there would be a better chance of life than in the existing vitiated atmosphere of some of our London Hospitals.

3150. One of the faults found with the present special hospitals is that they have a very small number of beds, and that therefore the cost per bed for administration is very great?—I would

Chairman—continued.

make this hospital in the country part of the General Hospital in London; it should be worked from the General Hospital in London, so that there would be no fixed expenses.

3151. Has it ever occurred to you to have three different classes of patients at paying Hospitals,—first, second, and third class,—one cheap, the other a little more expensive, and the third class luxurious?—No; I do not know why it should not be worked; I have never thought it out very much, but I do not see why it should not be done. I do not think you have a right to do it in a general hospital for the sake of making money out of it when there are poor people waiting to come in; I do not think you have a right to take away a bed for a paying patient in a hospital if there is a poor person more ill waiting to go into it; but if there was plenty of accommodation I should think it would be very much to the advantage of tradesmen and thers to be able to pay a certain amount of money, the same as they do at Liverpool and at the infectious hospitals.

3152. You are on the Hospital Sunday Fund?—Yes.

3153. You are, in a certain measure, endeavouring there to bring about a similarity in the accounts of all hospitals?—We take the accounts of the hospitals as presented to us, and we work from that on a basis of our own; and on the basis that we make we recommend the grant, not on the figures they give us but on the system on which we work out the accounts.

3154. Therefore you are performing one of the earliest functions of this central body that we have been talking of?—I think the Hospital Sunday Fund has done enormous good in London with regard to looking into the accounts. You see every hospital or dispensary has to furnish us with their accounts for three years previously, and we then thresh out those accounts under different heads, the administrative, the cost of patients, and the cost of secretary, and of the work generally; and we are able to see the ratio of expenditure of each of those hospitals. We will say, for instance, that at a hospital like the Middlesex, 4 or 5 per cent. may be the cost for the administration of it, for the clerical work we find in another hospital, perhaps it is 30 per cent.; and then, by representing this, and by its being known that we do this, it makes a wonderful difference I think to the hospitals. We find that as a result hospitals have been very careful about their expenditure.

3155. I do not think we need pursue that subject, because we had it all from Sir Sydney Waterlow?—You could not have it from any one better able to speak on the subject.

3156. Of course; as one has heard a great deal of the special hospitals, what struck me as remarkable is, that out of the whole number of 160 hospitals that applied to you for a grant, only two were definitely refused?—That is so; but there have been several others to whom we have made representations, whom we have seen, and who have put their house in order. Then, for instance, a small hospital may have a secretary who has been the secretary for a good many years, and who is pensioned off, and as long as he lives that pension is a heavy tax.

3157. You

Earl of *Lauderdale.*

3157. You contribute these grants from the Hospital Sunday Fund in certain proportions?—According to the amount of work they do.

3158. For instance, though you actually refused to give anything to two hospitals, there are many others I suppose to whom you give very little because they do not come up to your mark of perfection, as it were?—If we say the basis of a hospital is 3,000 *l.*, and we should give on that basis, according to the amount of money we have collected from the churches, say, for argument, 600 *l.*, if we were to give less than that, or propose to give less, as a matter of course we send to the hospital, and ask them to see us; because we do not consider that we have any right to give less without first calling upon them to see us.

Earl of *Lauderdale*—continued.

3159. Are there a large number to whom you give less than the proportion?—No, very few to whom we give less than the basis.

SIR HENRY LONGLEY, K.C.B., is called in; and, having been sworn, is Examined, as follows:

Chairman.

3160. YOU are the Chief Charity Commissioner?—I am.

3161. Will you tell the Committee what the Charity Commission is, its powers, and its objects?—The Charity Commission was established in order to exercise in a semi-administrative, semi-judicial, way the functions of the State control over charities which had up to that time, been exercised by the Court of Chancery. It had been found that the control of the court was costly, that it was intermittent, and involved long delay, and the matter was, in fact, brought to a head by an inquiry which was carried on for some twenty years by a commission, known as Lord Brougham's Commission, which sat about from 1817 to 1837, which reported as to the condition of all the known charities of the country. Towards the end of the sitting of that Commission, that is to say, about the year 1835, a Select Committee of the House of Commons was appointed to inquire into the reports of that Commission, so far as they had then been made; and that Committee, was, I suppose, one of the strongest committees that ever sat; Sir Robert Peel and Lord John Russell, and the late Lord Cranworth, and many other Members of Parliament of distinction, whose names at this moment I forget, were upon it; and they recommended, I believe unanimously, in a report which was drawn up by Sir William Follett, that the functions of the Court of Chancery in respect of charities so far as they did not affect the property of individuals, that is to say, so far as they were not concerned with deciding whether property was or was not subject to a charitable trust, should be transferred to an administrative board. It took about 18 years of persistent efforts on Lord Brougham's part before that recommendation took effect; but in 1853 the Charity Commission was appointed.

3162. Now what are your powers over endowments?—The only necessary point of contact between our Commission and all charities, that is to say all charities subject to our jurisdiction,—because I should, perhaps, begin by saying that the Act which constitutes the Charity Commission contains certain exemptions;—but so far as charities are subject to the jurisdiction, which of course the great bulk of them are, the only necessary point of contact between our Commission and that aggregate of charities is this: that the trustees of each charity are bound to render annually accounts of their receipts and expenditure. Beyond that our functions are perhaps more especially judicial than administrative functions in this: that we only act when we are called upon to act, or for special cause. As regards the accounts, every body of trustees must send accounts to us; and if accounts are not sent we have power to require that they should be sent. But in respect of other matters, it is for the trustees or the persons who are aggrieved to apply to us, as they would to the court, and then we act, or we act upon information disclosed by the accounts so rendered. Our primary function in these cases is that of establishing such schemes as the Court of Chancery could establish under the *cy-près* doctrine. Then an important function which is every day exercised, and which is the chief part of our work, is that of sanctioning sales, leases, and mortgages of charitable property; then the appointing of trustees, and vesting the legal estates in charitable property.

Chairman—continued.

3163. And all these powers extend to certain hospitals in London, do they not?—They extend to all hospitals as they do to all charities, except so far as they are supported by voluntary contributions. The Act which constitutes the Charity Commission contains this exemption; I have referred to certain exemptions, and, perhaps, the most important of all, is this one, which largely affects our relations with the hospitals to which your Lordship has alluded. The exemption is to be found in the 62nd Section of the Charitable Trusts Act of 1853, and it is this: "Where any charity is maintained partly by voluntary subscriptions and partly by income arising from any endowment, the powers and provisions of the Act shall, with respect to such charity, extend and apply to the income from endowment only, to the exclusion of voluntary subscriptions, and the application thereof." The hospitals, therefore, being most of them supported to a considerable extent by voluntary contributions, are, to that extent, exempt from our jurisdiction. I do not know whether the Committee would care to know the extent to which some of the leading hospitals are supported by endowment. I have here a table showing as to six of the principal hospitals how far they are supported by endowment and how far from other sources.

3164. Would you please give us that?—The hospital among the six which derives least support from voluntary subscriptions is Bridewell; that has only 3·36 per cent. of its total income derived from voluntary subscriptions. Then comes

Chairman—continued.

comes St. Bartholomew's which has 7 per cent. from voluntary subscriptions; then Guy's, 25 per cent.: then in St. Thomas's and Bethlem it is 25 per cent., with a slight variation; and then St. George's has 71 per cent. from voluntary subscriptions. I have the accounts here which are rendered to us by those hospitals.

3165. Therefore, although when we talk of the endowed hospitals we mean St. Thomas's, Guy's, and St. Bartholomew's, we ought really to include these others which you have named?—Yes. I should not wish the Committee to understand that no other hospital has an endowment. I was somewhat hurried when preparing to come here, and I asked Mr. Hayter, our Registrar of Accounts, to get me out the accounts of those six; but almost every hospital has some endowment.

3166. Take one I am connected with, the Middlesex; you have seen a copy of the Charter of that hospital, have you not?—Yes.

3167. There there are certain endowments; there I think the building is an endowment?—On looking at the Charter I think there is no doubt that the building is subject to the jurisdiction of the Charity Commissioners; that is an endowment in the strictest sense of the word. I have not seen any accounts of the Middlesex Hospital; therefore I am not able to say how much of the income is derived from endowment, but I have no doubt that the building is endowment.

3168. That being an endowment, have you any right to call for accounts from that hospital?—As far as I have seen I do not think there is any account we could call for. Where the endowment of a charity consists of a building only, and it is supported only by voluntary contributions, then there are practically no accounts that we can ask for. But the point of the matter would be this: the hospital building I take it, but for the special clause in the Act of Parliament, could not be sold without our action.

3169. I was going to say, therefore, supposing it was thought advisable to move the hospital into the country from the present site, they would have to get the sanction of the Charity Commissioners?—I do not think so, as the Charter stands, because I think I noticed a special power in the Act enabling the Governors to sell. If it was not for that, the sale would have to be subject to our sanction.

3170. Then supposing that that hospital has an endowment of 100,000 *l.* (I do not know what it is), ought they to send their accounts to you?—That would depend upon how the endowment was formed. If it is an absolutely capital sum of which the income only is applicable, the capital of which the governors could not spend, there would be a good deal to be said (I must not put it higher than that) in favour of the proposition that the accounts should be sent to us. But I ought to tell the Committee that the question is one which is surrounded by a great deal of difficulty; there have been some conflicting decisions in it, and it is not very easy to say how far a fund, the money constituting which, has ever partaken of the character of voluntary subscriptions would be subject to our jurisdiction.

Chairman—continued.

3171. But now as to these accounts sent to you by other endowed hospitals such as you have mentioned, do you audit them?—No; we are not directed by the Act of Parliament to do more than receive them. As a matter of fact if our attention is called to anything in the accounts, and in the large charities I think, whether our attention is called or not, the accounts are looked at in our accounts department; and if anything that is irregular is found, attention is called to it; and sometimes valuable results follow; but I am not aware within my experience that we have had occasion to notice any irregularity in the accounts of these hospitals.

3172. Then now, as the Act stands at present, you can deal with charities, with incomes not exceeding 50 *l.* a year?—We have power to deal with all charities under our jurisdiction. The 50 *l.* limit is not a limit upon our powers; it is a limit upon the mode in which our powers are set in motion. In the cases of charities with an income below 50 *l.* a year, persons other than the trustees can set us in motion; if the income of a charity is above 50 *l.* a year, the trustees alone can do so.

Earl *Spencer*.

3173. You are speaking of new schemes?—As regards new schemes, as regards the appointing of trustees, and as regards the vesting of real and personal estate.

Chairman.

3174. Now the Charity Commissioners are endeavouring, are they not, to have that restriction of 50 *l.* withdrawn; they have a Bill before Parliament for that purpose?—The Charity Commissioners have not any Bill before Parliament; there is a Bill before Parliament. I am obliged to Lord Spencer for the correction, all our other powers are exercised quite irrespective of the amount of the income of the charity.

3175. There you have the power of investing money?—We have the power of vesting real and personal estate in official trustees.

3176. And do you do that with these hospitals?—No, because they are all, I think all, incorporated; and the principal advantage to be derived by charities from vesting property in official trustees is that they obtain the benefit of perpetual succession, and where they have that benefit, it is not our practice to vest the property in official trustees.

3177. Do not some hospitals give you over certain funds for investment?—St. George's Hospital has given us over a considerable sum; I am not sure whether St. George's is incorporated; I should think it must be, but I do not know as a matter of fact; but at any rate St. George's is in the habit of giving over considerable funds to our official trustee.

3178. Do you believe that your powers of making investments exceed those of the hospitals?—I should think now since the Trust Investment Act they are all pretty much on the same footing.

3179. Well now, let us take Guy's, with 25 per cent. from voluntary subscriptions; a short time ago the Charity Commissioners had to take some very decided action in regard to that hospital,

Chairman—continued.

pital, had they not?—What happened was this: The hospital, owing to the depreciation of its real estate—the endowment being all real estate, I think there was very little personal estate—was in very considerable financial difficulty; it had a large annual deficit which the governors had met first I think by advances from their bankers, and then eventually they desired to secure the advances which had been made to them from their bankers by mortgage. Their endowment being under our jurisdiction they could not mortgage the property without coming to us; I have not got the details of the case, and I am not sure whether we did or did not sanction a mortgage in the first instance, but eventually it came to this, and this was what brought the matter to a crisis; that the governors came to us for leave to raise a large mortgage to meet their current expenditure, we said, speaking, as we had to do, as the guardians of the permanent character of the hospital, looking beyond the necessities of the day, that we could not allow the capital fund to be so encumbered, looking to the future, and that they must, instead of trying to make up their income in that way, reduce their expenditure or get money from another source. Thereupon they went to the public and got what I think amounted ultimately to 100,000 *l.*; and the capital has been saved from the heavy encumbrance which otherwise would have been imposed upon it. About the same time, (I do not know to which of the two matters your Lordship's question refers), finding that the income of the governors, even augmented as it was, was not sufficient to enable them to keep all the wards open, and having succeeded in impressing their friends with the necessity, if only for the purposes of the medical school, of keeping all the wards open, they applied to us for a scheme to enable them to take paying patients; the foundation being expressly for the poor, and in such terms as would prevent the governors from taking fees, they applied for a scheme to enable them to take paying patients; and they now receive a certain number of paying patients, I am not prepared to say how many. Those are the two points on which we have been brought especially in contact with the hospital in the last few years.

3180. Then who was it that made the application to you for leave to mortgage their property; was it the Body of Governors?—Yes, it was the Governors. The negotiations were personally conducted by the Treasurer, Mr. Lushington; but when the formal application was made—I think the mortgage never came to a formal application—but when the application was made for the scheme it was under the Common Seal of the Governors.

3181. You said their estate was almost all real estate?—Yes.

3182. In the case of St. Bartholomew's and St. Thomas's, is theirs all real estate too?—I will answer that question later on if you will allow me.

3183. In reference to this Bill now before Parliament for the withdrawal of this 50 *l.* limit, I believe the point is that any two inhabitants may requisition the Charity Commissioners to interfere in the affairs of the hospital?—Yes, and the result of that would be, if the Bill were to pass as it stands, that the application might be made by the Attorney General,—who, curiously enough, is excluded, whether by accident or not, from applying in the case of charities over 50 *l.*;—or by any one or more of the trustees, instead of a majority of the trustees as is the case now, where the income is 50 *l.*; or by any two inhabitants of any parish or place in which the charity is administered or applicable.

Chairman—continued.

3184. That being the case, two people who have a grudge against that institution might go to the Charity Commissioners, and then what would the Charity Commissioners do; would they advertise the Board of Governors to make objections?—If we had an application for a scheme, and knew nothing about the matter in question, we should send an Assistant Commissioner to hold an inquiry to see whether there was a *prima facie* case for a scheme, and the governors would then be fully heard; and in any event, even if a *prima facie* case were made out by the applicant, we should not move a yard, so to speak, without communicating with the Governors. The first thing we do, if anybody other than the trustees or governors of a charity communicates with us is to inform the governors at once, and ask what they have to say. It is our first rule never to deal with a charity behind the backs of those who are responsible for the administration.

3185. At one time had not the scheme to be requisitioned for by a majority of the trustees?—In cases over 50 *l.*

Earl *Spencer*.

3186. To be quite clear about the difference between those charities that come under your authority with an income of under 50 *l.* a year, and those over, anybody, and the Attorney General, may petition you to make a new scheme for a charity with an income under 50 *l.* a year?—No; two inhabitants, or the Attorney General, or any one trustee.

3187. But with regard to charities of over 50 *l.*, it is necessary that a majority of the trustees should petition to have a new scheme?—Yes, it is; they are the only people who can ask for a new scheme; but I should say that the part of the Act to which your Lordship is referring deals not only with schemes but with the appointment of trustees and vesting of the real and personal estates.

3188. But there are some exceptions with regard to that, are there not; there are some Acts (I think in the Welsh Act, it is so) by which other bodies besides the trustees can petition the Charity Commissioners to frame a scheme?—The Welsh Intermediate Education Act has established quite a new jurisdiction; but that is only over educational endowments.

3189. It is not over endowments like these hospitals?—No, it has no reference to them. Educational endowments have always been subject to a second jurisdiction besides our general jurisdiction; and the Welsh educational endowments are now subject to a third sort of jurisdiction.

3190. Now as an illustration you could not, could you, have dealt with Guy's so as to give them a new scheme unless the majority of the trustees had memorialised you?—No.

Chairman.

3191. These accounts when they are sent to you are sent to be criticised, but as a matter of fact very little attention is paid to them as I understand?—I should like to give a careful answer to that question, and perhaps I can best answer it by reading an extract from one of our reports: "We have adverted in former reports to the difficulty of securing the uniform observance by trustees of the duty of making annual returns of their accounts to our office, and also to the reasons for considering that no serious mischief need be apprehended from the want of complete regularity in this particular. It may, however, be useful to explain with somewhat more fullness the precise use of these returns, especially as some misapprehension may exist as to the functions of the Board in this Department. We consider the returns of accounts to be of great use and importance in the following respect. The obligation to make such returns under liability to have that obligation enforced at all times induces accuracy on the part of administrators of charities in the discharge of their duties. They afford the latest statistical information respecting endowments. They are most valuable for reference in cases calling for special inquiry or intervention by the Board, and it is important that all persons interested in endowments should be able to exercise their right of examining such accounts of their management. These advantages are secured without any general examination or central audit of all the accounts in our office. The Charitable Trusts Acts do not prescribe, nor, as we think, contemplate such a gigantic operation, for which, moreover, the existing establishment and machinery of our office would be utterly inadequate. In all necessary cases, however, the accounts are subjected to a rigid examination under our direction."

3192. That is to say after some complaint has been made by somebody else?—Or when attention has been directed by examination in the office, the accounts are examined as far as we can examine them. Mr. Hayter, our Registrar of Accounts, who is in the room and has had charge of that department for upwards of 30 years, if your Lordships were anxious to know more about it, would be able to tell you; he examines the accounts so far as he can; and many irregularities are detected to which our attention is not called from without; only we say in that report that we do not profess to look at them all; and therefore we tell the public that they must not suppose if they do not hear anything that nothing is wrong.

3193. Then during this examination of these accounts if, on comparing these accounts, you find irregularities, say, a great excess of expenditure, have you power then to take any steps, or what do you do?—We have no direct power, except that of compelling all persons who have the information concerning the charities, to produce the documents and give us information; but beyond that we only have the indirect power of certifying the case to the Attorney General or threatening to certify the case to him, which is what we really do in bad cases, and then the case either comes before the Court, or as is very often the case, the threat of proceedings is sufficient to bring about a rectification of the matter. There

Chairman—continued.

are two cases likely to come, one before your Lordships' House, and the other before the House of Commons in the present session, in which we have incurred a great deal of odium in consequence of our enforcing payments, the need for enforcing which has been disclosed by the very examination your Lordship has referred to. One is the case of a foundation at Croydon, and the other a case in the West Riding of Yorkshire.

3194. But unless it were possible to take such action, surely the examination of the accounts would be useless, would it not?—Yes; and that is why in former Charitable Trust Bills, it has been proposed by more Governments than one, that we should have the power of instituting a special audit in cases where we thought it necessary, and should also have powers of surcharge and disallowance which we have not got at present. We always feel obliged to say explicitly, as I have tried to do now, that we do not examine all the accounts, for this reason: that unless the public were given very clearly to understand that, the trustees would consider when they send up the accounts and do not hear anything, that everything is right, that we have passed the accounts. We always protest as emphatically as we can that we do not pass accounts; that we only receive them and look at them as far as we can.

3195. Have you a right to say that the accounts of hospitals like these of which we have been speaking, should be audited by professional auditors, or can they be audited by two Governors acting as Auditors?—I think they should be audited by some independent auditor who thoroughly understands the work

3196. That is your opinion, but have you the power of enforcing that opinion?—No, we have no power to do that. All we have power to do is to look at the accounts, and we do sometimes tell charities that the accounts ought to be kept in a different form; in fact, we told the governors of Guy's Hospital, after those transactions to which I have alluded, that we thought their accounts were not so clear as they should be; and I understand they have altered them so as to be more clear.

3197. Now referring to the City of London Parochial Charities Act, 1883, in that Act there were two schedules, were there not, one for ecclesiastical and the other for general charities?—We were directed to place the charity property in two schedules, one general and the other ecclesiastical.

3198. What charity property was it with which you were dealing?—This is the description given in the fifth section of the City of London Parochial Charities Act, 1883 "The Commissioners shall, as soon as may be, proceed to inquire into the nature, tenure, and value of all the property and endowments belonging to the charities mentioned in the Digest of Parochial Charities of the City of London, referred to in the Thirteenth Report of the Charity Commissioners for England and Wales, and every of them, and every other charity the property or income of which is applicable, or applied to or for the benefit of any parish, or part of a parish within the City of London, or of any inhabitant or inhabitants thereof." That was the subject matter.

3199. Now

Chairman - continued.

3199. Now in the second schedule, which is called the General Property Schedule, there are several heads for expenditure, such as promoting the education of the poorer inhabitants of the metropolis, the establishment and maintenance of libraries, or museums or art collections within the metropolis, the preserving, providing, and maintaining of open spaces and recreation grounds, the promotion and extension of provident institutions and of working men's and women's institutes, and also there is something about convalescent hospitals?—It is in the last paragraph but one of Section 14, which I think your Lordship has before you.

3200. Yes; to the establishment and maintenance, in such places as the Commissioners may think suitable, of convalescent hospitals for the benefit of the poorer classes of the metropolis. Have you ever taken any steps of that description?—No we have not made any provision for hospitals in our schemes.

3201. Nor for convalescent hospitals anywhere?—No; the money has chiefly gone to open spaces, and to the institutes mentioned in the fourth sub-section.

3202. Has any application ever been made to you for funds for the purpose of such hospitals?—I will not say that no application has been made, but no very persistent or general application has been made, on behalf of hospitals. There have been some applications made on behalf of special hospitals.

3203. Then what is the fund for the general purposes of the General Charitable Fund; how much is it a year?—It amounts to about 58,000 *l.* a year.

3204. Now would it be possible, supposing that it was suggested that a board should be created for the management of London hospitals, and the accounts of London hospitals were all to be submitted to the Charity Commissioners, out of that 58,000 *l.* a year to pay the office expenses of such a board?—I should be inclined to doubt it under the words as they stand, unless it would come under a sort of residuary clause at the end of Section 14. "And generally to the improving, by the above or any other means which to the Commissioners may seem good, the physical, social, and moral condition of the poorer inhabitants of the metropolis." No doubt a proper auditing of the accounts would make the money go further. It could only come under that, I think.

3205. Is it your experience then that for the medical relief of the poor of the Metropolis the public come forward sufficiently to defray the expenses?—We do not know very much about that; I think I only know what people in general know about it, that there are very large voluntary contributions.

3206. At any rate there is not sufficient cause, in your opinion, to make provision for convalescent homes such as you have power to do in the Act?—No; the reason why we turned ourselves away from hospitals and other like objects is this: This was a very special occasion, and it may never happen again, that a large fund like this will be available; and we thought it well to devote it to purposes which, but for this special aid, could never have been effectively served; and we thought that hospitals among other institutions, would manage to get on without such aid, whereas the open spaces could not manage to get on without it probably, and these institutes would certainly never have been founded without it.

Chairman—continued.

Earl *Spencer.*

3207. On that same matter, I suppose, you have not yet finally dealt with all the charities in London; there are still schemes pending?—You mean under the City of London Parochial Charities Act? Yes, the general scheme which virtually deals with all the money. That general scheme is now before the Education Department, and unless a petition is presented that it may be laid before Parliament, within two or three weeks it will become law.

3208. Then the Education Department do not deal with schemes referring to hospitals; they only deal with the educational part, do they not?—They do under this Act, curiously enough, deal with schemes referring to the general purposes of this Act.

3209. And they have to deal with proposals for recreation grounds and open spaces, and so on?—All the purposes mentioned in this Act.

3210. In other schemes you are not obliged to go, are you, to a Government Department as you do in the educational schemes to the Education Department?—No; so long as we keep our schemes within the limits of the Chancery doctrine of *cy-près*, we make our schemes subject only to an appeal to the Court of Chancery.

3211. The educational endowments were specially accepted?—They are under a special jurisdiction, and we have to submit our schemes to the Education Department, and ultimately, if called upon, to submit them to Parliament; for this reason, that we have much more stringent powers in these cases, and therefore Parliament thought our action should be subjected to much more close supervision.

3212. Therefore, certain schemes you can carry out of your own power without coming to Parliament or any Government Department?—Yes.

3213. But certain other schemes, such as educational maintenance and others, you have come to Parliament for sanction for?—Yes.

3214. Under a Provisional Order?—No, I should correct that answer. Those schemes to which your Lordship is referring must all be submitted to the Education Department, and if a petition is presented that they should be laid before Parliament, then, and then only, are they laid before Parliament. That is an alteration which was made in the year 1873. The Endowed Schools Act, when first passed, required all the schemes to be laid before Parliament, and that was found very inconvenient; and now unless a petition is presented, the scheme is not laid before Parliament.

3215. Take that scheme for Guy's Hospital to which reference has been made; had you power to settle that without a Provisional Order being submitted to Parliament?—Yes, it was a *cy-près* scheme rendered necessary by the failure of the endowment to do what the founder wished, namely, to fill all the beds with free patients; and

Earl *Spencer*—continued.

and the foundation having to that extent failed, the doctrine of *cy-près* came in, and we were able under that doctrine, to do the next best thing, namely, to fill them with paying patients.

3216. Is there any class of schemes besides the educational schemes that you are obliged to submit to Parliament now?—Only under this special City of London Act. There again the powers are very special, going far beyond the doctrine of *cy-près*.

3217. I think you stated that in certain cases the Attorney General had, independently of you, power of interfering where accounts were not properly rendered; is that so?—The Attorney General can bring any charity before the Court of Chancery on his own motion; but, as a matter of fact, since the establishment of the Charity Commission, he hardly ever does, because we generally bring the cases to him in the first instance, and ask him to bring them before the Court; but he has the right of bringing any charity before the Court of Chancery.

3218. Do you often call upon him to exercise his power?—I should think it must happen two or three times a year; but in a great many more cases than that we threaten to do it and the threat has the desired effect.

3219. And the Court of Chancery, if they are satisfied by the case brought before them, can intervene with a very strong hand?—Yes, in the same way as they do with a breach of trust in the case of private trustees.

Lord *Clifford of Chudleigh.*

3220. In the case of sales of property of endowed hospitals, for instance, when the hospitals require your sanction to the sale, what rules do you make for the re-investment of the money?—If the trustees of the hospital or the governors of the hospital made no request otherwise, we should invest it in Government stock.

3221. If they did make such a request?—If they did we should invest it or allow it to be invested in any security authorised by the Court of Chancery. We follow the Court of Chancery.

3222. Does that refer to charities generally?—Yes.

Earl *Cathcart.*

3223. Have you got any standing order of accounts analogous to what the Local Government Board have?—No; we have forms of accounts which we prescribe; we are not very rigid about them; as long as the accounts are sent in in a clear form we generally accept them, but we like to have them of course in a uniform shape.

3224. But as regards these hospital accounts, there is no uniformity?—No, we have never required those accounts to be put into one form, because they have been sufficiently clear. I had the accounts of the six hospitals I have mentioned examined by Mr. Hayter on Saturday, and he reported to me that the form was sufficient for the purposes. His report was: "The accounts of all these hospitals are delivered in a form which is not difficult to understand, and would probably be regarded as sufficient for the purposes of those members of the public who would be likely to examine them."

Earl *Cathcart* - continued.

3225. Do the three endowed hospitals give their accounts in similar forms?—In different forms in every case.

3226. But for the purposes of comparison it would be better to have the same form, would it not?—Very much indeed; it would be almost impossible to institute a general audit, unless there were some approach to uniformity.

3227. There would be no difficulty in the matter, if the Commissioners gave those directions?—No.

Earl of *Lauderdale.*

3228. I do not quite understand the object of these accounts being rendered to you, when you seem to have no controlling power, as it were, to regulate the expenditure in any way; what object is attained by their coming to you at all?—In the first place, as the extract from our report says, it is a great inducement to the trustees of the endowment to keep the accounts regularly, if they have to be sent to a central authority with the chance of being examined; then they are also available for statistical purposes; and then, thirdly, as I said in answer to the Chairman, we do examine a very large proportion of them, and many irregularities are detected. Our powers are not as great as they might be, because we have no power of audit, and of surcharge and disallowance; but we have the indirect power, which in bad cases is very effective, of saying "This money has been improperly expended; if before a certain day you do not replace it, we shall send the case to the Attorney General." In three cases out of four the case does not go further than that, and the money is repaid. In the fourth case the matter goes before the Court.

3229. In three cases out of four they carry out your suggestions?—Probably that is what it comes to. In both the cases I mentioned as being likely to come before Parliament, that has been the case; in neither case would the trustees venture to run the risk of going before the Court, but submitted upon the threat.

Earl *Spencer.*

3230. Though you have not sanctioned any London schemes for assisting these convalescent homes, or any assistance to hospitals, in other schemes throughout the country you constantly do sanction schemes, do you not, for subscribing towards nurses and cottage hospitals and infirmaries, and things of that sort?—Constantly. We entertain a very strong opinion that dole charities cannot be applied to any better use than the promotion of nursing and convalescent hospitals. A large sum, in the last few years, has been diverted from somewhat useless purposes to those purposes.

3231. I am glad to get that answer from you. It appears, therefore, you have not neglected it in London from any opposition to it?—Certainly not; it was because we thought that there were other more urgent claims, but the central governing body constituted by the City of London Parochial Charities scheme will have an income of not less than 8,000 *l.* a year, and a continually increasing income, applicable as current income to all the purposes mentioned in the Act; and therefore

Earl *Spencer*—continued.

therefore the convalescent hospitals are not entirely shut out. The central governing body will eventually, when certain pensions and vested interests fall in, have an income of not less than 8,000 *l.* a year, which must steadily increase.

3232. And a part of that will be available for subscriptions towards the establishment of convalescent homes; is that so?—It will be.

3233. Besides Guy's, have you ever had any large hospital before you applying to you for an alteration of their scheme?—Yes, within the last few years we have had both St. Thomas's and St. Bartholomew's applying for the very same alteration. In both those cases the governors found their income insufficient to meet their expenditure, and rather than reduce their expenditure, they came to us, just in the same way as the governors of Guy's did, to ask for a scheme to enable them to take paying patients.

3234. And you sanctioned the schemes?—We sanctioned the schemes, and all three of those schemes are now at work; I believe with good results.

3235. And their funds were regulated by charter, were they?—In those cases I think all by charter.

3236. And the charter forbade their taking any fees?—Yes. On looking at the charter the provision was this: that they were bound to open their doors gratuitously.

3237. I presume you have never had any application for combination of hospitals?—Never in London.

3238. Have you in the country?—I think I remember there was an application at Beverley for the combination of two small hospitals; but they were very small subscription hospitals.

3239. It would require a combination of trustees to enable you to consider such a scheme as that, would it not?—Yes.

3240. But if there were such a combination, you would have full power to deal with it, and make a scheme?—Complete power.

Chairman.

3241. Do you think that it would be advantageous, with regard to the accounts of all these hospitals, if they had one common system of accounts?—I think it would be most advantageous.

3242. Then, would not you more completely do the work you do at present if the Charity Commissioners audited those accounts as well as received them?—Yes, I have always entertained that opinion, that our powers stop short at present.

3243. And your powers are contained in an Act of Parliament, are they?—They are contained in an Act of Parliament. We are creatures of an Act of Parliament, and cannot do more than Parliament has enabled us to do. Parliament has only said that we shall receive the accounts, and there Parliament has stopped; it has not told us to do anything with the accounts when we get them.

Earl *Spencer.*

3244. Supposing that, in the country, a scheme, which you had approved of, were allowed to come into operation, and some irregularity takes place in the accounts, do you, by your scheme, give yourselves power to surcharge them?—No, we consider that we have not power to do that. We could not enlarge our powers to that extent.

3245. Then, supposing there is a great irregularity in a small charity in the country, what occurs; have you to get the Attorney General to move in the matter?—Yes, if the irregularity comes to our notice, either by a complaint from an outsider or by our looking at the accounts, and if the trustees would not give way, then the case must be dealt with by the Attorney General.

3246. Have you any cases of that sort?—We have a small number of them every year. I mentioned the number before a Committee of the House of Commons in 1884. I ought to add, in justice to our department of accounts, that our accounts are examined as far as we can examine them; but I am bound to say that they are not all examined, and I am specially bound to say that for this reason, in order to guard against misapprehension and the belief in the public mind that the accounts which are received and not criticised are passed. If I may be allowed, I will put in a copy of a circular which we use, and which states accurately our position in relation to these accounts, and also a copy of a statement of the law as to the return of the accounts to our Board.

Chairman.

3247. Now most hospitals publish their accounts; I do not know whether what are known as the endowed hospitals publish their accounts, I rather think not?—I do not think they do.

3248. They send them to you, which is supposed to be equivalent to publishing them?—Yes. The Act of Parliament goes on to say that anyone may come and look at them at our office, and take a copy of them.

3249. Then supposing any one of the public suspected that the accounts of St. Thomas's or St. Bartholomew's were being mutilated, on that suspicion could he come and investigate the accounts of any such hospital?—He could come to our office and see them all. As a matter of fact these hospitals do render the whole of their accounts; they are bound to do so, and if they chose not to render an account of their voluntary subscriptions, a man who desired to see that would not see it.

3250. Do you think it would be desirable to have a central body for audit purposes with reference to the accounts of all hospitals?—I think, speaking rather as a private individual than as a Charity Commissioner, that some supervision over the accounts, of what I may call voluntary charities, is very much needed. Having read the recent report of the Charity Organisation Committee on that subject, one cannot help agreeing with it.

3251. In your own mind could you shadow out any plan as to how that could be carried out?—It has sometimes struck me that perhaps the central governing body established under the City of London Parochial Charities Act, which will be a very important body, might be charged with such a function.

Chairman—continued.

3252. Would you kindly explain what that central governing body is?—It is constituted by a section of that Act, the 48th Section. It is established in order to administer by one hand all these charities, when they are regulated by schemes that we make, instead of the numerous hands by which they have been regulated hitherto; and it is to be constituted in this way: It is to "consist of 21 persons, of whom five shall be nominated by the Crown; four by the Corporation of the City of London, and the remainder (four of whom shall, in the first instance, be chosen from among the persons who are now trustees of the parochial charities of the City of London) in such manner or by such persons or bodies as the Commissioners shall by scheme provide;" and what we have done in our scheme in that respect I think I happen to have here. In our scheme the body stands thus: five by the Crown, four by the Corporation of the City of London, four by the London County Council, two by the Ecclesiastical Commissioners (that is only a temporary provision, they will cease to have an interest after a time), one by the University of London, one by the Council of University College, London, one by the Council of King's College, London, one by the Council of the City and Guilds of London Institute, one by the governing body of the Bishopsgate Foundation, one by the governing body of the Cripplegate Foundation; and when the Ecclesiastical Commissioners cease, as they will in a few years, to appoint, the London School Board are to appoint to those two vacancies.

3253. And you think that that body might extend their functions so as to supervise and audit the accounts of the hospitals in London?—I think it would be a very suitable body for the purpose. We have always thought that that body would have a considerable future, and have important functions imposed upon it.

3254. Is that the body you referred to as having an income of 8,000 *l.* a year now, and an increasing income?—Yes; they would be very important in respect of that business alone.

Earl *Spencer.*

3255. Is their income derived from various charities in the city?—The charities in the city are by this Act fused into one mass.

3256. And does this body manage all those charities?—They will manage all those properties amounting to 58,000 *l.* a year, and they will have to apply it all in the first instance as we direct it by our scheme; but as to about 8,000 *l.* a year, that will come back to them, because it is devoted to meeting pensions and vested interests; and they will also have all the increment, which probably will be at the rate of 1,000 *l.* or 2,000 *l.* a year.

Lord *Lamington.*

3257. You would have some medical authorities upon that body, supposing they were entrusted with this duty?—That would be a question; this body is not constituted for that purpose.

Chairman.

3258. If their powers were enlarged no doubt the Board would have to be constituted so as to meet the requirements of the case?—On the other hand the county council, the school board, and the Crown, all have appointments; and, of course, these appointments could be made with a view to the added functions.

3259. With reference to the complaints made by what are termed the "two inhabitants," do you often get very frivolous complaints, or as a rule do you find that they are substantiated?—I think, as a rule, there is something in them. We sometimes get frivolous complaints, but I think they are rather the exception; but we very rarely indeed make schemes (I am speaking of under 50 *l.*) on the application of two inhabitants in the teeth of the trustees. I gave some evidence on that before the Committee of the House of Commons in 1884, and I analysed 120 schemes of that class, and I think only in three cases had we acted directly against the trustees.

Earl *Spencer.*

3260. But before you come to a conclusion you hold an inquiry by an assistant inspector, and so on in the district?—In all contested cases a full hearing is afforded to the trustees and others.

Chairman.

3261. And then, I suppose, he would hold his own inquiry, and consult the trustees?—Certainly, he would always confer with the trustees.

Lord *Zouche of Haryngworth.*

3262. I suppose the powers of this central governing body do not extend outside the City of London at present?—They have no powers at present, but their powers will extend beyond the City.

3263. Because you mentioned that they regulated most of the charities in the City of London; then do they not extend outside the city?—The money with which we have to deal is all derived from the parochial charities of the City of London; but the object of the Act was to spread that fund, when consolidated, over the whole metropolis. They may spend it for any of the specified purposes over the whole metropolis; and they will have power to do it when the scheme becomes law.

Earl *Cathcart.*

3264. Can you define the metropolis?—It is defined in this Act as the Metropolitan Police District. It is the larger metropolis.

[The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 19° *Junii*, 1890.

LORDS PRESENT:

Earl of LAUDERDALE.
Earl CATHCART.
Lord ZOUCHE OF HARYNGWORTH.
Lord SAYE AND SELE.
Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord LAMINGTON.
Lord MONKSWELL.

THE LORD SANDHURST IN THE CHAIR.

MR. COTTENHAM FARMER is called in; and, having been sworn, is Examined, as follows:

Chairman.

3265. YOU are a general practitioner in the neighbourhood of the Gray's Inn-road?—Yes.

3266. Are you a member of the Royal College of Surgeons?—Yes.

3267. And in that district are adjacent the Royal Free Hospital, the Central London Ophthalmic Hospital, and the Central London Throat and Ear Hospital, are there not?—Yes.

3268. And into the bargain you are not very far from St. Bartholomew's?—Quite so.

3269. Have you had experience of hospitals?—I was a student of St. Bartholomew's.

3270. Did you hold any appointment in the hospital?—None.

3271. Do you find that these free institutions have practically caused a loss to you as a general practitioner?—Certainly.

3272. That is to say, that owing to the free treatment at the various hospitals and dispensaries you have to reduce your fees, and in some cases to attend without fees?—Quite so. May I read a few remarks which I have put down?

3273. Yes, will you do so?—After 13 years of country practice, I have nothing to retract or add to my first impressions of the sad evils connected with the indiscriminate and injurious results of London hospitalism. I took my first observation from Battersea, and was even then struck by their improvident and pauperising evils; I now, however, take it from Gray's Inn-road, a situation in every way superior, where I am sure the wage-earners' conditions of life are much higher, with the exception of a few streets noted by the police for their drinking propensities, and as the result their poverty. It would be utterly impossible for an unprejudiced mind to conceive the necessity of so large an institution as the Royal Free Hospital, together with other special hospitals in our midst. This assertion may be proved any day by observation from my own window. To see the crowds of well-dressed and well-kept people at the Royal Free on Thursday or Sunday, and to see the respectable and, I know, well-paid classes taking their children round to Great Ormond-street Hospital is, to a well-organised mind, simply disgraceful. And the result to a population thus pauperised must of necessity be most demoralising; and so practically we find it. Neighbouring practitioners here and elsewhere, like myself, complain of the same thing, that the great majority of the population become morally dishonest, and unless really forced will never pay a bill if it is allowed to accumulate for even a short space of time. I would suggest that this condition of things is equally demoralising to both private practitioners and to the public. By this system you will reduce the one to the level of dispensing chemist; and the other to all the demoralisation of drink, unthrift, and pauperisation. What is saved by a people who are able to pay their way independently is, as a rule, spent in either luxuries to which they have no right, or upon drink with all its deteriorating results. The latter is one of the consequences I have found from my own observation and inquiries, and is supported by most of the police officers to whom I have spoken in the neighbourhood. To become more definite, I think we may assume that unpaid labour is always, with naturally a few exceptions, bad labour, and that hospitalism is no exception to this rule. There are some instances I could give in support of that statement.

Chairman—continued.

3274. Do you think that by looking out of the window, as you say, and observing the class of people that go to a hospital, one can tell, for instance, by their dress, whether they are badly off or not?—Not at all, but I know a great many of them, and I think to a certain extent by their general appearance you can fairly judge. It is not always a true criterion.

3275. Take the case of seamstresses in the out-patient department of a hospital; you may possibly see very smartly-dressed young women, and you would naturally suppose that they were able to pay for medical advice, while they may really be very poor?—Those are quite exceptional.

Chairman—continued.

tional. One would treat them gratuitously oneself if it were necessary. I am speaking of well-dressed men, good mechanics, in good positions in life unquestionably.

3276. You have treated some of these people yourself who go to the hospital, I understand you to mean?—A good many.

3277. Is it the case that some of the people whom you have treated and who are able to pay the fees leave you and go to the hospitals?—Frequently, and *vice versâ* I have no doubt.

3278. And very likely they come back again to you for further treatment possibly, if they are not satisfied with the hospital?—Yes, that is so.

3279. And you know of cases in which that has occurred?—Certainly. For total disregard to the social circumstances of patients attending these hospitals, I might refer the Committee to the cases of Jenkins, Ashen, and many others I could name.

3280. Who are Jenkins and Ashen?—Men in good position who have been there. Those are simply names that I have put down. As regards special hospitals, with the exception of those for women, their case is to my mind most glaring. They are in no sense philanthropic. They have two views; one to extract as many fees as possible, and the other to obtain the few really interesting cases which will secure for their own ends a good advertisement; and a name in London means an income. Pardon me if I suggest whether it is advisable to allow this system to continue, with the sure result of a pauperised population, and, as general practitioners, men who have lost interest in and knowledge of their art, and become in consequence little better than general dispensers of a bottle of medicine, with the trader's keen eye upon the payment of the fee. Granted that all serious cases are to be sent to the various hospitals in the metropolis, in these propositions there is both the impossibility of carrying out the latter, and the serious results accruing from the former state of things. Let us take the results of bad surgery. A good surgeon is the man who recognises and treats disease in its earliest stages, generally in their curable stage. Now develop, a bad class of medical practitioners who have, like the people around them, become demoralised as regards their interest in their work, and what is the result? A few bottles of medicine, rapid or no examination, no instruments to examine with, and after a lapse of time the disease gets beyond their skill; it becomes apparent to the patients themselves, and other advice is sought, generally the hospitals. But in the following diseases these early stages are alone the curable ones, and the patients are merely relieved up to a certain standard, or are injured beyond repair for life.

3281. Do you consider that this enormous competition by the free charities reduces the medical practitioner to a very low level?—Quite so; I am sure of it.

3282. Then, as regards the effect upon medical science, you think that the fact of medical men having to reduce their fees to such a low level must necessarily cause very bad treatment of such people as go to them for treatment?—Yes; the cases referred to are the following: hip joint disease; kidney and heart diseases, both insidious and requiring both careful auscultation, microscopic and chemical examination of the urine; rectal diseases; women's diseases (uterine) which, in consequence of the too frequent examinations, are often injuriously treated at general hospitals; throat and ear diseases, leading to permanent deafness unless thoroughly recognised at once. I must refer to Sir Morell Mackenzie's statement that patients like a multiple examination of the throat. The statement has only to be made to be refuted by your Lordships' own personal feelings.

Chairman—continued.

3283. Have you got the number of Sir Morell's answer?—I have not; I saw it in a newspaper report. The truth is that, as general practitioners, we very rarely find cases requiring any beyond our own skill, providing we have opportunities of exercising it, and have proper appliances for its treatment. There appear to be two classes of hospital patients, the improvident poor, who would, I think, be much better in the hands of the relieving officer, and the pauperised patients, whose cases require careful investigation by the officers of the Charity Organisation Society, and most of whom could well afford to pay good provident fees according to Dr. Rentoul's scheme of remuneration. As country surgeons, where do we ever meet with cases requiring special treatment? Fractures and amputations are fairly met with, and we have no trouble in dealing with them. An independent countryman, with much smaller wages, would feel it an insult to be sent to a hospital or dispensary, and, as a rule, those men meet their doctors' bills by thrift and a proper sense of independence. Another abuse always suggests itself to my mind, why men of all ranks meeting with street accidents should be indiscriminately conveyed to a hospital, when, if taken to the nearest hotel, there would be ample time to call in a surgeon's assistance, and, if necessary, hold a consultation. Amongst miners we had no difficulty in setting limbs and conveying them to their own homes; and well they usually did under these circumstances. And I cannot conceive a case where it would be even advisable to convey a man any distance from the seat of his accident, and, if necessary, in the case of fracture, he might be taken by rail or conveyance to his own residence.

3284. How would that hold good in the case of a man who had only one room, and a wife and four children living in it?—It would not; I am speaking of men of all ranks, very frequently of good social position. Any man who is picked up with a fractured limb, as a rule, is conveyed to a hospital without consulting anyone.

3285. But is not that a matter which requires to be treated as speedily as possible?—I think so.

3286. And would not the inquiry that you propose delay matters; and might not that delay have a very injurious effect?—I think not, if you had capable surgeons, who could come in at a moment's notice, in the surrounding neighbourhood.

3287. He might be taken to the nearest hotel, you say?—Yes.

3288. Who is going to pay the hotel bill?—I

Chairman—continued.

am speaking of a man of social position; granting he is a man in the middle class of life, or a country gentleman, or whoever he might be. Sir Sydney Waterlow mentioned a case the other day, I think, of a Member of Parliament who, on meeting with an accident, was sent to St. Bartholomew's.

3289. At the same time, supposing that the person who meets with the accident is a man of a certain decent position, that he is knocked down somewhere on Westminster Bridge, that his leg is broken, and he is half insensible; do you not think it would be very hard to refuse him admission to a hospital?—Certainly; I should take him in. The only question is, whether it would not be just as well, and better, for him if he were conveyed to an hotel in the neighbourhood and treated by his own surgeon, or by some surgeon who could be called in, and a hospital surgeon, if necessary, could be sent for.

3290. Does it not seem rather to your mind that there must be a good deal of delay in such procedure. In the first place, to know who to send for; in the second place, to send for a surgeon instead of going to the hospital, where he would find a surgeon on the spot, who was able to deal properly with the case?—Not necessarily; he would find the house surgeon on the spot; but an experienced surgeon would be far more capable of dealing with a fracture than the house surgeon of a hospital, at least, he ought to be.

3291. Will you proceed with your statement?—This, I think, we may designate as another of the abuses of hospitals, and a want of fair dealing as between public institutions and private practitioners in their neighbourhood. Doubtless, railway companies and large works profit immensely by this system. Also the well-to-do classes are now generally making use of hospital letters for cases of illness occuring amongst their servants, a condition almost unknown in the country where the masters or mistresses generally hold themselves responsible. All these causes are most deterrent to a practitioner who takes a real interest in his patients and profession, and it may be taken as a fact now-a-days owing to this indiscriminate charity, that in the neighbourhood of London hospitals the man who knows least and takes the least trouble about the diagnosis of his patients, is the most successful practitioner. These impressions have forced themselves upon me ever since my return to London, and the case does appear to me most convincing, and the reform quite within remedial measures, which I am sure will be the result of your Lordships' careful investigations. To poor practioners the present system is disastrous, and the general public will soon find the present organisations collapse as the result of their own improvidence, and the reluctance of the wealthy to supply funds for wants they will gradually perceive could be met by their own exertions.

3292. Now do you consider that the out-patient departments of hospitals have unfair advantage taken of them?—I think to the extent of 90 per cent.; I do not think I am above the mark. Of course I am speaking particularly of my own district, which I consider

Chairman—continued.

is one of a higher level probably than the Whitechapel district, which I know nothing of.

3293. And at the same time one which is more crowded again than St. George's, Hanover-square?—Quite so.

3294. A very good average neighbourhood?—A very good average mechanical class of people.

3295. You were a student clerk at St. Bartholomew's?—Yes.

3296. And there you had opportunities of watching what went on in the out-patient department?—I had.

3297. Was it your opinion when you were there, that the overcrowding was very great there?—It was not; that was in 1872 or 1873; I passed in 1873.

3298. I think Sir Sydney Waterlow told us the other day that about 1873 there came to be some system of inquiry into the circumstances of out-patients?—Yes, that was so; that was after my time.

3299. And, therefore, before that year of 1873, the crowds of out-patients would have been larger than they were after 1873, because they were materially reduced after that time we were told?—I think not, because you have Dr. Ridge's report in the St. Bartholomew's report of 1878, where he tells us that he saw in three months 7,735 patients as the casualty physician, at the rate of about one minute to each; or he gave one minute and a quarter I think to each patient.

3300. But did he in that time have to make a diagnosis of the case?—He had to make a diagnosis and filter, that is to say, select the cases that were sent in to the hospital.

3301. I suppose that ought to have been a careful examination?—It ought, certainly.

3302. Do you consider such time as you mention sufficient for that careful examination?—Certainly not.

3303. That was in what year?—That was in the year 1878, in the report of 1878.

3304. At any rate you say that you think the out-patient department was not overcrowded when you were in St. Bartholomew's, in 1873?—I should not say it was. The only thing that I found there in my time, when I attended the out-patient department, was this: we used to see cases, without any qualification whatever, as students; and these were the selected cases, the filtered cases, that I went to see, not the casualty cases.

3305. They were the out-patients as opposed to the casualty cases, you mean?—Yes; they were such cases as those that were selected out of the 7,735 that were sent in, and were supposed to have careful treatment; these I used to see as a student.

3306. Did you ever come across any instances of students treating cases without the supervision of an assistant surgeon or physician?—Always; we never had anybody. I used to sit there for hours seeing them.

3307. Without supervision by a medical man?—There was nobody. Sometimes the surgeon would be there, but not a great length of time; he would very soon leave. We used to see them

Chairman—continued.

independently; they used to go to our table; some used to go to his.

3308. You used to see them and pass them on?—Yes, fill up their papers; and I had no idea of prescribing, as a rule.

3309. What do you mean by saying you had not any idea of prescribing?—I never had any experience of prescribing; no student has any experience of prescribing.

3310. That I can understand; but what I want to get from you is this; if a patient came in you inspected him, and what did you do then?—You wrote out generally a hospital mixture.

3311. Not being able to prescribe at all?—Not being able to prescribe at all; or you repeated his mixture very often.

3312. Repeated the same treatment as before, that is to say?—Quite so; that was the usual result.

3313. Did that strike you as being a method by which medical relief is satisfactorily given?—That is the method, I think, that is still carried on.

3314. That is not quite an answer to my question. Do you consider that that is a method by which the medical relief is satisfactorily given?—No.

3315. Is it according to the laws of St. Bartholomew's?—It was so; it must be so at the present day.

3316. But Sir Sydney Waterlow gave us a very different account?—That is after the time of which I am speaking.

3317. Should you consider, then, that the treatment, as well as being hurried, is of an inefficient character?—Very.

3318. And, therefore, following that up, do you consider that the public do not gain by the out-patient departments?—I think they lose.

3319. And yet the public seem to have a great amount of confidence in the out-patient departments, do they not?—Naturally, people who can get anything for nothing.

3320. But, then, you said just now that you thought that people liked paying for what they got; that was, speaking of people in the country?—Naturally they do; that is the natural tendency; but in London they have become demoralised to a very large extent.

3321. Do you think that that anxiety to pay in the country is possibly owing to the fact that there are so very few hospitals or so few beds?—I do not; I think it is a natural feeling.

3322. You consider that it must be the case now that patients in the out-patient departments are seen by students?—I think it must be so. Consider the number of patients that they see. There are 1,179,000 out-patients seen in London per annum; could it be possible that those could be seen by qualified medical men? Such a statement would not hold water; the staff could not see them; it is impossible.

3323. Do you know what the staff was in St. Bartholomew's in your day?—I do not think it is much increased now. I saw the book the other day; I think there were only five assistant physicians.

3324. At 2455 Sir Sydney Waterlow is asked this question in regard to the out-patient department: "Would the out-patients have to wait a very long time in the out patient department before they are treated?" and his answer is: "No, I should think the casualty department is cleared some time between half-past 11 and 12, or nearly so?"—That is so.

Chairman—continued.

3325. "They pass over to the out-patient department, and they can either come another day at a time when the medical man attends in the out-patient department, or they can wait till he arrives. On the medical side the patients are seen by three assistant physicians, Dr. Hensley, Dr. Lander Brunton, and Dr. Norman Moore. These assistant physicians attend each two days in the week. Their hour is fixed at 11 o'clock, although, as a matter of practice, they come in soon after 10 to arrange the work," and so on. "The students do not attend till 11." "I may say that whether it is in-patients or out-patients, it should always be remembered that the sick poor have the advantage of being treated in the presence of many persons who know whether any mistake is being made; and I believe that in that respect they have a great advantage over rich people, because in the out-department there are always four or five or six medical men, some of course who have not yet obtained their certificate, but one or two who have." But then from what you said just now when the patient came to your table, in many cases there was nobody to see him but yourself?—Certainly.

3326. And you were not qualified?—Not qualified. Might I ask for the number of patients that are seen daily at St. Bartholomew's who could receive that individual attention?

3327. I think Sir Sydney Waterlow told us that he thought on an average about five minutes was given to each case. This is the statement to which I referred just now; it is at No. 2434; this was what I asked Sir Sydney Waterlow: "Would these unqualified men" (relating to dressers whom he spoke of) "have any opportunity of treating cases in the out-patient department by themselves, on their own responsibility?" His answer is, "Certainly not. I may say that every officer, both male and female, in St. Bartholomew's has a charge given to him or her which is read to them at the time of their appointment." And then in the latter part of the answer he says that the charge to the assistant surgeon or physician is this, that he "shall not allow a dresser to undertake any treatment of a patient in the first instance, or to perform an operation of any kind, however trivial, except in the presence and under the immediate personal direction either of himself or his junior house surgeon. Consequently, the dresser is only appointed to be an assistant under the direction and under the immediate eye of a thoroughly qualified medical man"? -Things must have very much altered, if such is the case; and granting that such is the case, the fully-qualified man would only be a senior student if he was freshly qualified, and his experience would be very little better than mine.

3328. Were you a dresser or merely a student?—Both a dresser and clerk, and within a few months of my qualification, when I should have been quite as able to sit at the table as a fully-qualified medical man.

3329. And

Chairman—continued.

3329. And if it happened to you it might have happened, I suppose, to others?—No doubt.

3330. And some of those others very likely not so near to their qualification as yourself?—Quite so.

3331. Have you had any experience of dispensaries?—I have.

3332. Were you ever a salaried officer of a dispensary?—No, I was not; I had a dispensary of my own when I came to London first.

3333. And the patients came there, I suppose, and paid for treatment?—Quite so.

3334. And did you have to have any special qualification for that?—None; I had had 13 years' experience then it must be remembered. It was simply that I came by accident and took one, and very interesting it was to me to take; and it was that that rather drew my attention to the hospital question altogether.

3335. Does it require much capital to start a dispensary?—None, or very little.

3336. And how do you get your clients, by advertising?—Of course a good man very soon obtains more work than he can do.

3337. But, I suppose, some advertisement is required?—No.

3338. But how do the public find out that a man has a dispensary?—There is generally a dispensary there already. This was a dispensary that was held, before I came, by one who was really an unqualified man, though I did not know it. May I give the result of that experience? I wrote it in the "British Medical Journal;" that was about 15 months' ago.

3339. Yes?—"Having passed 12 months in a busy dispensary, I may, perhaps, look upon myself as fairly conversant with the subject. I may say that I returned to London after nearly 13 years' practice in the country, and in a district unblessed with hospitals and paupers. I have, therefore, ample experience in surgery. What soon struck me in my dispensary work was, the respectability of the patients and the gratitude with which they paid their small fees (they would willingly have paid more). But, again, I found all these people belonging to the well-paid artizan class, from whom you would receive very fair fees in the country, felt no shame in going or sending their children regularly to the hospital. If an operation was suggested, the hospital was really looked upon as a necessity, and I found that the majority of medical men never operated at all, but sent all their cases to these institutions, where, without inquiry and without fee, they are thankfully admitted. I found, however, that one could operate if he wished, charging, of course, small fees"——

3340. Where was that?—Battersea.

3341. Was that a Battersea hospital?—A dispensary.

3342. But did operations take place in a dispensary?—I did operate there when I got there; I would operate anywhere, as I do now. I found, however, that one could operate if he wished, charging, of course, small fees, and I took care that very little escaped my hands for the benefit of these so-called charities. This state of things is most serious; the majority of London medical men are living in straitened circumstances on account of this pauperised population. But what need of surgeons; chemist with a little knowledge of medicine are quite equal to this style of work, and the fees might be remunerative in their case. The idea of raising the standard of surgical examinations strikes one as simply satirical; but look at the future; pauperised patients will bring up pauperised offspring; people without any independent feeling and without any hesitation seeking this wholesale gratuitous relief, and the relationship between medical men and these classes thoroughly destroyed. The satire is complete when we find the majority of medical men in London are qualified surgeons, men who have not an instrument, and never an opportunity of practising their craft.

3343. Now, you say these people came and were willing to pay fees?—They did; and they would have paid me more if I had wanted them to do so.

3344. Those were the independent artizan class?—Quite so.

3345. But surely the residuum of the population were not able to pay fees, were they?—There would be amongst them the absolute residuum; they could pay the fees I asked, which was sixpence, as a rule.

3346. Then, was your dispensary something of this kind; a sort of sick club, to which they only paid during sickness?—No; they came whenever they liked.

3347. But they had to pay?—They had to pay.

3348. But they did not pay anything during health?—No.

3349. It was not like a provident dispensary, therefore?—No.

3350. Then supposing you got a very difficult case, should you have sent it to the hospital?—No, certainly not; I never met a difficult case that I could not manage. After 13 years of country practice, I never saw a case that I could not manage or that I should have any need of sending to a hospital.

3351. And from that experience, do you consider that nearly all the cases that go to a hospital are of a trivial nature?—The great majority, certainly. A good mechanic gets a cut hand or fractured arm; what is the first thing he does, a man earning his 3 *l.* or 4 *l.* a week? He will go immediately to a hospital, and without a word he will be treated and his arm set. Has he any claim to that charity at all?

3352. Has it ever come into your mind to treat the out-patient department as consultative?—Quite so; that I should willingly do.

3353. And then how about the instruction of medical students?—That, I think, would be what they require; they do not want to be flooded with these casual cases, which are of no use to any one of them.

3354. Then if you think the majority of all these cases that go to the out-patient departments are very trivial, I suppose you consider that nothing would be lost by taking time to make inquiry into their circumstances?—Nothing at all. I think Dr. Bridge is very strong on that point. If he can filtrate cases at the rate of 7,700 in three months, as he says himself, there

Chairman—continued.

are certainly not very many serious cases amongst them.

3355. Do you further think that a great many people go to the hospital who have not even trivial complaints, but who treat it as a sort of club?—Undoubtedly; as a sort of club to which they can go without any expense.

3356. Or that they become acquainted with the medical officer who filtrates the cases, and they go there because they have nothing better to do?—Quite so.

3357. That being your view, do you think it would do any harm to the profession or to the public if the out-patient department was entirely closed?—I am sure it would do a great deal of good.

3358. Do a great deal of good to the public, do you think?—Certainly.

3359. From what point of view?—It is the public I speak of, more than myself practically, because I think the public are so demoralised by this system.

3360. You mean the system of getting everything for nothing?—I think so.

3361. Then as regards instruction, do you lay great stress upon the necessity of the out-patient department for instruction?—I think not in its present condition; I think if we selected our cases, or if the Charity Organisation Society did it in unison with medical men, we should be very glad to send instructive cases to the hospitals, or interesting cases; and the remainder, I think, could easily be treated in the poor law infirmaries where students could see them if they wished.

3362. And then do you further consider this; that owing to the great competition which grinds down the fees, the patient undoubtedly gets a cheap article, that is to say, cheap advice; but at the same time gets bad advice?—I am certain of it; if I had not had 13 years' experience, my advice would not have been worth the sixpence, certainly not, and the majority of London surgeons (and I am certain that I am speaking quite correctly, for I know so many of them, and they all tell me so) have not an instrument, and they could not operate if they were called upon to do so in any case; therefore they are obliged to send people to the hospital. They have told me over and over again "it does not pay, I cannot do it, I cannot get a guillotine to remove a tonsil; it would cost me a couple of guineas."

3363. Have instances come before you showing the poor character of advice and treatment sometimes given at out-patient departments, whether in free or in part pay hospitals?—Yes.

3364. Do you know anything of district nursing?—Yes.

3365. What is district nursing?—In any case I invariably resort to Bloomsbury, where we have such an advantage; if I have any operation now, I can send for qualified nurses there, and with those nurses any London surgeon ought to be able to undertake any case.

3366. Is Bloomsbury in your district?—It is now; but at Battersea it was the same thing; I used to send for them there. We stand in this respect in a much better position than the country surgeon, who has to meet every case that comes

Chairman—continued.

before him, and to treat it; and therefore a London surgeon ought to be able to do it; and the patients, considering their position, ought to be able to remunerate him, without the need of going to a hospital and becoming, in consequence, pauperised.

3367. Do you know anything about the Bloomsbury nurses?—Yes.

3368. What is their work; do they nurse in the patients' own homes?—They will call two or three times a day if the case is a very serious one; they will not stay all night.

3369. Is that amongst the very poor?—The very poor.

3370. As opposed to the good class of people, who can pay for nurses?—Yes.

3371. Where do they get their instruction?—I believe at St. George's, principally.

3372. Then do you think that, supposing that system of district nursing was extended, owing to their care they would replace the in-patient departments of hospitals?—To a very great extent, providing that the surgeons, the general practitioners, themselves rose to the same level.

3373. And, owing to the competition of the hospitals with them, do you think that rising to that level is impossible for them?—At present it is; I am sure of it.

3374. But do you really consider that, supposing there were no hospitals, poor patients, even with the advantage of Bloomsbury nurses, and the care which they would receive from them, would be as well off in their own homes as they would be in the hospitals?—Very much better off in their own homes. I am thinking, of course, of the poor-law infirmaries; we should always have the poor-law infirmaries in the case of extremely poor people, who could be conveyed there the same as they would be to a hospital.

3375. Then it comes back to this point, which you make a great deal of: that a great number of people go to the hospitals who could pay for the medical treatment which they require?—I am sure of it.

Earl *Cathcart.*

3376. Your country experience, you have told us, is 13 years' experience; but I did not quite catch how long your London experience has been?—About 2½ years.

3377. It would not be fair to ask what your own turnover per week is?—At Battersea it paid me very well; perhaps 7*l.* or 10*l.* a week; more than that if I liked.

3378. But 3*l.* a week in London is not an unusual turnover for a practitioner, is it?—No; I should think anybody could make that.

3379. You probably read the "Lancet," and read the advertisements in the "Lancet"?—Yes, occasionally.

3380. It would not surprise you to hear that in the last "Lancet" there were advertisements relating to the sales of practices, and three or four instances where the turnover was not more than 3*l.* a week?—I have no doubt of it.

3381. Will you kindly listen to this advertisement: "London: Nucleus of a good class cash practice, favourably situated, slight opposition, receipts increasing, at present 150*l.* a year; fees 1*s.* to 2*s.* 6*d.*; midwifery, 1*l.* 1*s.*; price 50*l.*"

Now

Earl *Cathcart*—continued.

Now that probably is not an exceptional advertisement at all, there are probably many cases similar to that?—Very much lower, as I have told you myself.

3382. "The nucleus" means the central part round which there may be accumulations; in fact a kernel?—Yes.

3383. And would you think that round such a kernel as that an able man would be likely to get up a good practice?—Yes, he might, a very good practice on good fees.

3384. Provided he were not too near to a large hospital?—The probability is that he would be near to a hospital.

3385. Not if he were on the south side of London?—No; there is Guy's, but he would not compete against Guy's, where they charge 3*d.*

3386. Therefore a practitioner with a turnover of 3*l.* a week might make a good practice for himself on the south side of London, where the population is dense, and there are no hospitals?—Yes.

3387. Are midwifery cases a large proportion of your cases?—It was so at Battersea.

3388. But not where you are now?—No.

3389. Is that because the hospital undertakes that business?—I think not, except in a few cases. I have as many as I want.

3390. And is your fee about 1*l.* 1*s.*?—It is now, or 2*l.* 2*s.*

3391. And does that comprise a fortnight's attendance?—Ten days, usually.

3392. Now the diseases that you find prevail most, judging from statistics, would probably be these, bronchitis?—Yes, very common.

3393. A severe case of bronchitis could not be treated in any out-patient department?—No, it ought not to be.

3394. It could not be, could it; the patients could not walk about the streets in winter?—They do; you see them.

3395. You have a great many cases of that disease in your practice?—At times.

3396. And consumption; that means all sorts of chest disease; that is prevalent?—Yes.

3397. Then cases of diarrhœa, they are numerous?—Yes.

3398. Scarlatina?—Yes.

3399. And cases of violence; in London there are 760 deaths from violence in the course of the year. Now with regard to syphilis, have you many cases in your private practice of syphilis?—A good many.

3400. Take syphilis, if it was a severe case with glandular swellings, or with a *sinus*, you could not treat such a case as that in an out-patient department at all?—No.

3401. That is to say, that a patient who is afflicted with a very severe form of primary syphilis could not walk about the streets to attend an out-patient department?—No.

3402. He would have to be acccommodated somewhere, and laid on his back?—Yes.

3403. Is syphilis very prevalent in your present district?—It is. My district is a very wide one; there are many City men going to and fro at King's Cross.

3404. Then we may take it that in your practice you find a good many cases of syphilis?—Yes.

Earl *Cathcart*—continued.

3405. And have you more cases where you are now, near St. Bartholomew's, than you had in Battersea?—Yes, certainly.

3406. And is syphilis on the increase or decrease now?—I am in a different class of practice now; it is not a dispensary practice now that I have in Gray's Inn-road.

3407. But amongst what class of the population?—Many of these men are men of respectable position; I am speaking now of solicitors and barristers, and tradesmen, and classes of that description.

3408. But in regard to the poor you cannot express any definite opinion about syphilis as to whether it is on the increase?—Certainly it is on the increase.

3409. Has it, in your opinion, increased since the repeal of the Contagious Diseases Act?—I am not able to say that; I do not think that ever referred to London.

3410. In reply to the noble Lord in the chair, I think you stated that you were aware of the investigation officer at St. Bartholomew's?—I am not aware of the results; that is since my time.

3411. There is a very interesting return here which shows that a number of people have been discouraged from attending; that some have gone away voluntarily, and that there have been others who said that they would not come again; and in fact that they have decreased the number of out-patients by the investigations which were made. Is that within your knowledge?—It was not.

3412. With regard to accidents in the streets, you are aware that when accidents take place in the streets, people sometimes specially desire that they may be taken, and in the case of that Member of Parliament who has been mentioned he specially desired that he might be taken, to a hospital. When a man is wounded badly in the street and desires to be taken to a hospital, the bystanders would take him there probably?—Yes; that case of the Member of Parliament is quite an exceptional case.

3413. In other cases the man may be insensible, and in other cases they would hardly like, perhaps, to take him into an hotel?—There are difficulties in the way, I allow.

3414. And the hotel people would probably say, "Is there any friend here who will guarantee his expenses? If not we will not admit him?"—Yes.

3415. About your treatment of out-patients as a student, your prescription would be, "A go of No. 6," or "A go of No. 7," or "A go of No. 8"?—Yes.

3416. That would be the sort of prescription given in an out-patient department, I presume?—Undoubtedly.

3417. With regard to how you set up a dispensary and how the people come to know of it, it is not by advertising but by a sort of danger signal in the shape of a red lamp, that really tells the people that there is a dispensary there?—I think that refers to all our surgeries.

3418. And that is the way in which a practitioner setting up a dispensary would probably make it known, by putting up a red lamp?—I do not know. I found the dispensary very

Earl *Cathcart*—continued.

rapidly increase, simply, because patients found, probably, that it was not an ordinary dispensary surgeon who was there.

3419. With regard to operations, you say you seldom find a difficult case which you cannot yourself manage; what may be your charge for operations; supposing you took a man's leg off, for instance, what would you charge him?—I am speaking now of London.

3420. What would you charge him in London?—That would depend entirely on the circumstances.

3421. On the average?—If he was an artisan, I should not object to removing his leg for a guinea.

3422. If he would not object to that?—Quite so. I amputated the other day a man's toe, a case which I am perfectly certain would otherwise have gone to a hospital; a man who could well afford to pay for it.

3423. You say you would very much desire consultation; but in case you take a man's leg off, there is no opportunity of consultation afterwards?—If you had a man of any position who was picked up in the street with a serious fracture, you would call in a neighbouring surgeon to consult with; if he were a man of means he might probably himself desire that a hospital surgeon should be called in, together with yourself, to set his fracture.

3424. But in the case of a man whose leg you cut off for a pound, would you not rather have a consultation, if you could, before you took his leg off, with some hospital practitioner?—I should not care, because I have not been accustomed to consult with them; in the country we do not; we are accustomed to rely on our own knowledge.

3425. Very few people have had longer experience than I in the country in matters of that sort, as chairman of boards of guardians and otherwise; and my experience is this, that in all country districts, as a rule, there is some medical man who is looked upon as a skilful operator; supposing there were 10 medical practitioners practising in a certain neighbourhood, probably one of those gentlemen would be considered a very skilful operator?—Yes.

3426. And in case of any operation of a serious nature, all the other surgeons would be likely to call in that operator?—Yes, I am speaking of my own personal experience. Many country surgeons do not operate at all.

3427. But, speaking generally, the practice amongst country surgeons is to call in one of their own neighbours who is celebrated for his skill in performing operations?—Yes.

Lord *Zouche of Haryngworth.*

3428. I think you will admit that while there are many persons who abuse the hospital system because they could well afford to pay, there are a very large number of very poor persons who might be in great need of relief, and could not afford to pay?—Yes.

3429. What would you do with them; where would you suggest that they should go?—They should have their option; the hospitals are certainly open to them, they are built for them; and, if not, they have the poor law infirmaries to which they can always go by right.

Lord *Zouche of Haryngworth*—continued.

3430. But if they were sent to the poor law infirmary, I suppose it would only divert the stream from one institution to another; you might have the poor law infirmaries abused also?—Yes, but there would be less fear of that; they would have to go to the relieving officers, who would know the circumstances from living amongst them, whether they were careless people, thriftless people, what the man's earnings were; and the relieving officer would take care, as a rule, if he were a man earning a fair weekly sum; that he did not receive even an out-patient ticket, but that he saw his own medical man.

3431. How would you suggest that any discrimination should take place as to who could afford to pay and who could not?—I think it was tried in the year 1876 in the Great Ormond-street and the Royal Free Hospitals in conjunction with the Charity Organization Society. Each patient had a ticket given to them as they came, upon which they were to write their address, their position in life, their wages, and if it was returned stamped, that is to say, found correct, they were admitted as in-patients or out-patients, as the case may be. On that occasion, in 1876, it was found that the abuse rate at the Great Ormond-street Hospital was 75 per cent., at the same time at the Royal Free in 1875 the abuse rate was 61½ per cent.

3432. Were these inquiries mostly made by officers of the hospital or by some special men?—The officers of the Charity Organization Society in conjunction with the hospital authorities, probably allowing them to do so.

3433. Should you not say that it was rather a pity that that lapsed?—I think so.

3434. It might have tended to mitigate the evil if it had been continued?—I am sure, if it had been continued to the present day, we should not have needed this inquiry at the present moment.

3435. Would you suggest that that kind of inquiry ought to take place at every hospital?—Certainly.

3436. That it ought to be part of a regular system?—Yes; every case should be inquired into and investigated.

3437. Then, you spoke just now about making the out-patient department into a consultative department?—Yes.

3438. Could you explain exactly what that means; do you mean that they should not be treated there, or that they should simply ask for advice?—I think they should be treated there only; I think they should be selected cases; for instance, supposing the Charity Organization Society found a large proportion of the cases that could be returned that could pay their medical men, the Charity Organization Society, the hospital, and, I think, the practitioners around it (I think there should be centres round the hospital) might work in harmony, and it should be understood that on a respectable patient being returned, supposing it were a case of clinical interest, the practitioner should send forward that case with his card, or with that of the Charity Organization Society, to the presiding physician or surgeon, as the case may be, and

Lord *Zouche of Haryngworth*—continued.

and that then he would have that case as a clinical lesson for his pupils or the students down there; they would then get sufficient cases to amply repay them for teaching purposes without being overcrowded.

3439. I am speaking, of course, of out-patients?—I am speaking of out-patients now.

3440. Then you would agree, I suppose, with what one or two witnesses have suggested before, that people presenting themselves as out-patients ought to have some recommendation, something in the shape of a letter?—A guarantee as to their position.

3441. A guarantee either from some friend or from some organisation; you think that would practically work well?—I think it would work admirably.

Earl of *Lauderdale.*

3442. You say that there are about 90 per cent. of the out-patients who go to the hospitals who, you consider, are not entitled to use them?—I think that would be quite correct.

3443. Such a large proportion as that?—I think so.

3444. With regard to patients meeting with accidents, would you not take any patient to a hospital who had met with an accident, and could not be treated in his own home?—Certainly.

3445. How would you use any discrimination, and who is to use that discrimination?—I grant you that there are difficulties.

3446. It would be most difficult to discriminate?—It would be most difficult. It would depend to a certain extent where he fell; in what position; and, I think, to a certain extent, you could judge by his appearance somewhat.

3447. But I should think there are very few persons who are really in such a social position that they could afford to be treated in their own homes, who would wish to be carried to a hospital?—Yes.

3448. The abuse must be very insignificant, I mean in that way; it would hardly weigh in the scale?—No, it would not weigh much.

3449. With regard to this Battersea Dispensary which you joined, as I understand, with such success, you came into that as a going concern?—Yes.

3450. Did you take it over from another gentleman?—Yes.

3451. On payment; I do not wish to press the question?—Yes, on payment.

3452. You bought it?—Yes, I bought it.

3453. Then you spoke of venereal disease being on the increase; can you account for that in any way?—I think one can account for it in every way; partly really it is due to that which I wished rather to prove, to the demoralised condition that people are in. If they have money that they might spend in looking after their children and paying their children's fees, and if they spent it in that way, they would not have so much money to spend upon drink and debauchery.

3454. Then do you mean to suggest that the richer people suffer more from that disease than the poorer classes?—No, the poorer classes, I think, are the most thriftless at the present day.

Earl of *Lauderdale*—continued.

3455. I understood you to say that if people did not spend their money upon drink and debauchery, they would not suffer so much from venereal disease?—Yes, that is what I do say.

3456. Therefore it is the richer class, according to you, that suffer most from it?—No, I think it is the same with regard to that as with regard to drink. A much larger proportion is spent on drink among the poorer classes than the rich; of course a much larger proportion of the poor man's earnings are spent in drink than the rich man's, and no doubt the same thing holds good in other cases.

Lord *Lamington.*

3457. You say that many who do go to the hospital are in that position that they could afford to pay; but they benefit by hospital treatment, do they not, from the better nursing?—You are speaking of in-patients; I am speaking more with regard to out-patients; but I think that in the case of in-patients, there is a great wrong done often; the mother is the proper person, for instance, to nurse children who are ill.

3458. Take a man who is the head of a family, he gets cured much quicker at a hospital than in his own home, and a great proportion of the cases are in that category, are they not?—Yes, I would admit that in the case of the in-patient department, except in the case of children; there I think it is most demoralising to take children from their mothers where it can possibly be avoided.

3459. In a very poor district do you think there are many persons who are entitled to practise, and are generally well qualified, but who cannot get any practice owing to the free treatment at the hospitals?—I think they may be well qualified, but they have no opportunities of practising.

Lord *Monkswell.*

3460. You say that 90 per cent. of the out-patients, in your opinion, are not so necessitous as to require medical relief gratuitously. I find that Sir Sydney Waterlow, at No. 2460, stated that the official who makes the inquiry for St. Bartholomew's visited 357 of these out-patients in their own houses, 340 of whom were found to be necessitous, and 17 only were found not to need gratuitous relief. That would be contrary to your experience?—Quite; and that system I believe has been carried on at St. Bartholomew's for some years, of visiting or scrutinising cases as they appear. I am speaking rather of the Royal Free and Great Ormond-street, where there is no scrutiny.

3461. Then you do not consider that that objection applies so much to St. Bartholomew's as to many other hospitals?—No, certainly not.

3462. Do you suppose then that the officer does his duty fairly well at St. Bartholomew's?—I do not think it is sufficient; I do not think a single man could possibly inquire unless there were an organisation, a staff for the purpose.

3463. I do not quite understand what you say about the hospitals. Do you maintain that the treatment of hospitals is bad on the whole in the case

Lord *Monkswell*—continued.

case of the out-patients?—Very bad; it must be.

3464. That is to say, because duly qualified practitioners do not see all the patients?—Quite so.

3465. I see that Sir Sydney Waterlow says on that subject, in answer to Question 2431, that on the surgical side alone there are 11 qualified professional men who see these out-patients, and on the medical side there are seven who attend, some of them four days a week?—Yes.

3466. That is, 18 qualified men altogether; and, apparently, the number of out-patients seen in the course of the year is something over 150,000, which leaves about 500 a working day; that would mean something like 30 a day for each?—But I think you will find that that includes senior surgeons and assistant surgeons, who only attend for a few hours.

3467. The junior house surgeons, he says, come at 9 o'clock in the morning and stop till night-time; the senior house surgeons reside in the hospital; and on the surgical side in the casualty department there is an assistant surgeon, five senior house surgeons, and five junior house surgeons; so that all these 11 gentlemen would seem to be pretty constantly there?—Yes, they are.

3468. And on the medical side he says that there is one assistant physician who attends four days in the week, two of the casualty physicians who attend four days in the week, and four house physicians, who, I suppose, are always there?—Yes.

3469. So that most of these 18 medical men are there the greater part of the time; if that is correct, it would not leave more than about 30 a day to be seen, on an average, by each medical man, which would not be too many?—You must remember that they have all their work to do in the wards.

3470. And how many hours a day do you suppose they could devote exclusively to these out-patients?—I could not say; it is a system which has altered since my time. I do not remember anything approaching it in our days; we were left very much to ourselves.

3471. Then the system has altered very much for the better in St. Bartholomew's since 1873?—I should think so.

3472. I thought you said in your evidence that it had altered for the worse?—I think not.

3473. I fancy you complain that interesting cases are sent too much into the hospital, so that the outside practitioner has not the opportunity of studying those cases that he ought to have?—No, I do not. I should be quite willing for the hospital to have the advantage of interesting cases.

3474. Do not you think that the outside practitioner ought to have the advantage of interesting cases?—I think he would have quite sufficient in his ordinary practice.

3475. Then one of your suggestions is, that the poor law infirmaries should take in a great many cases that are now sent to the hospitals?—A large number.

3476. Do you consider that if that were done there would be too many hospitals in London; that some of them might be shut up altogether?—I am sure they might.

Chairman.

3477. Should you like to see this district nursing, of which you have spoken, very much extended?—Very much.

3478. You think it is a distinct feature in medical relief?—A splendid feature, I am sure it is.

3479. Do you know whether that is carried on principally by ladies?—By ladies.

3480. There are two or three establishments, are there not?—I have met the Bloomsbury nurses principally, and I have also met, I think, some from a branch at Holloway; but they seem all to be the same class, all distinctly ladies that I have met.

3481. I daresay we shall have the advantage of seeing some of them here; but now do they take fees of any kind?—None at all.

3482. Are they fed by the poor people themselves?—Not at all. I am speaking of the class I generally attend; they would be rather the artisan class, a better class, not the extreme poor; the extreme poor would certainly have the right to the hospitals or the poor-law infirmaries, but I am speaking of a little better class than that.

3483. Does it not rather occur to you that supposing there was no out-patient department in the large hospitals, the very poor class of person would go to the wall?—I think not; I think the poor-law infirmaries would quite meet their requirements. They would improve in consequence in every way; they would naturally improve in their status in every way.

3484. Possibly they might improve, but they would have also to increase in number, would they not, very much?—Certainly.

3485. When you went to the country you went straight from St. Bartholomew's, did you not?—I did.

3486. And I suppose at St. Bartholomew's, as at other hospitals, as soon as they get cases of a very infectious nature, such as small-pox, fever, and so forth, they are immediately sent away?—Yes.

3487. Had you had any opportunity of studying that sort of infectious cases when you went into the country?—None at all.

3488. Do not you think it would be a very great advantage if the fever hospitals were thrown open for that purpose to medical students?—Very great.

3489. Because at present their instruction must be faulty to that extent?—Quite so. And the poor law infirmaries also, I think, of course, might be opened for students.

3490. Now in regard to filling the poor law infirmaries with a number of the patients who now go to the hospitals, is it not the case that at present in the workhouse infirmaries you are obliged to house a very large number of chronic cases?—Certainly.

3491. If you had all these chronic cases to house, and if you had all the medical and surgical cases as well, of the very poor, would you not have to double or treble your infirmaries?—Certainly; but I am rather referring to the out-patient

Chairman—continued.

patient than the in-patient department. I do not think the in-patient department is so glaringly abused, except in the case of having paying beds, which is, I think, quite contrary to what a hospital should do.

3492. I will come to that in a moment, but as we are on the question of the out-patients I should like to read to you an answer that Sir Sydney Waterlow gave about the time taken in the examination of out-patients. At No. 2443 I asked him: "Do you consider that sufficient time is given to the examination of each case?" and his answer was: "Remembering that no time is spent on the cases that are sent over, they have about an average of five minutes to each case." That, of course, may be the case now?—Yes.

3493. But that was not the case when you were there?—Certainly not.

3494. Now, in reference to a reply you gave to a noble Lord on my right just now, Lord Cathcart, you agreed with him that it was the practice in the out-patient department for these young men to say, "Well, a go of No. 1," or "A go of No. 2"?—Yes.

3495. When the state of affairs was such in the out-patient department, do you not consider that there was an absolute want of discipline?—Very careless.

3496. Of course, there may be very bad out-patient department sand there may be very good; but suppose you were, yourself, one of the assistant surgeons in an out-patient department, and you heard students talking like that, you would be down upon them, I suppose?—Yes, certainly, except that I do not see any remedy.

3497. Therefore, in a well-regulated place that ought not to go on?—No.

3498. You say that the students do prescribe for out-patients?—Certainly they do.

3499. That is within your personal knowledge?—Quite.

3500. Have you any knowledge of any other hospital besides St. Bartholomew's?—No.

3501. Therefore, your deduction that these people must be seen by students is more from comparison of numbers than from personal knowledge?—Yes.

3502. You cannot absolutely say that they are?—In the present day I could not; I am only speaking of the time when I was there.

3503. But still I understood it to be your assumption rather; you took the number of out-patients at a million and a half, and the number of hours available for seeing them; that was so, was it not?—I think it must be so; one must assume that they cannot all be passed through the hands of qualified medical men; or, if they are qualified medical men, they can only be senior students.

3504. But where the laws of the hospital are as they are at St. Bartholomew's, that no out-patients are to be seen except in the presence of a qualified medical man (and they are seen, as you say, by unqualified medical men), should you not say that the staff was unworthy of confidence, and that all the lay governing body was not fit to look after its own business?—Quite so.

3505. And that, therefore, the sooner it was deprived of the public support the better?—Quite so.

Chairman—continued.

3506. That is a strong statement, but you think not too strong a statement of the case?—Not at all.

3507. As regards paying patients, have you ever turned over the plan in your mind, a plan that exists, I think, in Vienna and Berlin, of having three classes of paying patients, first, second, and third; the first is the luxurious, the second less luxurious, and the third, poor; but they have the same attention and food?—Yes.

3508. Do you think that such a plan as that would be advisable?—I do; but I do not think it would apply, or ought to apply, to the present charities.

3509. Supposing such a plan to be introduced into the hospitals here, that would necessitate the revolutionising of the present system of honorary staff?—Entirely.

3510. Would you like to see the honorary staff a paid staff?—Certainly.

3511. You would like to have every officer of the hospital paid?—Certainly.

3512. At the same time, an honorary surgeon, who is a man of great celebrity and great practice, must sacrifice a great deal of money by his attendance at the hospital; is not that so?—I think not. I mean, I think he has quite his *quid pro quo*; being connected with the hospital undoubtedly establishes his name and secures his income in his younger days; and as a consultant his time is very little called upon at a hospital. For instance, Sir James Paget, or men of that class, I mean; they are consulting surgeons; now their attendance may be one hour a week if they like.

3513. But then there are other surgeons who have not arrived at the age, to say nothing else, of Sir James Paget?—Quite so; the senior surgeons.

3514. They are there four days a week?—Generally every day; they used to be at St. Bartholomew's; but only two or three hours in the middle of the day.

3515. But their time is very valuable; and in the first place, in the position that many of these gentlemen occupy, that means a great deal of money, does it not?—I do not think so.

3516. You do not think that would be a reason for paying the staff?—No.

3517. I asked you would you like to see the whole of the honorary staff of the hospital a paid staff, and you said yes?—Yes.

3518. And to back that up I asked you whether a man distinguished as a surgeon in London does not lose money by the honorary attendance that he gives now at the hospital?—No, I think not.

3519. You do not think that would be a reason then for paying the staff?—No.

3520. What would be the reason for paying the staff?—Only the reason that every professional man should be paid for the work that he does as a general principle, and I do not see why doctors should be excepted.

3521. But you do not mean to extend the statement to these honorary surgeons that you made just now, that unpaid labour was bad?—Certainly not in their case.

 3522. I wish

Lord *Zouche of Haryngworth.*

3522. I wish to supplement a question that I asked you before; you said that inquiries had been made into the circumstances of out-patient candidates in the case of several hospitals a short time ago?—Yes.

3523. And that certain returns were thereupon given, and that these inquiries were discontinued?—Yes.

3524. Do you know at all why they were discontinued, why it was thought right to discontinue them?—I do not know any reason; I could only account for it on the supposition that the hospitals really liked these numbers, that they liked to show these large figures in their reports. It tells with the public, unfortunately. I would not say it is the fact, but I think one may take it that that is the most probable solution of it.

Earl of *Lauderdale.*

3525. With regard to these honorary surgeons, you say they are not paid; is it not the case that the fact that a man being an honorary surgeon to a hospital gives him a better status in the medical profession, and gives him a better private practice than he would otherwise have?—Yes.

3526. So that he benefits in a sense; though he does not receive it in actual money, he receives it in another way?—Yes, he is perfectly well paid.

Lord *Saye and Sele.*

3527. Are confinement cases taken into St. Bartholomew's?—None whatever.

3528. If a child is born by any chance in St. Bartholomew's Hospital, according to the charter they are obliged to educate and maintain the child; is not that so?—Yes, quite so.

3529. But there are a very large number of child birth cases attended to out of doors within a radius of one mile?—Yes.

3530. And they are attended by students?—Yes.

3531. Do you know what the average number in the year is?—Every student was supposed in my time to take 20 cases.

3532. Do you know at all the percentage of deaths in child-birth that take place?—I could not say, but I think that is very much abused in the present day.

3533. You mean that they ought not to be attended in the way that they are, by students?—I think not. I can remember very well going to my first case, and most of us can, without any experience at all. Many who have never examined a patient or known anything about a woman are sent to those cases.

3534. Did you go there alone?—Alone always, I mean from our lodgings. They would bring a card from the hospital, and we would go.

3535. Entirely alone?—Entirely alone; without having seen a woman in your life before, or having examined a woman before.

Chairman.

3536. A first case?—A first case.

3537. Do you mean that a student or an extern clerk would go there alone without an experienced medical man, would go to deliver the child?—That is my own experience. Only the other day I went in to see a woman; five medical students had turned up, as they often do, all together; it frightened the poor thing out of her life, and we got them out of the room, fortunately. The hospitals are abused in another way; only the other day the wife of a policeman in a good position, with her first child, engaged a hospital student, and he comes and attends her; I think that is an abuse of charity.

Chairman— continued.

Lord *Saye and Sele.*

3538. Are cases of single women attended also?—In the same way.

Earl *Cathcart.*

3539. You are aware that charity is not the only object of these hospitals, but there is another object, the instruction of young men?—Yes; but is not that a dangerous method; they would soon obtain it under a qualified medical man.

3540. Dr. Steele told us that the greatest precautions were taken as to the externs, both as to their capacity for attending these cases and as to their being properly disinfected?—I am afraid that one's student experience would not corroborate that.

Lord *Lamington.*

3541. With regard to the clothing of people admitted to the hospital with some infectious disease, ought not that clothing to be washed by the hospital?—Certainly.

3542. It is not always so, but is sent back to be washed at home, is it not?—I think, as a rule, there is much more care exercised now; I think all the clothing is disinfected. You are speaking of the contagious hospitals, the fever hospitals.

3543. Take the case of diphtheria, which is treated in the general hospitals?—As a rule, those cases would be sent to the contagious or fever hospital, and all the patient's clothing would be disinfected.

3544. In diphtheria cases we were told that the clothing would be sent back to be washed at the man's home?—Sore throat and diphtheria are very often mistaken. A large percentage of the cases are sent up to the fever hospital now, and not treated in the general hospital.

3545. But as a general rule the clothing would be disinfected and washed at the hospital, would it?—Yes; generally by the dry air process.

Lord *Monkswell.*

3546. I do not quite understand your objection to having paying patients in hospitals; is your objection in the interest of outside practitioners, or what?—Very much in their interest.

3547. You think that the outside practitioners ought, so to speak, to have a monopoly of paying patients?—I think a man who can afford to pay two or three guineas is quite capable of paying a doctor's fee for an ordinary operation, and in many cases paying a consulting surgeon, if it is necessary to call in one.

3548. But he might be able to get a good deal better attention in the hospital than in his own house, even if he had a good house; he might be able to get better doctors to attend on him in the hospital?—I do not think that should be taken for

Lord *Monkswell*—continued.

for granted; I think a man's personal attendant is more interested in him than any hospital doctor would be.

3549. You think, on the whole, if a man had a fairly good medical practitioner attending him, he would be likely to get on quite as well in his own house, a respectable house, we will suppose, as in the hospital?—Very much better, I think.

3550. Are you quite sure that the students do doctors' work now from St. Bartholomew's without mentioning it to duly qualified practioners?—I am sure I may make that statement.

3551. How soon could they get help from the hospital if anything went wrong in these midwifery cases?—It would not be very long.

3552. There would be some advantage in having more than one student present, because one could run for help?—Yes; but you can always obtain someone to run for help in London.

3553. You say that you saw five students together in one of these cases?—Yes.

3554. Lately?—Yes.

3555. You speak to that from your own personal knowledge?—Yes.

3556. It surely would be a very gross breach of discipline for five students to go to a confinement?—I do not know anything to prevent it. I suppose they would be sitting in their rooms together when the message came.

3557. You do not mean that the five students would be sent from the hospital?—No; they would be sitting in their rooms together, and the case would come in and they would go round together.

3558. Is it not your opinion that that ought to be stopped?—Certainly; I think that the system might be stopped.

3559. I suppose it would be wrong that more than two medical students, at the most, should attend a woman in her confinement?—Yes.

3560. I do not suppose the general public think these things are very badly done by these students, or they would not be so anxious to allow their wives to be delivered by them?—No; except, of course, that there is no fee in connection with it, and people will always consider that.

Lord *Zouche of Haryngworth.*

3561. I should like to ask you a question upon that. Sir Sydney Waterlow told us something with regard to that point, about these students being all qualified medical men; at a question, 2427, he was asked, "But then who is responsible that the student is equal to the task?" and the answer was, "He is examined before he is allowed to be a man who is ready to take his qualification; he cannot take it till he can give an account of experience to that extent in midwifery cases." Does that bear out your experience?—I never heard of such a thing. I never attended a midwifery case in my life till I went to St. Bartholomew's.

3562. Supposing there are midwifery cases attended in this way by an inexperienced man, is there not a risk of the child being injured?—Undoubtedly.

3563. And that, of course, if repeated in a number of instances, would tell very seriously upon the population, supposing it were calculated?—Yes.

Chairman.

3564. Should you be in favour of any board to supervise London hospitals?—Certainly.

3565. Some central body?—Some central body.

Earl *Cathcart.*

3566. Was the hospital identified from which these five students came as St. Bartholomew's?—No; they were from University, the woman told me. St. Bartholomew's is beyond the radius; the majority of the pupils came from University

Lord *Monkswell.*

3567. I was talking about St. Bartholomew's the whole time in my questions to you just now. Do students from St. Bartholomew's do that sort of thing; would you expect to find five students from St. Bartholomew's in the room in a midwifery case?—I should not be at all surprised; if two or three young men, or if five young men, were smoking together, they would go round together.

3568. And you do not suppose that the authorities would stop it?—I do not suppose they would know anything about it.

Earl *Cathcart.*

3569. Dr. Steele scouted the idea of their going round in a mob to such cases?—I do not see how it would ever get to the cognizance of Dr. Steele.

Chairman.

3570. You said you would be in favour of some central body for controlling and inspecting hospitals?—Yes.

3571. And have you ever thought how that could be brought about, or is it merely your idea that such a thing would be an advantage if it could be done?—I think the only thing is for the Charity Organisation Society to begin the work as general scrutineers.

3572. General scrutineers of hospitals or of patients?—Of patients.

3573. Quite so; but my question referred more to a central body which should have control, which should give a licence, say, to any new hospital?—I think the County Council might very well do it.

3574. But still you have not thought over that, beyond the fact that you think it desirable that there should be some control?—Some control.

3575. And then your other remedy is more strict inquiry into the circumstances of patients?—Of all the patients.

3576. So that they should be divided into the sick poor, who ought to go to the Poor Law, and those who ought to be relieved by charity, and those who are able to pay for themselves?—Yes.

3577. Is there anything else you wish to say?—Only perhaps with respect to special hospitals. It is the only objection that one has to special

Chairman—continued.

hospitals, and I think it is a strong one, that may be urged; not only is there no sifting process there, but fees are charged, and comparatively higher fees claimed than a private practitioner would charge in an ordinary case.

3578. Where do you get that information from?—From my own experience. I saw a man the other day, Jenkins, who is the manager of a large drapery establishment, and with probably 200 *l.* or 300 *l.* a year, and he went up to this hospital there and paid 2 *s.* 6 *d.*, and was admitted at once.

3579. As an in-patient, do you mean?—No; simply got his bottle of lotion. I saw him the next day.

3580. Would you call that hospital a sort of doctor's shop?—Quite so; and that refers to the Throat and Ear Hospital in Gray's Inn-road, and also to the one in Golden-square, where a woman told me she had taken a child for 18 months, and they charged her 3 *s.* 6 *d.* every time she went there.

3581. That was largely in excess of the fee she would have paid to an ordinary practitioner?—Certainly.

3582. It was, I suppose, because she presumed the advice was better there, and she would get some return for her money?—Yes; but still, that is not a hospital. One cannot defend that, I think; they are ordinary cases, just as in the case of Jenkins, whom I am treating now, because he did not like the hospital treatment.

3583. Is that what is called the Central London Throat and Ear Hospital?—Yes.

3584. Then, did this man find himself inefficiently treated there?—Very much; and here is another instance as to which I wrote in the same way of hospital abuse: "I was called in late last night to see a patient, a man 51 years of age, and of fair social position, living in well-

Chairman—continued.

furnished rooms, with a servant, and certainly no indication of the destitute state; he had been to a throat and ear hospital" (that was the hospital in Gray's Inn-road). "Now, here is a well-educated man, in a fair social position, and he is treated as an out-patient without any inquiry whatever; true, his treatment consisted in sitting some time in a crowded and unsavoury atmosphere, then a rapid examination, a bottle of physic, a bottle of gargle; the former he would not take, the latter he could not use. He was suffering from an ordinary acute tonsilitis, which any practitioner could treat him for. Now, the staff of such an institution who see these patients are doing nothing less than robbing their brother practitioners."

3585. Of course, if he had not gone to the special hospital the fee would have gone into some medical practitioner's pocket?—Yes.

3586. At any rate he was a man who was unfit to receive gratuitous relief?—Perfectly able to pay me; he paid me for attendance; it was a somewhat long one afterwards.

3587. Do you see any way of controlling places of that sort at all; they are private places, are they not?—No, I think not; if so, then the term "hospital" is a misnomer altogether.

3588. But are not some special hospitals private ventures?—Some are, certainly.

3589. But still you have no absolute experience upon that?—No; I visited one the other day, the Gordon Hospital, I think they call it; that is probably a private venture, for fistula and diseases of the rectum, and cases of that kind.

3590. Do you think that all those diseases are best treated at general hospitals?—Yes, unquestionably, or by private practitioners; and there, of course, they extract as many fees as they can, naturally.

The Witness is directed to withdraw.

Mr. FREDERICK HENRY CORBYN is called in; and, having been sworn, is Examined, as follows:

Chairman.

3591. You are a general practitioner?—Yes.

3592. Are you a Member of the College of Surgeons or Physicians?—A Member of the College of Surgeons of England, and a Licentiate of the College of Physicians of Edinburgh.

3593. You passed your student days in Edinburgh?—No, in London.

3594. At what hospital?—King's College Hospital.

3595. Will you kindly explain to the Committee what a licentiate of the College of Edinburgh is?—It means that you have a licence to practise medicine; it is a medical diploma entirely.

3596. Did you every apply for any post in a general hospital in London?—No.

3597. Was your reason for not applying because you thought that the hospitals were not open to anybody holding an Edinburgh diploma?—That would be an entire bar to applying. I never wished to apply, but it would bar one from applying.

Chairman—continued.

3598. Not in the case of every hospital, I think?—No; but all the large hospitals, and most of the new ones.

3599. Most of the large hospitals; not all, I think?—I have not gone into the matter very much, because it has never occurred to me to apply.

3600. The fact of your holding an Edinburgh diploma would be a sufficient bar, in your own opinion, to making an application?—Quite so.

3601. In what district does your practice lie in London?—In the St. John's Wood district.

3602. That is not very close, is it, to any large hospital?—The poorer part of my practice is close to a number of large institutions; I mean the poor district of Marylebone, in and around Lisson-grove and Paddington.

3603. And there you have St. Mary's?—There you have St. Mary's; you have the Children's Hospital, you have the Western General Dispensary, you have the Medical Mission; you have two, if not three, special hospitals in the Marylebone-road.

Chairman—continued.

3604. Is that dispensary to which you refer a free dispensary?—Yes.

3605. And the special hospitals, are they free, or do they take paying patients?—I think they are free; the Samaritan Free Hospital is free, and I think the Ophthalmic Hospital is free to.

3606. Then they compete with private practitioners?—Undoubtedly; there is another hospital for women, attended by lady doctors, too.

3607. That is a free hospital?—Yes.

3608. And these hospitals compete with you for patients?—Undoubtedly.

3609. And is it your view that practitioners of your class have their fees beaten down by the free relief which people can get at these hospitals?—Yes, I think that has existed too long; fees have so gone down, that I do not think that they go lower now; but I think that is a matter that has been going on for some 10 or 15 years.

3610. And that has been due to general hospitals?—Yes, and new institutions being started in that time. I asked the opinion of a great number of medical men around me, when I heard I was to give evidence, and they are all of the same opinion. Nearly every general practice is made up of a certain number of poor, with middle class and richer people; and every man that I have spoken to says that the poorer part of his practice has gone down, and he attributes it to that cause.

3611. "The poorer part of his practice," you say. Now is the poorer part of his practice that which brings him in the greater part of his emolument?—No, I should say not; but some men, of course, have more than others; you can hardly strike an average; but taking it all round they all say that it is attributable to the competition of hospitals, that that part of their practice has gone down. For instance, men who have taken clubs say that they do not get the same numbers in their clubs, because they can all go and get free attendance at the hospitals.

3612. When you speak of clubs do you mean that the medical practitioner himself has started a club?—No. There are several sorts of clubs; you may classify them; there are clubs like the Hearts of Oak, Foresters, Odd Fellows; I used to go in for them when I was in practice in the country, before I came to London. It is contract work; they pay so much a quarter, a shilling a quarter, for medical benefits; and of course the profit is made by getting a large number.

3613. They pay so much in health and sickness?—Yes, in health and sickness. And then in most of the other clubs, the small sharing-out clubs, which you can hardly call provident because they share out each Christmas and enjoy themselves on the proceeds, they pay about the same amount, about a shilling a quarter. Of course when there were large numbers of men that joined these clubs there was a very decided profit, because a small percentage only of them got ill, and they were really very lucrative things to go in for.

3614. Then the whole of the profits were handed over to the medical attendant?—Yes. Supposing a man joined his club and paid his

Chairman—continued.

extra shilling a quarter for medical advice, that all goes to the medical man, and the four shillings a year. That is worth having when there are perhaps 300 or 400 men in the club.

3615. And those clubs do not thrive, we are told, when they are in close proximity to free institutions; is that your opinion?—Decidedly; there is no doubt about it.

3616. Are you in favour of medical clubs?—Yes, I think it is one very good way in which men can provide for themselves. I am in favour of every sort of provident scheme by which the people, by paying ever so little, can help themselves.

3617. Now to come to the general subject about the out-patient department, on which we have had a great deal of evidence; have you had any practical experience of it in the hospitals?—No. Of course I have got my recollections of the time when I was a student, but things may have changed very much in the last 15 years.

3618. It is some time since you left the hospital?—Yes, I have been in private practice now for 12 or 13 years; it is about 15 years since I had any practical hospital experience.

3619. Do you know whether things have much improved in the hospitals in those 15 years?—I do not think they have.

3620. And you think the remarks applicable to the condition of the out-patient department, and the examination of patients by students in the time you speak of, are as applicable to-day; that things are as bad to-day?—I think so; I can only judge from what I have seen when I have gone occasionally to the hospitals for consultation.

3621. We have just had a witness here who tells us that it is his opinion that in these hospitals many cases are seen by students; is that your opinion?—I recollect that cases coming in in the afternoon, when the medical staff were absent, were very often seen by students. I recollect one poor fellow very well that I attended some five years ago; he was a man in a decent position; perhaps it was his Nemesis; he ought not to have gone to the hospital, but he was suffering from stricture, and he went one afternoon to the hospital, and he was relieved in a sort of way, but he had such terrible pain and trouble afterwards, that he bore with his infirmity until he came to me some years ago, and when I tried to pass the catheter on him he was simply riddled with false passages, and shortly after he died. He said his repugnance to having anything of the sort done to him again made him suffer as he did.

3622. That was a case of a patient in the afternoon?—Yes.

3623. That hardly applies to the overcrowding in the morning?—No; I do not think, in my experience at King's College, cases were ever seen by students alone. Cases might be seen by students; but I think there was always a qualified man in the room to take the general supervision.

2624. Therefore no student would see a patient in the out-patient department alone?—No; not at King's College, certainly.

3625. King's College is a hospital with a large school?—With a very large school.

 3626. And

Chairman—continued.

3626. And is it further your opinion that the time given to cases does not admit of sufficient examination of them?—Certainly; I think that there is far too great overcrowding of patients; that there are too many people seen in a given time for proper attention to be paid to their wants; that is constantly and constantly occurring. I could give you instances of it if you liked. You see there are two very great objections that I have to the out-patient departments: one is the one your Lordship has mentioned, of overcrowding, and that there is not sufficient time given to them to have proper attention; the other is, that they are generally given medicine to last them a week or a fortnight, and sent away, under the supposition that nothing will occur during that period which may require medical aid. Of course, these people are more or less ignorant; they think they have been treated, and that it is quite right for them to go on with that for a fortnight. I will give instances which will explain both objections. I thought the case I am about to mention so horribly scandalous that I reported it to the Coroner, and I refused a certificate; I said I would not sign it, but we must have an inquest; and we had an inquest, but it was not any good. It was the case of a woman, Agnes Cordell, 30 years of age, residing at 423, Edgware-road; her husband, Arthur Cordell, a butcher, said that the deceased was his wife, and had not been in good health for some time; she had suffered from a bad cough for the last three months. On Thursday, the 19th September, she went to St. Mary's Hospital; they saw her there; it was not a case for them, and they very properly refused to take it in. I do not object to what they did at all; they said it was a case for the Brompton Hospital, and they sent her on to Brompton. It was a wretched day that she went, and she had to have a cab on to Brompton Consumption Hospital, and then when she got there she was seen but could not be admitted because she had not got a letter; they gave her some medicine and told her to come again in a week's time. On the following Thursday (this was on a Thursday) I was called in a hurry to see her, and then I saw that the woman was very ill, in fact, dying; and I told her that she must keep in bed (I could not do any good) and keep quiet. "No," she said, "It is my day for going to the hospital, and I am going." I told her friends that it would be madness for her to leave her bed, and she died the same afternoon. I had a post-mortem on her, and I found nearly every organ of the body diseased. The liver was enormous; it weighed 5 lbs. 2 ozs. instead of 3 lbs. 8 ozs., that is 2 lbs nearly more than it ought to have done; and she also had extensive disease of the lungs, old pleurisies, and fatty degeneration of the heart, liver, and kidneys. I got another medical man to come with me and see this post-mortem, so that he should be able to corroborate me if necessary. And she was also nearly four months advanced in pregnancy. The verdict was "Accidental Causes." But now that was a case where she had been to Brompton and they saw the state she was in; if she had had a proper examination, they could have at any rate found out what was the matter with her, and if

Chairman—continued.

they could not admit her, she ought to have been sent home and told to consult somebody. These numerous diseases would not have arisen between the time she was sent down to Brompton and the time she died, which was only a week.

Lord *Saye and Sele.*

3627. I am quite sure that at Brompton they will always take in an urgent case?—Here was a case in point where they did not.

Chairman.

3628. How is your statement substantiated; you say first that she had not a proper examination at Brompton?—I do not see how she could have had; the woman was far to ill to tell me when I saw her because she could hardly speak; but it stands to reason that a person so ill as that told to come again in a week's time had never been properly examined; that would never be done in private practice.

3629. Supposing she had not happened to come to this out-patient department, she would have had to call in some medical man?—She would have had to call in some medical man.

3630. And if she could not have called in a medical man at her own expense she would have called in the parish doctor?—Yes, she would have called in the parish doctor and gone to the infirmary, where, at any rate, in her last moments she would have been relieved instead of having to suffer for a whole week. I am very sorry to say anything against the Brompton Hospital, but, undoubtedly, that is a case which your Lordships can verify if you like. I should be very much against giving any evidence, in which I mentioned the names of hospitals, except in this particular where it came out in the inquest; because I think that the general hospitals do such an immense amount of good, that it is only a question of what system is required.

3631. At the same time, those who represent the general hospitals will have an opportunity of coming here and explaining?—But I do not think that the general practitioners are at all antagonistic to the general hospitals.

Earl of *Lauderdale.*

3632. What was the date of that case in which the inquest was held?—The date of the paper is September the 28th, of last year; I saw her on the 19th of September 1889.

Chairman.

3633. Then from that examination which you made, you presume that she was seen by an inexperienced medical man?—No, I think it was simply the system that was to blame, that so many people came there. I do not think it is the fault of the man at the Brompton Hospital or the management, or anything, but that the place is overcrowded, and that there is not time to see the number of patients that go there; and the same thing applies to the out-patients of the general hospitals. I would not blame the men who give up their time to see the out-patients at the general hospitals, but it is the system that is at fault, nor the hospitals themselves.

3634. I am not referring to St. Mary's, but that was a case that required immediate attention,

Chairman—continued.

tion, undoubtedly?—I should say most decidedly.

3635. Therefore there would have been no time to set aside that case in order to make inquiries whether she was a fit person to receive charitable relief?—No.

3636. It has been suggested, as one of the remedies for this tremendous overcrowding, that there should be some system of inquiring to ascertain whether the person is a fit recipient for charity, or should go to a poorhouse, or is capable of paying his own medical attendant; and it has been also told us that nine-tenths of the cases are generally of so trivial a nature that no harm would result from delay; there, distinctly, harm did result from delay?—If I might make a suggestion with regard to that, I would say that every first case should be seen at a hospital, but I would not allow people to come a second time without inquiry, and in that way you would decimate the number that attended. If you abolished the out-patient departments altogether, and allowed cases of urgency to be treated there, absolutely irrespective of their means, because that is, I think, one of the great benefits of a hospital. If anybody is taken suddenly ill, and they do not know where to go, they can jump into a cab, and say "Drive me to a hospital," and there they are seen to at once. I think that would meet the case; I would have everybody seen to at the large general hospitals.

3637. In the case of a person coming who was extremely ill, do you think it is the duty of the hospital to admit that person, whether it is a special hospital or not?—I think that must be left a great deal to the discretion of the resident physician, because it is a matter of beds.

3638. Assume that there is a bed vacant?—They used in my time to have to keep a certain percentage of beds vacant for serious accidents and cases of that kind, but I think it is their duty to admit a person, at any rate for a night, to be watched, who is apparently in a dying condition, long enough to see what is the matter with him.

3639. Could you have had a more urgent case than that was when it was sent in the first instance to St. Mary's?—No, you could not have had it more dangerous than this case.

3640. And therefore, in the first instance, that patient ought to have been seen to in St. Mary's?—I think you are right.

3641. Does not what you said just now, about the patient not being taken in at the Brompton Hospital (I do not know anything about the rules of Brompton Hospital; I only mention it because you mentioned it), rather point to this inconvenience, that patients may be taken to a general hospital, and then at great risk and delay sent out to a special hospital afterwards?—It does.

3642. And you think that the majority of cases are as well treated in general hospitals as in special hospitals?—I think the majority of them are very much better treated in general hospitals than in special hospitals, for the simple reason that they get the advantage, if they are at a general hospital, of consultations, which rich people have to pay any amount of money for. Now, I will give you an instance of one: the other day I was asked to see the wife of a patient of mine, a coachman, in my neighbourhood, and she was suffering from polypus, evidently of the ear. I could not be certain exactly what it was; I had my own decided opinion, but I got a neighbouring practitioner of mine to come in and see the case, and we did not quite agree; they were for sending her to a special hospital; I said, "No; we will send her to one of the surgeons at a general hospital, and there we shall have the advantage of the whole staff if necessary;" and we did that; it turned out to be a cancer of the ear.

3643. But does that remark of yours about the general hospitals and special hospitals apply to all the special hospitals?—I should make a few reservations.

3644. Would you reserve special hospitals for children, for instance?—I would, as far as in-patients go; certainly not as far as the out-patient departments go; they are simply hotbeds of infection, existing as an antidote to the Act for the Notification of Infectious Diseases.

3645. Is that one of your strongest objections to the out-patient departments?—That is one of my very strong objections to the out-patient departments; and if you look at the evidence before your Lordships, you find it stated there that patients are sometimes kept waiting from nine o'clock in the morning till eight o'clock in the evening; that is not very often the case, but certainly they very often are from two in the afternoon till eight. In hospitals where there is no check upon them, as there is in the poor law infirmaries, in hospitals where they have not to go through any inquiry, but to crowd in and to stand cheek by jowl together, it stands to reason that they are incubating all sorts of diseases, measles, whooping-cough, and scarlet fever.

3646. And possibly small-pox?—Possibly small-pox; but there is very little small-pox nowadays; but measles and whooping-cough, and scarlet fever, and peeling from scarlet fever.

3647. And you think, as I gather from you, that that applies more to the out-patient departments of children's hospitals than to those of the general hospitals?—More to the out-patient departments of children's hospitals, but it applies to all the out-patient departments of hospitals where you have a large number together. There are mothers there who have children at home who may take the infection. A Notification of Diseases Act is passed by which a medical man is under a heavy penalty unless he notifies within 24 hours a case of infectious disease under his care, or a cabman, if he carries the person in his vehicle knowing it to be an infectious case, or lodging-house keepers, if, having had a case of infectious disease even, they do not get a clean bill of health before they let the lodgings again. I think it is absurd to make these very stringent but very beneficial laws, and then allow these enormously overcrowded out-patient departments to exist, which anybody can prove to be means of spreading infection, by going and watching the case.

3648. But supposing that you do not have any out-patient departments, how are the poor to have a chance of first treatment?—Well, you see

Chairman—continued.

see you must start on the basis that the State provides that nobody in this country shall suffer from want of medical relief. There is a splendidly organised poor-law system, which is supported by the rates, and the very poor ought, I think, to receive the benefit of the poor-law medical system and no other. Then I would abolish the out-patient departments of hospitals, except some of the special departments; I would retain them for teaching purposes and otherwise. I think they ought to be retained; but I would abolish the ordinary out-patient departments. I would allow that any case of real urgency should be seen, as it is now, by the house surgeon or house physician on duty; it would be easy for them, you know, to detect any cases that they thought were trying to "do" the hospitals, and they might report the matter to the Charity Organisation Society if they thought fit, and have the persons prosecuted for obtaining the equivalent of money under false pretences. Then I would check the system of subscribers being the free disbursers of their own letters. I would let them send a first case to the hospital, but after that I would provide that that patient should not be attended again unless that letter was countersigned, we will say by an officer of the Charity Organisation Society, or of some equivalent body, or the patients might have the letters countersigned by a medical man in the neighbourhood who knew something of them. That would provide for the cases of people who very often require charity very much more than the really supposed-to-be-poor people; I mean in the situation of clerks and governesses, who really very often require charity more than the people who get it now, not having to go through these rather humiliating forms. But I would see that these people got the letter countersigned themselves, and I think that the extra trouble which that would give would deter a very great many, and the feeling that inquiries would be made a great many more, and that the applicants would be made to feel that they were really receiving a charity and not a right. You know it is a very general feeling now among the working classes that they have a perfect right to use the hospitals, especially if they give 2*d.* on Hospital Sunday; they think that that is a subscription which entitles them to the thing for ever. And I would also suggest that a recommendation from the Charity Organisation Society should be equivalent to a letter, so that anybody applying to them, who they knew was in need, should have relief.

3649. But now you suggest that the out-patient departments should be abolished?—Yes.

3650. At present there are something like a million and a half out-patients, I believe, treated yearly?—Yes.

3651. What would become of all of them?—Ninety per cent. of them would provide for themselves.

3652. You think that as many as 90 per cent. of them would provide for themselves?—Quite.

3653. And the remaining 10 per cent., what about them?—As to the remaining 10 per cent., I would say that, as an alternative to the out-patient department, I would rather improve, if it is possible, the working of the poor-law infirmaries.

Chairman—continued.

3654. You say that in your opinion 90 per cent. of these people could provide for themselves, but now is it possible that, of that 90 per cent., half would so dislike providing for themselves that they would delay taking advice about their diseases, and neglect themselves until they had arrived at a critical stage?—No; my experience of the people is that self-preservation is the very first law of their nature. I think they are much less likely to neglect themselves than people in a better position. I do not think there is the slightest danger of that.

3655. In regard to letters, most of the general hospitals have letters, the free hospitals?—Only in the first-instance cases; I do not think you get attended to the second time by having produced a letter.

3656. Still that is not a matter with which you are intimately acquainted?—No; I could not give evidence upon that point, but that is my opinion. But then there is one point in regard to the out-patient department of hospitals that shows how useless it is. If a case goes to the out-patient department of a hospital which they cannot take in, and where the person is too ill to be told to come another day, they are sent off anywhere to get a doctor if they can.

3657. Where does that occur?—At any hospital. I mean, supposing they have not got room in the hospital to take in a case, and yet the person is too ill to be told to come again. That, of course, would apply in all cases of infectious diseases such as measles and that sort of thing; then, of course, they have got to go and seek relief wherever they can, either from the parish or by getting a doctor in the neighbourhood to see them. Now numbers of these people are just as deserving of free relief as the people who attend daily at the dispensaries, and I think, if some suggestion could be made that students who have passed a certain period of their curriculum and know something could see these cases under the supervision of the parish medical officer, say, by paying him a small fee, as they do in the case of vaccination, they would get the opportunity, which they never get now, of studying the complaints of everyday life, and the really deserving poor would be very greatly benefited.

3658. But it also goes a little further than that even, because now all the infectious diseases are sent away to fever hospitals?—Cases like scarlet fever and small-pox are, but measles and whooping cough are not; and a very great number of scarlet fever cases never find their way to the hospitals at all.

3659. Then these people suffer in their own homes?—They suffer in their own homes.

3660. Who looks after them?—A great many of them, if it is not a very severe case, look after themselves; in very mild cases of scarlet fever, I think, very often they never call in a medical man.

3661. And nature does its work?—Nature does its work, till the peeling comes on, and then they are in the most infectious stage; then they get some disease which is one of the sequelæ of scarlet fever, and go and consult the out-patient department of a hospital.

Chairman—continued.

3662. Taking their peel with them?—Taking their peel with them.

3663. In regard to the tremendous competition that goes on between the out-patient departments and the provident dispensaries, the free and part paying dispensaries, and the practitioners, it drives down fees, we are told?—Undoubtedly it does; but I am not at all sure that that has not been to a certain extent a gain; because I think that the fees of practitioners for very poor people, if you understand me, a little time ago, were so much too large for their means that they drove the people to get free relief when they might, if they had come down to them a little bit, which they could have done very well, have retained them. I think the things have worked together, and that the result so far has been good. I think the poor get very good attendance. It is absurd to expect a man who is only earning say perhaps a couple of pounds a week, and has got five children, to pay a doctor 2*s.* 6*d.* a visit for any length of of time; the thing cannot be done; it would swallow up the greater part of his income.

3664. But then there are a great many people who are not earning a couple of pounds a week?—I would even say that the artisan earning 30*s.* a week, with a very large family, unless he has got a very thoughtful wife, and is a very careful man himself, is more likely to be a fit recipient of Poor Law relief than of ordinary medical treatment.

3665. You do not mean charity?—I do not think that such men are fit recipients of charity.

3666. Do you think that for an artisan earning 30*s.* or 2*l.* a week to receive Poor Law relief would be a satisfactory state of things?—It may not be to him; but one cannot settle everything for everybody all round. If a man is improvident enough to marry young, and have a large family which he cannot support, then I think he is a fit recipient of parish relief. There is always a difficulty in fixing wage limits. The cry in connection with these provident institutions, and also the out-patient departments of hospitals, has been that you should fix the wage limit; but you cannot exactly; it depends on how far the wages have to go; numbers of men earning 30*s.* a week with no children, are better off than men earning 40*s.* a week with a number of children.

3667. You said just now that the poor had very good attendance?—I think they have very first-rate attendance.

3668. Then the driving the fees down does not affect the scientific attainments of the medical men?—Not a bit. Of course you see there is so much competition, and the poor are not the absolutely illiterate people nowadays that they were; they will always go where they get the best attention; so that I do not think the competition among medical men affects their attainments in the way suggested. The competition has certainly done this; it has induced some people who practice among the poor to start branch practices. (I believe that is the case in the East end and the South a great deal) where they put in unqualified assistants; but that could be so easily stopped if the General Medical Council did their duty; I mean that men who do this sort of thing ought at once to be struck off the rolls.

3669. What is the General Medical Council; what power has it?—It is the parliament, really, of the profession; it regulates everything in connection with the medical profession, very much in the same way as the Incorporated Law Society regulates everything in connection with the legal profession. That is the power they have. If a medical man behaves in a manner that is considered to be derogatory to the profession, for instance, they have the power to suspend him or strike him off the register.

3670. Their jurisdiction extends, does it not, all over the United Kingdom?—All over the United Kingdom. But I was going to say, that because a few men do this sort of thing, it is a great mistake to think that the majority do it, that it is at all the rule; it is quite the exception to the rule. I do not know a single case in which it has been done in St. John's Wood, or round about there.

3671. Then the principal objections you have to the out-patient departments are, the fear of inspection and the overcrowding, and, therefore, the insufficient attention that can be given to cases?—Yes.

3672. And also the seeing of cases and treating of them by young students?—No, that is not so much my objection.

3673. I thought you mentioned it?—I did mention it; but I told you, I think, that so far as my experience went, the students, excepting in the afternoons, were always supervised by some qualified man.

3674. And as a remedy for the evils to which you have alluded you would suggest a very extensive inquiry into the circumstances of all applicants for relief after first treatment?—I certainly would not allow a single person to come a second time without bringing their letter countersigned. They would have the trouble of doing it themselves; there need be no extra expense to the hospital; they would have to get it done.

3675. Then it practically would come to this: that you would have each patient have his own medical attendant, and use the hospital as a body for consultation?—Yes, that is most valuable; but, with regard to the very poor, I would have them treated at the Poor Law infirmaries; and I would extend the working of them in such a manner that students who have attained, say, their fourth year, could see a certain number of cases at their own homes.

3676. I am going to amplify that subject a little; and you would discover who were the poor, the very poor, by the stringent inquiry you have mentioned?—Yes, I would. That last point in my answer is you see from the student's point of view. The General Medical Council at their last session have practically condemned the out-patient department of general hospitals as teaching institutions by enacting that, whereas, in my time we only had to do four years' curriculum, now there is to be a fifth year of medical curriculum, adding another year's expense to any fellows who are going to study medicine; and that that is to be spent under the supervision of a medical man who can show them what

Chairman—continued.

what they can never see at the hospitals, ordinary medical practice. I am quite sure that when I was first qualified, if I had had a case of scarlet fever or of measles put before me I should have had the greatest difficulty in deciding which it was.

3677. But no general hospital at present has the opportunity of giving instruction in those diseases?—No, that is my point; that concurrently with working at the general hospitals the students should have admission to Poor Law infirmaries, and that such men as show themselves capable of doing ordinary assistant's work should be allowed on paying a small fee for the privilege, to see a certain number of cases at their own homes with the Poor Law medical officer, that, in fact, they should practice as his assistants for the time being, and under his supervision, of course, and study the cases there. It would be an incalculable benefit to them. That has been the constant cry of students ever since I was a student, that they never have the opportunity of studying the things that they have to treat when they go out for themselves.

3678. Therefore, when a student goes out into the world as a qualified practitioner he is quite inexperienced in that respect?—He knows nothing of ordinary practice; he cannot write a compatible prescription, as a rule. If my work has been rather too heavy for me and I have a student to assist me, I always have as the first thing to tell the dispenser who does the dispensing for the poor people, to revise the prescriptions and go through them carefully; he knows a great deal more than the average student out of the hospital.

3779. Is the dispenser a qualified man?—He is a medical student, but has never passed his curriculum; but he has done a great deal of unqualified work, and is infinitely better for treating any ordinary disease than the young men who come out of the hospitals.

3680. Then you find that the medical instruction of the students in the hospitals falls far short of what is desirable?—In that one particular point. These fellows could do a difficult operation very likely, but in the point of which I have been speaking they are not well qualified.

Earl *Cathcart.*

3681. Obviously it would not do to throw too much upon the infirmary system, because you yourself are probably a ratepayer, and would feel it in the rates; at any rate, the poor practitioner would himself feel it if the Poor Law relief were overdone?—In that way the thing might be made self-supporting to a certain extent, the men paying certain fees for the privilege which would to a certain extent relieve the rates

3682. Do you mean paying those fees to the Poor Law authorities?—Yes, I should think that might be managed. I do not see that it would increase the rates very much, except in the matter of drugs; and I think when you come to look at a report like this of the Western General Dispensary, and see that they treat 20,000 people in a year (25,564 people is the number for one year), and that their drug bill comes to 265*l.*, that would not be a very expensive addition to the rates; nothing like the School Board.

Earl *Cathcart*—continued.

3683. Is that institution provident or free?—This is free; and then when you think of the supervision in the matter of infectious diseases, which would be the result, I think, that the public would gain.

3684. Now, have you considered the Saturday Hospital Fund, in how far the Saturday Hospital Fund affects your practice and the practice of other practitioners in regard to clubs?—No, I have never given it any special consideration.

3685. I will tell you why I ask you that question; because we have heard here that in the cases of clubs, such as you have mentioned (several kinds of clubs have been mentioned), they insist on a *quid pro quo* for the subscriptions which they give to the Hospital Saturday Fund; that they desire to have an equivalent in letters, and are very pertinacious on that point, with the object of distributing them amongst their members?—Of course, in that way, it does to a certain extent affect the question.

3686. That would affect the private practitioner, I have no doubt?—Just in the same way that all these large subscribers to charitable institutions affect practice. I mean to say, here is a case in point, if I may show it to you, I just got it this morning. Here is a list of the donations and subscriptions, and there is this statement. "Each annual subscriber of one guinea and upwards shall be a governor, and shall be entitled to recommend six patients annually for each guinea subscribed." As I was driving down here, I made it out that there are 442 subscribers who are entitled to six letters a-piece; that makes 2,652, I think, and of course these people must place their letters, or they will place their letters; they go about, charitable ladies, with these letters, and they absolutely, within my knowledge, force people to take them. People have said to me "I should be very sorry to offend Mrs. so-and-so, she has given me a letter, and I must go."

3687. We have had in this room a great deal of evidence tending to show that subscribers are exceedingly forbearing in this respect, and that hospitals could not be carried on unless they were forbearing?—But I think if the check that I suggest was put upon them——

3688. What check?—That a letter should always take first relief, but that in the second instance the letter should be countersigned, that the patients should have to prove themselves that they were in such a position that they required this sort of relief; then the hospitals would be relieved of this tremendous overcrowding in their special out-patient departments; I would apply that to the special out-patient department.

3689. Now, would you accept this definition of the business of a hospital, that the business of a hospital is to lodge and cure bad cases; is that a correct definition?—No.

3690. Then, how would you improve it?—That a hospital is a charity, and its business is to lodge and cure bad and necessitous cases.

3691. Yes, I accept your version of the definition, because this brings me to the woman who could not be received into the Brompton Hospital.

Earl *Cathcart*—continued.

pital. Now, suppose the surgeon at the Brompton Hospital considered the woman to be moribund, would it not have been their duty to refuse admission to a person in that moribund condition; I say suppose they had considered her to be in a moribund condition?—No; they ought to have taken her in if they considered her in a moribund condition; I say, in every case, in the first instance the case should be treated on its merits; I would have it taken in at once.

3692. But, you see, if the object of a hospital is to cure bad cases, and a case is taken there which is moribund, it is impossible to cure that case?—We must add something to "cure;" "cure and relieve;" you can often relieve at the point of death.

3693. But it has been argued here that the object is not to relieve incurable cases, but to take curable cases, and that a hospital for incurables would be a proper institution to receive people in that moribund condition?—I do not think anybody would agree with that; a person goes to a hospital for relief sometimes, not knowing what is the matter with him.

3694. We had an instance of what you have been saying here about the spread of infection in the out-patient department from Colonel Montefiore; he told us that business took him to one of those out-patient departments, and there he contracted measles?—I think it is very likely.

3695. May I ask you without prying, because you need not answer the question unless you like, what are the lowest fees you take now?—The lowest fee I would take would be a shilling for a visit among the very poor. I say if they cannot afford to pay that, in my opinion they are the sort of people whom it is a sort of cruelty to take anything less from; they ought to go to a hospital.

3696. And in midwifery cases, what would be the lowest fee you would take?—A guinea.

3697. And that would be for ten attendances, ten days?—I should not attend them the ten days unless they required it; I would go within that time. But I think that the matter of midwifery among the very poor is much better managed by well-qualified midwives, who are at liberty to call in a doctor if they are in any trouble.

3698. It would not be fair to ask you what your weekly or annual turnover is?—I could hardly answer that without consulting my partner.

3699. I do not want you to answer it, but is it within your experience that there are a great many practices in London that do not have a larger turnover than about 3*l.* a week?—A great many.

3700. Are those practices capable or incapable of augmentation by skill and energy, and perseverance?—No; I should think they are not capable of it. I should think that the profession is so over-crowded nowadays in London, that those practices you mention must be just the residuum. I do not think they last for any length of time. I cannot conceive of anybody going on with that.

3701. Complaint has been made of what you know something of with reference to the East-end, that branch practices are worked by unqualified assistants, and that those branch practices are afterwards advertised and sold in the market?—Yes, I believe that.

Earl *Cathcart*—continued.

Lord *Zouche of Haryngworth.*

3702. I think you suggested that a workman having 30*s.* a week, who is so improvident as to marry early, and who is burdened with a large family, should be treated at a poor-law infirmary?—I think so.

3703. Would not that be rather putting a premium on improvidence at the public expense?—No, not if they had to go to the poor-law infirmary, because I do not think that they are quite sufficiently pauperised yet not to have a little horror of going there.

3704. That is what I was going to ask?—I think that the operation of the in and out-patient departments of a hospital has done a great deal to take away their manliness and sense of *amour propre*; but I do not think they have quite come down to that. If they know it must be either the hospital or the poor-law infirmary, I think they would make a violent effort to keep out of the poor-law infirmary.

3705. Then as to your suggestion with regard to the out-patient department, you would not abolish it altogether, but modify it?—I would abolish the general out-patient department. I would let all general cases be seen in the first instance as they may any time of the day now, by going up to the general door, and saying, "I am very ill and want to see somebody;" then the doctor or house surgeon comes down and sees them. I would let that be applicable to a letter as well, to a general letter. But I would retain the special departments of hospitals, I mean the special out-patient departments, with some modification, viz., this: say that a man comes with something very bad the matter with his ear to the aural department, or with his eyes bad to the ophthalmic department, or with his teeth bad to the dental, or a woman wanting to see a specialist in the women's department, I would see them that time, and if they had not got a letter I would say, "Next time you must bring a letter, countersigned by the proper authorities;" and if they had already got a letter I would say, "Bring it countersigned, showing that you are a fit subject for relief;" and I would keep the special departments open and spend as much money as I could on the special departments of hospitals under that modification. The enormous amount of money that is wasted on the general out-patient departments I would, if possible, devote to giving adequate in-patient accommodation to the special departments, so that the students could see everything.

3706. How would you define and separate the general department from the special department?—That the ordinary hospital authority would have to settle. And besides, my system would to a certain extent provide for that. Supposing a patient came to me for a letter to countersign, and they said they wanted to go to the ophthalmic department or the aural department, I should take the trouble to find out whether there was anything they specially required in that department before I signed the letter; the same with

Lord *Zouche of Haryngworth*—continued.

regard to the teeth. It is only the general out-patient, I think, that ought to be abolished. If you enlarge the special departments of hospitals you might get rid of a certain number of these special hospitals which are such a curse, I was going to say, to everybody, a number of them.

Earl of *Lauderdale.*

3707. As to this woman who you stated a little while ago was not admitted into St. Mary's, did you assign any reason for her not being admitted?—Perhaps they may have had a rush of cases, or something of the sort.

3708. Did she attend as an out-patient?—Simply went there in a cab, and I was told (this is what came out at the inquest) that the house surgeon or house physician, or whoever it was that saw her, said, "This is not a case we can really take in; I will write you another paper for the Brompton Hospital."

3709. What do you mean by cannot take in; had they not sufficient beds?—That I do not know.

3710. Or was it the case that they did not try?—I cannot tell you exactly; but I expect it was a little bit of both.

3711. And what was the idea of their sending her to the Brompton Hospital; why should they have sent her there?—That I cannot tell you; these are simply the facts that came out.

3712. And she was refused admission into the Brompton Hospital because she did not bring a letter?—That was what came out at the inquest; I will leave the report of that inquest here if the Committee like; but you know that is only one case.

3713. Do you suppose there are many cases of that description?—Yes. Now this is a case where I cannot mention the name of the hospital, but I was asked to see a woman the other day who was very ill——

3714. We ought to have the name, if we have the case at all?—You cannot betray any confidence that people put in you; and if these things were published it would be a betrayal of confidence.

Chairman.

3715. You may write the name down, and it will not be published (*the Witness writes some names and hands the paper in*)?—Those are the two places in which it appears this case has been treated. This was a case I only saw last week: a woman came to consult me who was frightfully ill, and I told her to go home and I would see her; and I found, to my immense surprise, she was suffering from a very advanced cancer of the womb; she was in a horrible state. I asked her what she had been doing, and she said that for the last two years nearly she had been under treatment at one place, the first that I have put down there; at least she had been there for 14 months, attending three times a week, and she had never been examined at all.

Earl of *Lauderdale.*

3716. She attended as an out-patient?—As an out-patient; then she went on to the other institution that I have put down there, and from there she came on to me.

Earl of *Lauderdale*—continued.

3717. And what was the end of her case?—The end is to come. The woman is as bad as she can be, and she will die.

3718. When did this case occur?—Last week I saw her for the first time; last week, or the end of the week before.

3719. And I suppose you could really quote other cases of a similar nature?—Yes.

3720. We do not want to hear them; I only ask the general question?—Yes, I could give you any number. I have a case of mercurial poisoning that occurred at one of the hospitals. Just fancy giving a boxful of mercury pills to last a fortnight to a man, and then a bank holiday supervenes, and so he could not go for three weeks, and by the time he came to see me the man's teeth were wagging about in his head; I had to get him admitted into another hospital for treatment.

Lord *Lamington.*

3721. Do you suppose in London it would ever be possible to get any efficient inspection of the homes of the working classes?—No; I think it is labour lost.

3722. I thought you recommended that?—I thought you meant a general census, to give a general idea.

3723. No; I mean in order that the hospitals should derive some information as to the means of the applicants?—I think it can be done in any case in which people apply to the hospital for relief, because I would make them prove their means. I would not have a costly system. At the London Hospital I am told they have given an officer 150*l.* a year to inquire into the means of the people who come there, and that this has effected a saving to them of 300*l.* a year; and of course that is a saving, and a very considerable saving. But if it is worth a person's while to go and get the relief that they get from these splendid charities, where they get the best opinions in London on their cases, and the best treatment in the world, surely it is worth their while to prove that they are fit recipients for it. I would give them the trouble of proving it, say, to the Charity Organisation Society; you cannot have a better body, as far as I know, for investigating. I would make them bring proofs; and they could easily do it; bring certificates from those in the neighbourhood who knew them.

3724. It would rather be a case of proving that they had not got the means; it would be rather difficult to arrive at what means they had got?—Of course you can never do the thing to absolute perfection.

3725. I know, in the case of grants from any local funds, the impossibility of arriving at what people have got?—The Charity Organisation Society do manage it, and seem to arrive at a very fair conclusion as to whether it is a big swindle or a little one.

3726. There are over a million and a half of these out-patients?—But it would not be the same number whose cases would have to be inquired into. I say that the mere fact of having to go and prove their means would reduce the number. The relieving officers have to do it. You see a number of them would not

go

Lord *Lamington*—continued.

go to the trouble of trying to prove it. They would say: No, we will not.

Lord *Clifford of Chudleigh.*

3727. Am I right in understanding that some of these cases that you have quoted to us, arose from the fact that the number of people that come to the out-patient department of a hospital is so great that it is practically impossible to give them a proper examination?—That has been the only reason; it is not from want of wish to do all the good they can possibly do.

3728. But if you admitted all the first cases by letter or anybody who applied for the first time, would you not still be liable to have too many cases in the out-patient department of the hospital?—I think you might at first until it got known; but among this class of people you know the thing flies like wildfire; they would very soon know that there was another system introduced. You could not break through a system that had been going on for years and years at one fell swoop, but very soon it would tell.

3729. You think that most of the people who go to the hospital, go with the idea that they will have a course of treatment and not a mere dose?—Yes.

3730. And that if they thought inquiries would be made before they could go a second time they would not go the first?—Quite so; the majority who go with letters know that a letter lasts them for so long, there is no inquiry made; they go round and ask so-and-so for a letter, and they get it.

3731. And under that letter do they come, say, once a week, for a month, or something of that sort?—They are entitled to a certain time of attendance, whatever the rule of the hospital may be; they would come once a week or once a fortnight, or twice a week, as the doctor told them.

Lord *Monkswell.*

3732. You say that the profession is overcrowded; do you know at all whether the number of students is increasing in proportion to the population?—I do not know for certain; I intended to call for the Medical Register as I came down, but I was too late.

3733. But that is your opinion?—Decidedly, it is the case pretty nearly everywhere. You know in Germany the Government has issued a warning to parents and guardians warning them not to put their sons into the medical profession; it is found in that they cannot get a living out of it.

3734. My impression is that I read not long ago that the medical profession was the only one that was not increasing in proportion to the number of the population; that you cannot speak to?—No.

3735. You would do away with the out-patient department?—I would do away with the out-patient department, except for first cases, and I would have the special departments revised in the way I speak of.

3736. Then you would have a system, would you, that every case, except perhaps accidents, nearly every case of illness should be assisted through infirmaries to the hospitals?—Yes, or through medical men. Very often one has an interesting case one cannot get into the hospital.

3737. Under your system there would be a great many cases that would go in the first instance into infirmaries, and which ought by the infirmaries to be sent on to the hospitals?—Yes.

3738. I suppose what you object to in the competition of the hospitals with the private practitioner is competition subsidised by public subscription or endowment to some extent?—Yes.

3739. What do you think of the system of paying beds?—In the large general hospitals I think the system of paying beds ought to be done away with entirely, on the ground that the hospitals were founded and intended for charity, and that the paying people take up the room that ought to be given to the poor. I think if anything were done to enlarge the in-patient accommodation of hospitals for the poor it would be a very good thing.

3740. You say that the paying patients take up the room that ought to be given to the poor. Is that so? Supposing that patients pay a sufficient amount, surely those patients pay for the enlargement of the hospital to that extent?—No; they keep the patients in the beds as long as they will pay (that is my opinion), to a great extent. Of course it is simply a matter of opinion.

3741. What I mean is this. Supposing you know perfectly well by experience that a certain number of patients can be relied upon to occupy certain rooms and pay for them a very considerable sum, then the hospital would be able out of that money, and not out of charitable money at all, to provide extra accommodation for that particular class of patients, and so that would not in any way affect the other parts?—Yes, but the query is, can they? When you want to enlarge one of our general hospitals in a crowded neighbourhood like London, how are you going to do it except by paying, as they have done at St. Mary's, an enormous sum to acquire property in the neighbourhood?

3742. That is your reason, then. You do not object to paying beds simply on the ground that that system would increase the competition that already exists between the hospitals and the general practitioners?—I do not think it would increase the competition with the general practitioners; I think they compete among themselves.

3743. What do you say as to the hospital treatment; do you think it is, as a rule, better than that of a fairly good practitioner in respectable homes?—No; it is only better in cases where special nursing is required.

3744. I think your contention is that the average fee is lowered by the circumstance that moderately poor people generally go to hospitals instead of to practitioners; I should have thought the result would have been that the average fee would be higher, but that you would get fewer fees, and that you would lose in that way by the competition of the hospitals with the general practitioners?—No, it is not the case.

3745. It has a tendency to bring down all fees?—Yes; I am not giving my own opinion now

Lord *Monkswell*—continued.

now entirely; it is my own opinion, but I have asked every one I have known.

3746. So that persons who could afford to pay a reasonably high fee, say 2 *s.* 6 *d.*, now in point of fact only pay 1 *s.* or 1 *s.* 6 *d.* owing to the competition of the hospitals with the private practitioner?—And also owing to the enormous competition among medical men, the overcrowded state of the profession. You understand that you cannot put it all down to the hospitals.

3747. And if the medical profession were not crowded you might make up for having small fees by having a larger district, more patients?—Yes, but that means an enormous amount more work.

Chairman.

3748. You said just now that patients were kept in paying beds as long as possible?—Yes.

3749. What do you base that on?—I have no evidence to base it on; I must withdraw it.

3750. You have a system of midwives?—Yes.

3751. And you think they are on the whole good?—Very good; they are very meritorious women and hard-worked women.

3752. Would you like to see anything done in the way of registration of midwives?—Yes; I think in fairness to them they ought to be registered; because you know the old-fashioned midwives have not at all died out, and the women who do take the trouble to go through a course of study at the hospitals ought to have a monopoly, I think, of that sort of practice.

3753. I suppose that is a very cheap manner of getting relief in midwifery cases; what is the fee they pay for getting that relief?—I think the midwife would charge them about 10 *s.*, or something of that sort.

3754. For a case?—Yes, or even less. But I think 10 *s.* is about what they charge; it is half what they can get it done for by any medical man; and it is a great consideration to them considering the number of children they have; and these midwives can always find medical men to call in who are perfectly ready to come and help them if it is an interesting case. Personally, I shall be glad, as far as I am concerned, if the midwives should do all the pure midwifery, and only call me in when there is something interesting.

3755. Of course, as you have said, there is a great competition by these free hospitals with the practitioner?—Yes.

3756. Do you know patients who come to you and pay you fees for a short time, and then on another occasion go to the hospitals where they are treated free?—Yes.

3757. And then they come back again to you or possibly go to some other hospital?—Yes, it is a regular rule with some publicans and people in good position; I have got one now who has been attending at the out-patient department of a hospital.

3758. Therefore, the general practitioner loses the payments of that man who could perfectly well afford to pay for himself?—And pay a good fee too

3759. And into the bargain that person is taking up a bed in the general hospital, probably

Chairman—continued.

to the exclusion of some poor person?—Yes. Now this is a case in point. You know how often you may come across a person who is apparently in a good position, but who really ought to go into a hospital because they have a large family and a good many troubles. I got a publican's wife the other day into King's College Hospital for an operation, a very interesting case it was. And that is one reason why I said the letter ought to be countersigned by medical men; so that people of that class might get the full benefit of the hospital without having to go through a rather humiliating process.

3760. You do not think that the process of getting this order countersigned would be too much trouble?—No.

3761. Is there anything else you desire to say?—No.

Earl *Cathcart.*

3762. Mr. Charles Booth, who is a great authority upon the condition of the poor in the East End, writing in a very well-known journal, in the "Journal of the Statistical Society" for 1888, gives this definition of the poor of the East End. He says: "By the word 'poor' I mean to describe those who have a sufficiently regular though bare income, such as 18 *s.* to 21 *s.* per week, for a moderate family, and by 'very poor' those who from any cause fall much below this standard. My 'poor' may be described as living under a struggle to obtain the necessaries of life and make both ends meet, while the 'very poor' live in a state of chronic want." Bearing that definition in mind, I should like to ask you whether the patients from whom you receive a shilling fee would be the sort of people who are defined here as the poor?—No, by no means.

3763. A superior class?—Quite superior.

3764. What would be the sort of average earnings of a man with an average family from whom you would take a shilling fee?—I do not suppose any of them earn under 30 *s.* a week. That is just the point, what their families are and what their expenses are.

3765. But you see that is one great difficulty in regard to the metropolis, that the conditions are so very diverse, even in the same neighbourhood; one street may be in poverty and then the next street may be comparatively well off; and that is the case with your district?—Yes, very much the case.

Chairman.

3766. Where do the very poor go; they go to the general hospitals and to the dispensaries?—They go to the general hospitals and to the dispensaries.

3767. Or to the workhouse infirmaries?—Or to the workhouse infirmaries; but my contention is that while the staff in them is arranged for by the rates and the very poor should be attended in that particular way, the others who are above them, a little bit above those I mean who are not very poor, should be encouraged to provide for themselves, and you should have your different systems of clubs, women's and children's, in which they can pay weekly and not notice it,

and

Chairman—continued.

and by means of which everybody can be attended except those who are really in absolute want.

Earl *Cathcart.*

3768. Do you mean by paying clubs provident dispensaries?—That is one form of them.

Earl *Cathcart*—continued.

3769. It is in the nature of a club?—It is in the nature of a club, a provident scheme. They have every possible form.

The Witness is directed to withdraw.

MR. LENNOX BROWNE, is called in; and, having been sworn, is Examined as follows:

Chairman.

3770. YOU are a Fellow of the Royal College of Surgeons of Edinburgh?—Yes.

3771. And you have had 25 years' experience of practising in London?—Yes.

3772. And you have held during that time hospital appointments?—Yes.

3773. Will you kindly tell us what hospitals they are?—When I was first qualified I was connected with a special hospital, "The London Surgical Home," one of the first special hospitals for the diseases of women on the paying and free system; next for seven years with the Golden-square Throat Hospital; and for the last 16 years with the Central Throat and Ear Hospital in the Grays Inn-road.

3774. Is that the one with which Sir Morrell Mackenzie is connected?—No, that is the Golden-square Hospital. The Archbishop of Canterbury is the president of the Central Throat and Ear Hospital, with which I am now connected.

3775. Those are all hospitals which come under the category of special hospitals, are they not?—I may say I have had experience in eye and other hospitals, but have not held appointments in them.

3776. But you have no experience of general hospitals?—None beyond my experience in my student career, and also from having visited hospitals in the United States and Australia and the Colonies, and having always taken the greatest interest in the question.

3777. I believe you are opposed to the provident system, which has been mentioned by witnesses here?—Yes. I was about to say at the outset that I think most of the community, the laity, have an exaggerated idea of the benevolence and philanthropy of the doctors. I think that none of us get hospital appointments without some reason; at any rate you have had evidence enough in the fact of the pupil's fees that are given, and the *clientèle* that is made, from Dr. Steele and others to satisfy you of that; and also there was a question of Lord Thring's going to show that hospitals were paid for by the public really for the benefit of the sick, and not for the scientific benefit solely of the medical profession. I think that is an important thing to bear in mind when you consider this question of hospitals.

3778. But at the same time, I suppose that a hospital is also a very useful place for instruction?—Of course; the Duke of Westminster once said, that the very poor and the very rich can get the very best advice; but his Grace omitted to push home the argument, that if it were not for the very poor and the experience

Chairman—continued.

gained by attendance on them, we should not have a *locus standi* of pre-eminence to treat the very rich. Therefore, the poor give us quite as much as we give them. But with regard to the provident system, Sir Edmund Currie's proposal, I think, is one impossible to carry out, because he proposes to ask the poor man to do what the rich man has not done. According to the Chinese system, you pay when you are in health, but Sir Edmund would ask them to pay in health and in sickness also, and I think that would be an unfair system.

3779. Do you think that a wholesale system of free relief is pauperising, or not, in its tendency?—That may raise a different question to which I would like to refer. No doubt it is pauperising, but that is met by another question which I would like to consider later, that is, the abolition absolutely of all letters of recommendation. I do not see why, if a man gives money in charity, he should receive for it a certain number of letters which may be distributed either by himself from his kindness of heart, or by his servants without his knowledge; and as far as I am concerned, I have always, in the hospital I have been connected with latterly, advocated the system of letters of recommendation being entirely abolished, and have found that it was no disadvantage to the hospital.

3780. But at most of the general hospitals the practice is practically free admission, is it not; that is to say, although letters are issued they are not insisted upon?—But then you see, a patient has to apply for a letter, and when he applies for a letter that is his first step, very often, towards mendicity; he gets something for which he has not worked; and very often if the donor is kind-hearted he gets a shilling as well, having had a journey; or having a piteous tale of his wife or his child for whom he gets the letter. And, further, I have it on the authority of the late Mr. Hornsby Wright, who was one of the earliest members of the Charity Organisation Society, and a great man in the Paddington district, that he had satisfied himself that there was an absolute sale of in-patients' letters outside the doors of the hospital; and I have not the least doubt that such a thing does exist; at any rate it is open for it to exist.

3781. But I am very much afraid that that kind of thing applies to every form of relief; we hear of soup tickets being sold and of the wrong people getting the relief?—That is the fault of giving tickets at all for the subscriptions; and, of course, it strikes at the root of the motives of a good deal of the so-called charity of those who give to hospitals.

Chairman—continued.

3782. You would have hospitals free without letters, would you?—I would have every hospital free without letters, as far as the medical treatment is concerned, or as far as the surgical treatment is concerned. As I have said, the sick man's body is given to the doctor, who heals that body, and in return gains reputation and experience. But I do not think that a man in receipt of the wages spoken of by the last witness should have his medicine given for nothing, nor do I think that he ought to be pauperised by having his bread and meat given him, simply because he is ill. What I would advocate is the payment of small sums by those able to pay, not through the interference of the Charity Organisation Society, or any autocratic or humiliating society, but from the spirit of independence on the part of the patient, which is much greater than he has been credited with by by the different witnesses in this inquiry.

3783. That is to say, to institute a system of part payment?—Of part payment.

3784. Or of whole payment?—No, I would not say of whole payment; I think that at once brings in the question of the paying beds, which I think an absolutely detestable system. One of the things advanced against the small hospital is that the patient goes and is sent up by the porter by telegraph to a doctor, or that it is used simply for a man to get private patients. But if they go to St. Thomas's, naturally those patients come under the care and pay the fees of the members of the staff of St. Thomas's Hospital; and it would be exceedingly difficult for a surgeon to get the same access to, and the same treatment of, a patient in the paying part of St. Thomas's if he was not connected with the non-paying part of the building; and I think that is an unfair way in which the hospital surgeon or physician is being paid.

3785. Do you mean that such sums as are accumulated by means of the paying beds go to the medical men who attend those patients?—In the case of the paying beds in St. Thomas's, the people pay fees for their operations and their attendance, besides paying for their beds. Now that there are home hospitals, and very excellent ones, and so many houses where nursing is carried to great perfection, and many in the neighbourhoods where the doctors most congregate, such as Harley-street, and officered by former sisters of hospitals, and other ladies, Miss Muirhead's; there is no necessity to have paying beds at these hospitals.

3786. What are these homes?—Places where people pay; they are hotels for the sick.

3787. That is a private thing?—Yes; the system of these paying beds at the hospitals at once brings a monoply of practice to the doctors connected with the hospitals.

3788. And that is unfair to the rest of the profession, you think?—I think very unfair.

3789. And you are opposed to the provident system of Sir Edmund Currie?—Entirely.

3790. Because you do not think that the patients ought to pay in health and sickness both?—No; I am also opposed to the provident dispensary system of Mr. Holmes, because, according to Mr. Holmes, really there are to be no out-patients, and there are to be only provident

Chairman—continued.

dispensaries. The general feeling seems now to be that there are to be no out-patients, except what I heard just now with regard to the special departments of general hospitals. The whole of that evidence, it seems to me, is absolutely in favour of special hospitals, because no out-patient would go for 14 months (as in the case mentioned just now) to a special hospital who was suffering from cancer, and not be examined for that disease. But if you are to have only these provident dispensaries and have no out-patients coming to the hospitals, it will be a question of *quis custos* or *quis docet*, how they are ever to learn. Since the system of apprenticeship has been abolished, under which men did learn something of the system of treatment and writing prescriptions, there is no opportunity of learning it.

3791. Therefore, you think that the out-patient department is most necessary for the purposes of instruction?—Certainly; I think that the argument that many out-patients come with only slight ailments is a very fallacious one; many ailments may be slight and scientifically uninteresting to the doctor, but they may be of the deepest interest to the patient; and they may, moreover, be the commencement of very grave illness, which may overcome that argument. Further, a good many of the applicants to the hospitals are not of the degraded class that is made out; but they have belonged to clubs, and got more or less perfunctory treatment and seek for a better opinion, just the same as private persons do with regard to their family doctor.

3792. As you have mentioned clubs and used the word "perfunctory" in the same sentence, do you think the treatment of those belonging to clubs is not as good as it might be?—I would be sorry to cast any slur on the profession, but I think that almost all treatment where a doctor gets so much a head, is apt to become perfunctory; where there is not the spirit of emulation resulting from individual payment in return for services that are rendered, that would obtain, I think; in the same way, probably a good deal of parish treatment is perfunctory.

3793. And do you agree or disagree with the statement by the last witness, that out of 100 patients 90 could assist themselves?—My experience is of a hospital where payment has been made. Perhaps I may now be allowed to state the system adopted at this hospital in which I am interested. A patient comes in, and his name, his age, and his occupation are taken. The moment he states his occupation, we know probably what his wages are, and then he is asked, "What can you afford to give; 6 *d.* a week or 1 *s.* a week, or what can you give for your medicine?" He either says that he can or that he cannot. Perhaps he says that his wife has been very ill and his child is dying, and he cannot give it; or that he can give it; if so he gives it. Notices are put up in the hospital that payment does not give any priority or difference of treatment. If a man says he cannot pay he has a case paper given to him, without the necessity for seeking a letter or any other passport. Then supposing he has been attending a fortnight and says that he has been obliged to be out of work, and that he has no longer any money or

that

Chairman—continued.

that he can only give half, that is at once allowed. There is never any question of espionage. All that is done is with a liberal hand. And if he comes into the hospital he is asked to pay in no case a sum exceeding 14*s.* a week, except in one ward in which there is one bed where the sum does not exceed 21*s.*; and no case is taken at less than 5*s.* a week as an in-patient. If they cannot pay that they are received free. As the result of that, in 16 years nearly 80,000 out-patients have been treated in this hospital, I mean actual patients, because we have no system of removals. If a private patient comes to me once, he is a private patient for the rest of his life. A hospital patient I take it, should be the same. And your Lordships are misinformed as to the million and a half out-patients; there are a number of renewals; and probably at the Western Provident Dispensary 20,000 did not mean individual patients, it could not have done, but 20,000 attendances.

3794. Take the million and a half patients; probably if those were new cases that number ought to be multiplied by three, which would bring it up to four and a half millions?—It might be so; I cannot tell. To resume, at my hospital in 16 years the income has been 38,000*l.*, of which 3,500*l.* was borrowed on a loan; over 78,000 patients have been treated, and 2,500 in-patients; and these patients, one-third of whom were admitted free without any question, have paid in 16 years the large sum of 12,000*l.* As a result, that hospital is absolutely solvent; every penny of the loan is paid off; 7,000*l.* or 8,000*l.* has been paid on the land and building, and we even have money invested; so much so, that we intend to enlarge the premises, and can do it with a very light heart, because we know that the same thing will go on. And I believe that in no instance has there been any abuse of the charity. The patients have been deserving of the relief which the skill of the doctors afforded them, but have suffered no injury by paying for the expense of their medicine, and towards the expense of their board, and in a measure helping those of their fellows who were able to pay nothing.

Earl of *Lauderdale.*

3795. What hospital is this?—This is a special hospital with which I am connected, the Central London Throat and Ear Hospital. The same system obtains in some other special hospitals.

Chairman.

3796. How many beds have you got in that hospital?—Sixteen beds, and I believe two cots.

3797. Sixteen occupied beds?—It does not come exactly to that average; I think the average of beds occupied per day is a little under 16, because, of course, there are patients going out and patients coming in. Still the beds are always as full as they can be.

3798. Are you of opinion that the patients are better treated there than they would be in the special department of a general hospital?—That is a question that my modesty does not allow me to answer, but I can speak of other hospitals. I would like to say, about this paying question, that an argument used against the system is, that patients are received who pay high fees, and who could afford to pay a doctor. I would say that the average payment has been 6*d.* per patient. The moment a patient says "I can afford to give 2*s.* 6*d.* or 5*s.*," from knowledge of human nature we think he could afford to give double that sum. A man will come and say that he is a potman, but that he can afford to pay 10*s.* We then turn to the trades in the London Post Office Directory, and we find that he keeps a public-house; he is at once dismissed; and, therefore, this paying system becomes really a useful check.

Chairman—continued.

3799. With the result, do you suppose, that he goes to a general hospital?—Perhaps that may be.

3800. We have a statement here, in a memorandum drawn up by the Charity Organisation Society, in which it puts down the "Central Gray's Inn-road Hospital for the Throat and Ear;" is that yours?—Yes.

3801. It says 16 beds, and the average cost per occupied bed 95*l.*; is that about it?—No, the average cost per bed now is not that. Of course, naturally, in the first commencement of any small undertaking the expense is greater. The average cost per bed of the hospital now is 80*l.*; but the average cost of absolute maintenance is very much lower than that of other hospitals, of course I mean *pro ratâ*. The executive is more expensive perhaps, but the economy in administration and material is much greater than at general hospitals.

3802. I will not enter into the details now, but get them later; but are you in favour of an unlimited extension of these special hospitals?—Decidedly not. I think that there should be some regulation that no special hospital should be allowed to have a *raison d'être* unless it were approved by the Hospital Sunday or Saturday Fund; and that no hospital that does not make an application, and does not receive a grant, has justified its existence as a reputable institution. Of course every institution has to wait three years from the foundation before it can get a grant from the Hospital Sunday Fund; but I think after the end of the year an audit ought to be made and to be submitted to some authority. Of course there are special hospitals and special hospitals.

3803. With regard to the special hospitals, it has been suggested to us that they were very useful many years ago, but that their functions have, in many cases, almost been absorbed now?—Of course that may be so, but that would not be a fair reason for their being abolished. You have heard to-day that it is desirable to do anything towards increasing the efficiency of the special departments. In point of fact to do that would be simply to do what ought to be done, to classify the out-patient department of a general hospital, and it is now very imperfectly classified, and that is the reason of the congestion. There is a great jealousy of specialists. Many general surgeons think that they can treat all special diseases; and if there were a special department many general surgeons might keep a case instead of sending it there. I do think, as a rule, that special diseases are better treated in a special hospital than in a general hospital.

3804. By the men who have made those particular

Chairman—continued.

ticular diseases their study?—I have here a table which I have prepared, not at all an exhaustive table, by which I find that over 150 physicians and surgeons of general hospitals are consulting or actual officers of special hospitals; over 150 in this metropolis; but yet I am sorry to say that several of these gentlemen do not, in the "Medical Directory," say that they are connected with these special hospitals, but at the same time their names appear in the report.

3805. What do you call a special hospital; for instance, take the hospital for Diseases of the Eye in Moorfields, would you call that a special hospital?—Of the highest order. But you must remember, with reference to that special hospital, that when it was first started, the late Mr. Wakley, the proprietor of the "Lancet" said that Mr. Lawrence, afterwards Sir William Lawrence, had last week opened a hospital for cutting out eyes; that was how special hospitals were spoken of some 60 or 70 years ago. I do not quite know what the date is of the Moorfields.

3806. Now the Cancer Hospital, do you call that a special hospital?—Decidedly a special hospital. I have in a rough way classified what I think are the special hospitals. In the first place there are special hospitals most justifiable on grounds of public health, such as contagious and fever hospitals, the small-pox hospitals, the lock hospitals, and, for other reasons, lying-in hospitals. Then there come the hospitals of sentiment, in which I consider consumption and cancer hospitals rank. First, with regard to consumption, a special hospital is largely supported on a question of sentiment. One of the smallest consumption hospitals is to my mind one of the most justifiable; it has an out-patient department in Tottenham Court-road, and an in-patient department in the healthy part of Hampstead. But according to modern views consumption is very contagious; and to group together an enormous number of consumptive people in a low-lying neigbourhood like Brompton, is to my mind not to the advantage of the patients. But I have heard people say as one reason why the climate of Brompton is so healthy a climate, that the authorities of the hospital have placed the hospital there on that account, and that they would not have placed it there if it had not been healthy. It ought to be in the country. The consumptive hospital treats diseases of the chest and the heart; and to put in one ward, a man who has not yet got consumption developed, in a bed next to another man who is most consumptive, is not a fair thing to the first man. The treatment at the Ventnor Hospital, on the cottage principle, where mild and severe cases can be separated, is much more to the advantage of the patient. In fact, no consumption hospital with in-patients ought to exist in this metropolis.

Chairman—continued.

3807. Now do you consider special hospitals for children necessary?—I think they are necessary as a matter of treatment for children. I would like to say that two general surgeons, friends of mine, one connected with St. Thomas's and the other with the London Hospital, are connected one with the Children's Hospital in Great Ormond-street, and the other with the Orthopœdic in Oxford-street; and they have both said to me that it is impossible to get the same excellence of treatment in a general hospital for their cases as in those special hospitals. I think that obtains in almost every phase.

3808. Would you also say that it is more convenient for the adult patients that they should be separated from the children?—No doubt; but then you see there are children's wards in many hospitals; I think they may be separated just the same as the two sexes are separated.

3809. You may have cases in a general ward such that it would be better not to have children in the ward?—There are certain diseases where it would be much better for the children to be separated; in certain circumstances, if the children were fretful, it would be much against the recovery of the adult.

3810. Then, again, as regards the out-patient department, there is the spread of infection?—I am afraid that must obtain in every case where people are grouped together.

The Witness is directed to withdraw, his evidence not being completed.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 23° Junii, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of LAUDERDALE.
Earl SPENCER.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord CLIFFORD OF CHUDLEIGH.
Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

The REV. S. D. BHABHA, is called in; and, having been sworn, is Examined, as follows:

Chairman.

3811. YOU are a minister, are you not?—I am.

3812. And at the same time you practise medicine?—I am practising medicine.

3813. Are you a Nonconformist minister?—I have been one.

3814. And are you preaching, and at the same time practising medicine?—I am not doing preaching at present; I am doing ministerial work simply amongst my patients.

3815. Whereabouts does your practice lie?—In Nunhead, in the south-east of London.

3816. Is that a very poor district?—Part of it is poor, but where I am practising at present is not a poor district.

3817. And the people that you treat principally are they paying patients?—They are paying patients entirely.

3818. Do you visit them in their own homes?—In their own homes; but they come to consult me as well at home at my hours of consultation.

3819. Have you a dispensary there?—No; I have no dispensary; it is entirely what we describe as a private general practice.

3820. What were you first; a medical practitioner or a minister?—At first I was a minister, but at present my work may be described as purely that of a general medical practitioner.

3821. And do you practise under any license?—Of the Glasgow Faculty of Physicians and Surgeons, as well as the Society of Apothecaries in London, and I am a graduate of the University of Brussels, registered on the "British Medical Register" under the Act of 1887–8.

3822. Is that Apothecaries' Society the one which has its head-quarters at the Apothecaries' Hall?—Yes

3823. Now you have no very large hospital close to where your practice is?—No, not close to my district.

Chairman—continued.

3824. Do a great many of the people whom you treat go from time to time to a hospital?—Not a very large number, because the hospitals are at a great distance; a great many of them go as out-patients, not as in-patients.

3825. But then they go there free, of course?—They go entirely free.

3826. At the same time it costs them a day's wages very likely, does it not?—They are not of that hard-working, wage-earning class of people; the majority of them would be ladies, who have very little but their own domestic work to do; they would go either for themselves or for their children.

3827. Then the population there is principally of the class of clerks?—Clerks, and merchants' assistants, and so forth; what they call a middle class or upper middle-class population.

3828. Then do you consider that the out-patient departments of the hospital, although at some distance from you, affect your practice injuriously?—They do.

3829. Then would you say that the population there had more confidence in the hospitals than they have in any general practitioner, yourself or anybody else who may happen to be there?—Their notion is that they will get the best advice for nothing, except their travelling fare.

3830. But do you know of any instances in which you have had paying patients who have come to consult you and who then have left off consulting you and gone to a general hospital, and thereby curtailed your fees?—Yes, I have had many instances of that.

3831. But how have you been able to trace them?—By my books, and because some of them have come back to me after trying the hospitals and got sick of the process. Some of them have been received as in-patients; some of them have been received by special hospitals as part-paying

Chairman—continued.

patients. There are clear instances that I can prove of its having been a loss to me personally.

3832. Now, as to the part-paying hospitals, do they pay less to them than they pay to you?—A great deal less; the sums that the hospitals receive would not be sufficient for them to get board and lodging.

3833. They pay less to these special hospitals than they would pay to you?—Certainly, much less.

3834. Therefore the special hospitals or part-paying hospitals starve the poor practitioners, that is the practitioner who treats the poorer classes, almost as much as the out-patient departments of the general hospitals do?—Yes.

3835. Have you ever sent difficult cases to hospitals for consultation purposes?—No, the patients are quite able to pay the fees of private consulting physicians or surgeons, and I have taken them there.

3836. To private consultants?—To private consultants. They are quite in a position to pay.

3837. Therefore none of the people in your district ought, in your opinion, to have the gratuitous advice of the hospital staff at all?—No.

3838. And do you consider that you are pretty well acquainted with the circumstances of all those people round about you?—Yes, I do.

3839. How long have you lived there?—I have lived for four years in this particular district, and it is quite a new district. I have been there from the commencement almost of the district, and the majority of the residents own their own houses.

3840. And at the same time those people owning their own houses, I understand you to say, go for free relief to the hospitals?—Yes.

3841. Have you ever considered whether it would be practicable to have a system of co-operation between the practitioners and the hospitals?—I have; and I think it would be certainly a help towards diminishing the evil of which we complain.

3842. For instance, you have a good many people who can pay?—Yes.

3843. And some do pay?—Yes.

3844. Then, again, it is possible there may be some, though it does not appear that in your district it is so as a general rule, who cannot pay, and who would be fit recipients for charitable relief?—Yes.

3845. Would it be a good plan if some system could be devised, by inquiry and so on, so that these people should go to the general hospitals, and that you should retain the paying patients?—Yes, for the deserving poor to be attended at the hospitals.

3846. But how would you set about such an inquiry; do not the poor dislike having their circumstances inquired into very much?—No; as far as my experience amongst the poor goes, they are quite willing to tell us the truth, that they are poor and not able to afford to pay the fees of a medical practitioner. They have a sort of dislike to go to the parish medical officer.

3847. Why is that?—It is very extraordinary. About 10 days ago I had a case of a poor woman who was sent to the parish infirmary, and she

Chairman—continued.

was there for nearly six weeks, and her great complaint was that very little professional work was done for her, that is very little medical attendance was given to her. She felt a little better, sufficiently so to come away from the infirmary into her own home. Then she took worse and sent for me, and I told her to go back to the infirmary, and she said she would rather not; she said: "They will not pay as much attention to me as I require."

3848. What infirmary was that?—Must I give the name? It is the parish infirmary.

3849. The parish infirmary of Nunhead, I understand you to mean; then do you consider that the poor dislike going to the infirmary more because they do not consider themselves sufficiently well treated there than because of the slur which their going to the workhouse casts upon them, or which they consider that it casts upon them?—I think both these considerations have an equal share.

3850. And do you find that the dislike of going to the infirmary has increased or decreased in the last four years?—I think it has increased, if anything.

3851. Could you suggest any method of co-operation between the hospitals and private practitioners?—If there was a simple form to be filled up by the patients which would contain general questions regarding their circumstances or the wage limit of their husbands, or of the bread-winner, I should think that would be a sufficient deterrent to many to stop them from going to the hospitals; when they know they have to fill up this form they will not go.

3852. Is the wage limit always a very truthful criterion?—Not always very truthful, but it goes a great way towards keeping the undeserving people, those who are taking advantage of the charity, away from the hospitals.

3853. Then you consider that such inquiry is possible?—I do.

3854. But does not your position as minister give you advantages over others in making inquiries?—Yes, it has done so in many instances.

3855. People speak to you more freely?—They speak to me more freely.

3856. Have you any experience with regard to sick clubs?—None, personally.

3857. You have never been medically attached to one?—No.

3858. And have you seen anything of what are known as "doctors' shops"?—I have seen them in my district, but I have had no personal acquaintance with them except through the poorer class of my patients?—I have heard them referring to them.

3859. Do they complain about them?—They do.

3860. Do they pay to go there?—They pay a nominal sum.

3861. But then I suppose these doctors' shops have a great number of patients, have they not?—They have; but as a rule they are manned by unqualified men.

3862. You say they pay a "nominal sum" the accumulation of fees must be such as to keep the doctors' shops going, must it not?—If they were to keep qualified men, I fear that the accumulation

Chairman—continued.

mulation of members would not be sufficient to support a duly qualified medical staff.

3863. And, therefore, the smallness of the remuneration which they receive necessitates the attendants being of that unqualified description; that is so in your opinion, at least?—Yes.

3864. Do you think that the fact of the free system of out-patients prevailing to such a degree as we have it in London, beats down the doctors' fees?—I does.

3865. And does it beat them down to this extent, that it prevents the qualified men from taking up these dispensaries and leaves them to unqualified men who can afford to do the work cheaper by reason of their being unqualified?—Certainly it would not pay a qualified man to work these dispensaries to any advantage if he did justice to the work that he had to do.

3866. Should you like to see a general hospital established somewhere in your district, speaking I mean from the point of view of the medical requirements of the district?—I do not think there is any absolute need of a general hospital in the immediate neighbourhood where I am. Within a mile of course is the parish dispensary, then the parish infirmary, and for any cases of accident there are many private practitioners in the immediate neighbourhood who are quite competent to attend to any cases of emergency arising.

3867. Then of course they would require to have fees paid?—Yes.

3868. Is this infirmary you speak of in the district of Nunhead, or is it one of the new ones removed some distance from Nunhead?—It is in the district of Peckham.

3869. Should you like to see any system of general supervision over the hospitals and dispensaries?—Yes, I should wish for some sort of supervision.

3870. With a view to what effect?—To checking the expenditure and stopping the misappropriation, as we consider, of the proper charities.

Earl *Cadogan.*

3871. What do you mean by "proper charities"?—These hospitals are meant, as far as one's reading with regard to the establishment of these charities goes, according to my opinion, for the absolutely poor, the deserving poor, and none else.

Chairman.

3872. You mean that the charity is misappropriated by those who could afford to pay?—Yes, and the very fact of their appropriating these charities does not give sufficient room for the deserving poor to get into these hospitals.

3873. You think that the people who could pay crowd the hospitals to the exclusion of those who cannot?—Yes.

3874. And you say that from the observation of those who go to the hospitals from your own neighbourhood?—Yes.

Earl *Cadogan.*

3875. I should like to ask you a question with reference to the last two answers; the misappropriation which you mentioned of "proper charities," I understand you to define by saying that

Earl *Cadogan*—continued.

your meaning is that these large hospitals are used by those who should not use them; I will not say by the well-to-do class, but by the least poor; is that so?—Yes.

3876. But is that so to any extent, do you know?—It is so, and to a great extent.

3877. Have you any experience of the working of large hospitals?—I have visited almost all the general hospitals in London.

3878. And is it your opinion that to any serious extent the hospital beds are filled with those who can afford to pay for medical treatment?—I should not say in the general hospitals so much as in the special hospitals.

3879. Then I may take your answer with reference to that misappropriation to apply entirely to special hospitals?—Not entirely. It does apply partly, but not to such a very great extent to the general hospitals.

3880. But you are aware that taking all the hospitals in London together, there are a large number of beds unfilled?—That is because they have not funds.

3881. And you really think that in the present condition of things, especially as far as the special hospitals are concerned, there is no adequate room left for the poorer patients?—That is so; that is my opinion.

3882. And taking London throughout, in your opinion there is not an adequate supply of medical indoor relief in the hospitals for the necessitous poor?—That is my opinion.

Earl *Spencer.*

3883. You stated that your neighbourhood was what you would call an upper middle-class neighbourhood?—Yes.

3884. And that from them you knew of a certain number who made use of free hospitals?—Yes.

3885. Could you say how many at all in your experience?—Within the past six months I could give instances of at least half-a-dozen.

3886. And at the same rate during all the four years you have been there?—Well, I should say it would entirely depend on the nature of the disease and the particular season of the year. In winter time when they are not able to travel any distances, they do not go to the hospitals much. When the weather is fine they do not mind the journey, because it is a journey for them to undertake.

3887. Do they go both as in-patients and as out-patients?—Yes; as in-patients to the special hospitals and as out-patients to the general hospitals.

3888. Do you believe it is entirely because of their getting their treatment free, or because they get special advantages at these hospitals?—I do not believe that they get any special advantages.

3889. Now, may I ask you, have you a chapel of your own in that district?—No; I do not do any particular chapel work.

3890. May I ask you what persuasion you belong to?—I did belong to the Scotch Presbyterian Church; am a Churchman now.

3891. Are there many ministers of that church who follow the medical line?—No.

3892. I may be asking an ignorant question;

Earl *Spencer*—continued

there may be some general custom; but is there any variety in the fees taken by private practitioners in these districts?—Not to any extent.

3893. May I ask you what the fees generally are?—They range from 2 *s.* upwards.

3894. These are the fees that you ask yourself?—Yes.

3895. Are there many private practitioners in your district?—Yes; there are a sufficient number of them.

3896. So that the competition is not only between the hospitals and yourself, but also between other private practitioners and yourself?—There is perfect friendship between the strictly local practitioners, as we call them; there is no undue spirit of competition amongst them.

3897. I did not mean that it was an unfriendly one, but I suppose there is a certain amount of competition even where there are only two or three practitioners?—There is ample scope for them all.

3898. And you have not much experience in that district among the actual poor?—I have had; I have done gratuitous work among the poor.

3899. You are doing it now in your district, are you?—Not so much since September last.

3900. But are there any large number of poor just round there; I rather understood from what you said that there are not?—Not in the immediate neighbourhood. It is a large estate built a little away from the poor.

3901. Still you have some practice among the poor?—Yes; but it is entirely of a gratuitous nature, because they are not able to pay the fees, and when they need help they come to me, and I give it to them.

3902. In that district where you go among the poor, is there any provident society for getting medical assistance for the poor?—There are what we call the open dispensaries, or provident dispensaries; but they do not go there, simply because they know that they cannot be properly attended to.

3903. But is it inefficient medical assistance that is provided there?—It is inefficient medical work.

3904. Now you gave an instance of a poor woman who said she was not sufficiently attended to by the doctor when she went to the poor-house in firmary?—Yes.

3905. Have you know many cases of that sort?—Not personally known them, but I have heard the poor complain of it.

3906. They complain that they do not get sufficient medical attendance?—Yes.

3907. They do not complain on any other ground?—Not on any other ground.

Lord *Clifford of Chudleigh.*

3908. You told us that you thought the filling up of a form of admission into a hospital would be quite sufficient to prevent people who are not proper recipients of the charity from applying for hospital relief?—I think so, to a great extent.

3909. Would it, in your opinion, be advisable that they should be recommended by some medical man in the district?—It would certainly be better.

3910. Do you think that that would be a

Lord *Clifford of Chudleigh*—continued.

workable system?—To this extent it would not be workable, that the private patients of the medical man would not like him to know that they were going to a hospital; they will quietly slip away from him, at least they do so at present; and if they had to declare to their own doctor that they intended to go to the hospital they would hesitate; they would think twice before they would ask him to fill up the form.

3911. Do you think that it would stop people who ought to go, people who are proper recipients of relief?—No, it would not stop those who are the proper recipients.

3912. I understand that your object is to stop those who are not proper recipients?—Yes.

3913. And that anything that would deter them from going would be an advantage?—Yes, it would.

Lord *Monkswell.*

3914. You suggest that the filling up of a form would be enough; do you not think it also desirable that inquiries should be made to see whether a man had told the truth?—If it did not involve employing extra labour it would be an additional advantage.

3915. Do you know whether there are any inquiries made in the special hospitals or not as to the means of the patients?—As far as my knowledge of the out-patient departments goes, there are absolutely no inquiries made.

3916. But as to the in-patients?—As to the in-patient departments some of the hospitals require what they call a letter of recommendation.

3917. But do they not go into the circumstances of a man; he might get a letter of recommendation although he was able to pay; you think they do not go behind the letter of recommendation, as I understand you?—Not that I know of; I have cases in my mind where patients have had letters of recommendation and have been admitted without further inquiry.

3918. You mean, although if inquiry had been made it would have been found that they could perfectly well pay for medical treatment themselves?—Yes.

3919. I suppose there is plenty of room for the poor in the infirmary if they like to go there?—Yes.

3920. You say that they complain of insufficient medical attendance in the infirmary; but the hospitals cannot be the cause of that, I suppose, because the guardians can always give whatever money they please for medical attendance?—No, we cannot blame the hospitals for the inadequate medical attendance at the Poor Law infirmaries.

3921. You said that some of your fairly well-to-do patients went to special hospitals; are you quite sure that they paid nothing when they were there?—They paid a nominal sum.

3922. A very small sum?—A very small sum, a sum that would be quite inadequate to give them food.

3923. You can say of your own personal knowledge that none of the half-dozen, say, of your patients who went to hospitals in the last six months paid an adequate sum; you are quite certain

Lord *Monkswell*—continued.

certain of that from your own knowledge?—Quite so.

3924. You do not know what arrangements they have for paying at these special hospitals, do you?—They simply ask people the one question: what are they able to pay.

3925. And they always take the answer whatever it may be?—Yes.

3926. Suppose a man was to say he could pay a reasonable sum, say as much as it costs them, two guineas a week we will say, would they make him pay it, do you suppose?—If the man said that possibly they would, and then they might give him admission at once.

3927. They would favour him, you mean, if he said he would pay the whole sum required?—Yes.

3928. So that if the special hospital was full, of course it would be to the advantage of the man to say that he would pay the whole amount of his maintenance?—Yes.

Earl of *Lauderdale.*

3929. Which of the hospitals do you consider compete with you in regard to your practice in Nunhead; are there any particular hospitals that you can mention that so compete?—There are no hospitals in my immediate neighbourhood.

3930. Are there any hospitals at all that you can mention as competing in that way?—There are two large hospitals.

3931. And which are they?—St. Thomas's and Guy's.

3932. Do I understand you to say that in the course of six months six of your patients have gone from you to hospitals; I do not say to these particular two, but to hospitals; only six?—As far as I can remember.

3933. And what are about the total number of patients that you treat in six months, or that you have treated in those six months: in other words, I want to know what proportion of your patients have gone to the hospitals; you say that six have gone in six months; out of a total number of how many would that be?—I cannot say.

3934. Cannot you give any approximate idea, because six seems a very small proportion?—I simply took typical cases which have gone to special and general hospitals.

Lord *Thring.*

3935. I understood you to say that you think special hospitals are more abused than general hospitals with respect to in-patients?—Yes.

3936. I do not understand why; but do you mean, for instance, that a consumption hospital is more abused than a general hospital?—Yes, because people have an impression that they get the best medical treatment and advice for the smallest sum possible at these hospitals, at the consumption hospital, for instance.

3937. But why, in your opinion, does the special hospital allow itself to be more abused than the general hospital?—As a rule special cases would not go to general hospitals because they believe that these special hospitals are better manned professionally than general hospitals, which is a delusion of the public.

3938. But I do not understand still; you tell us that a good many more patients go into special hospitals who ought not to go there than go into general hospitals?—There is not sufficient room for these in-patients in the general hospitals. It is only people suffering from what they consider specific diseases; consumption or diseases of the lungs, who prefer going to the hospital for the chest.

Lord *Thring*—continued.

3939. But that does not constitute an abuse of the hospital, does it?—When people go to that hospital who are quite able to get the same advice by paying elsewhere, I consider that the hospital not having made inquiries has abused the trust.

3940. Then it comes back to this; that those special hospitals, in your opinion, make less inquiry than the general hospitals?—They have no system of inquiry at all.

Chairman.

3941. I should like to amplify that; do you say that the special hospitals have no system of inquiry at all, or the general hospitals?—Both of them; they have no particular system of inquiry whatever.

3942. Because we were told by a witness on the last occasion that they always endeavoured to ascertain how much a patient could pay, and inquired into his circumstances?—That may be, but his Lordship asked me the question regarding the consumption hospital, and I do not think there is any inquiry made there regarding the circumstances of the patients at all: they are not asked how much they could pay at all.

Earl of *Kimberley.*

3943. You spoke of the inadequate attendance in the poor law infirmaries; do you ascribe that to the want of a sufficient number of medical officers, or to the want of skill and attention on the part of the medical officers?—I cannot say that it is for the want of numbers at all; there are sufficient medical officers appointed, because there is the medical officer and his assistants, and there are not many patients to attend.

Chairman.

3944. Do you know how many beds there are at your infirmary at Nunhead or Peckham?—There are 200 beds; not all occupied.

3945. There is a surgeon or medical officer and one assistant, I understand you?—Yes.

3946. But at a general hospital you have a very much larger staff than that?—Not for the out-patients.

3947. Do you find that your patients, when they go to special and to general hospitals, speak better of the special or of the general hospitals, as a rule?—I cannot answer that question, because I do not think they make any remark worth noting either the one way or the other.

3948. You spoke just now of open and provident dispensaries as being the same thing; is that the correct version of your evidence?—That is the correct version.

3949. The provident dispensary being a place where the people pay a subscription; they are also called open dispensaries, are they?—Yes.

3950. You say that the people have not got much

Chairman—continued.

much confidence in these dispensaries?—They have not.

3951. In consequence of that want of confidence, are they short of subscribers in these dispensaries?—People will not go there, and, of course, they have no subscribers in the sense that the public subscribe to them; it is the patients themselves who subscribe.

3952. Do you know anything about midwives; whether they practise in your district?—Very little; to a very limited extent; there are one or two midwives practising there.

3953. But is there a sufficiency of that description of medical assistance?—Quite sufficient for the district.

3954. From watching the people round about you, do you find that the free out-patient department, which they go to from time to time, has any pauperising effect upon them?—It has; it has a demoralising effect on them.

3955. And on that ground would you like to see the out-patient department put a stop to altogether?—Not altogether. It must be kept open for the sake of the poor and the deserving ones.

3956. For the sake of the poor, and also for accidents and so forth?—Yes, for accidents in the immediate neighbourhood of the hospitals, police cases.

3957. But you think that the out-patient department ought to be restricted?—I do.

3958. Then, I may take it, as your opinion, that a great number of the patients have their own medical practitioner, whom they can afford to pay and go, for no particular reason, to free hospitals?—Yes.

3959. And that the competition of the free hospitals induces inferior professional men to take up these doctors' shops or dispensaries, which is bad alike for the public and for the medical profession?—Yes.

Lord *Monkswell.*

3960. Do you hear any complaint among your poor patients of medical students going to lying-in cases in gangs of four or five together?—No; I have heard no complaint of that kind.

Earl *Cadogan.*

3961. I think you mentioned that some of your patients went into a hospital, and, after being there some time, returned to you?—Yes.

3962. Was that on account of their being returned to you as convalescent patients, or was it because they returned to you not having obtained sufficient relief?—Not having obtained sufficient relief.

Earl *Cadogan*—continued.

3963. There were no cases in which they returned to you simply as convalescents after having been treated for some serious malady in the hospital?—No.

Chairman.

3964. In your confidential relations with these patients, do they ever speak of the treatment they receive in the out-patient department?—Yes, they do.

3965. In what way, complaining?—Complaining that there are so many doctors round them; that does not mean the doctors of the hospital staff; it is the students and the clinical clerks who really do the work.

3966. That is to say they are examined medically by a number of young inexperienced men?—That is quite so. I had a case exactly of that kind happen within this fortnight. A patient was taken to one of the hospitals with two broken legs; before the house physician came to examine the injuries that were done to the limbs, there were at least four young gentlemen who examined the patient who were not medical men.

3967. That is to say, not qualified men?—Not qualified medical men.

3968. What hospital was that?—Must I give the name?

3969. I think so; the hospital will have a chance of contradicting it?—Guy's Hospital.

3970. Did that patient complain to you of what these young men did?—No, she made no complaint, except when they were coming to attend her, "Why was there so much looking at my legs?"

3971. Was there any extra pain occasioned by these young gentlemen, or was it merely the inconvenience of having a number of people around her?—Possibly there was extra pain caused to a broken limb, of course, its being constantly touched would cause a certain amount of pain.

Earl *Spencer.*

3972. And they did touch her; they did not merely come and look on?—Yes, they touched her.

Earl of *Kimberley.*

3973. You only, of course, tell us what the patient said to you?—Exactly so.

The Witness is directed to withdraw.

Mr. B. E. BRODHURST, is called in; and, having been sworn, is Examined, as follows:

Chairman.

3974. You are a Fellow of the Royal College of Surgeons?—I am.

3975. And have been on the consultative staff of St. George's Hospital?—Yes.

3976. And also are Consulting Surgeon to the Belgrave Hospital for Children?—Yes.

3977. And you were lecturer on Orthopædic Surgery at St. George's Hospital for five years?—Yes.

Chairman—continued.

3978. You were also a student at St. George's, were you not?—No, I was a student at the London Hospital.

3979. How many years have you been in private practice?—Since 1852.

3980. You were also a member of the Medical Teachers' Association?—Yes.

3981. Would you tell us what the object of that association was?—The objects were various.

It

Chairman—continued.

It was intended to improve the condition of the hospitals, and also to improve the medical schools. The hospitals are not private institutions, but the moneys which were left for them were left to the public for the benefit of the poor.

3982. You are speaking now of the general hospitals?—Of the general hospitals; but, indeed, I would say the same of all the hospitals. And if these donations had been funded most of the hospitals would now be rich. These donations were made solely to benefit the hospitals and the poor; and in thus providing for the poor there was no thought of benefiting the medical schools. These medical schools were all of them private institutions; and even when they were located on the hospital ground they were still private institutions and they were bought and sold.

3983. How long ago is it that they were bought and sold?—I would speak more especially of the London Hospital. The London Hospital School belonged to Mr. Headington, and to Sir William Blizard, and to his nephew, Mr. Blizard.

3984. How long ago is that?—Well, I suppose it may be close upon 60 years ago; but the school of St. George's was only placed on hospital ground 30 years ago; before that it had no connection with the hospital. There were two schools in the neighbourhood of St. George's, one was intended for students of St. George's Hospital, and the other was removed bodily to St. Mary's Hospital when it was built. St. Mary's Hospital, however, was built without any connection whatever with the medical school. That school belonged to Mr. Lane. Now the hospitals are mere adjuncts of the schools.

3985. By that do you mean that were there no hospital schools, there would be no hospitals?—No, not at all. The hospitals existed before the schools; and the schools came to the hospitals.

3986. You say that the hospitals are mere adjuncts of the schools; would you not say that the schools are mere adjuncts now of the hospitals?—No; as the hospitals are now used they are mere adjuncts of the schools.

3987. For providing instruction, you mean?—For providing instruction entirely. When the hospitals were built there were no schools; and the schools until quite lately were entirely independent of the hospitals. In consequence of the schools now being attached to the hospitals, the hospital management is in excess of what is needed for the poor; the food is too luxurious; the nursing is fit for Dives; and every new medicine and instrument, splint, bed, knife must be tried for the sake of the students. Every surgeon orders whatever he chooses at the expense of the hospital; and if he has a taste for new implements he may exercise it to any extent. I do not like to mention names, but it is so well known that there is no reason why I should not mention the fact, that Mr. Luke of the London Hospital had a craze in this direction; he was always ordering new things, such as knives, beds, splints of every description; but these were never used by any of his colleagues. I will not say that they were not useful; some of them were useful; but they were never used by any of his colleagues. At that time I was house surgeon at

Chairman—continued.

the London Hospital, and so I am competent to speak absolutely on that subject. They were more or less whims, and not of any real necessity.

3988. But was there no check upon the medical school?—No, none; that is to say there is a book that has to be signed, and I daresay if anything very extraordinary were ordered, the surgeon who ordered it would be asked about it; but I never knew anything refused; it was always ordered. There is an order book, and practically the order is always given; the chairman of the board signs the book, having perhaps asked a question or two.

3989. But now in the case of that hospital those things were ordered by the school, if I rightly understood you?—No, by the surgeon to the hospital always.

3990. Is there at that hospital a medical committee, I mean a committee of the professional men as opposed to the lay element?—There is a medical committee.

3991. Do they requisition the board for these instruments?—No, not at all. There is an order book, as I believe there is at most of the hospitals, where anyone puts down what he needs, and it is ordered on the next board day. These novelties, it is felt, must be introduced to the student, for, if the inventor should be at the same time an examiner, the probationer would fail to pass probably if he were unacquainted with the surgeon's pet invention. Then as the hospitals were not established for the schools, and as the schools are not necessary to the hospitals, it appears to me that they ought to be removed from the vicinity of the hospitals, and that the hospitals should be conducted as they formerly were for the benefit of the poor. The out-patient department is totally unnecessary except for teaching. The majority of the people who apply need baths and food, but not medicine: and I deem it to be an absolute breach of trust and wicked to give medicine to a great number of the people who come to the hospitals. Perhaps one in twenty may be a fit subject for the out-patient department: the rest need food and baths. At St. George's I strongly recommended the Committee to establish a soup kitchen and baths for the out-patients who needed them, and did not need medicine. The paying wards in some of the hospitals have damaged the profession a great deal more than the out-patient departments. In some of these paying wards there are beds open to individuals who ought never to enter a hospital at all. There they get advice and food and a bed for from one to three guineas a week. It is quite a mistake that such a state of things should be allowed to exist. It is done because the hospitals have over-built themselves, and because they have not managed their affairs well. If the schools were no longer to be attached to the hospitals, then they would resume the functions for which they were originally intended, namely, for the medical care of the poor; and they would be much richer. At present there are between 2,000 and 3,000 medical students in London: and they are spread over the 11 London schools. The professors in these schools are all badly paid; so that they cannot

devote

Chairman—continued.

devote their whole time to teaching. Whereas, if all these students were collected into one central school, as in Paris, the professors might be well paid, and they could then afford to devote the whole of their time to teaching. The professors might be elected by "concours," and certificates for examination should only be received from this central school. Then, again, students should be divided into classes according to years. At present only one set of lectures is delivered; that is to say, the same course of lectures is delivered every year; so that a third year's student and a fourth year's student hear the same lecture: there is no change. Whereas if there were a central school with a large body of students they would contribute in fees to the central school something like 100,000 *l.* a year; and there would be assistant professors. If the professors were able men, they would attract a still larger number of students.

3992. Do you mean that the profession would become more popular?—At present the students are driven, as it were, into the schools; they are obliged to attend that they may get their certificates. Until they were compelled by the professors to attend, their certificates were signed whether they attended or not. Now, they are compelled to attend in order that they may have the professors' signatures. To a certain extent they must attend a certain number of lectures. In Paris a very different state of things obtains; for in Paris there is no compulsion to attend lectures. There are large lecture theatres where the students are seated before the professors enter; and unless the student is already seated before the lecture commences, he probably will not find a seat. These men are great lecturers, and there is no greater intellectual treat than to hear the lectures that are given in Paris. Before it was compulsory to attend lectures in London, certificates were signed, even if lectures were not attended, and it was not uncommon to see one or two students only in the lecture room. I estimate that not only the lecturers might be very well paid, but that even the clinical wards might be maintained by the fees that would be paid by the students. There might be, if it were necessary, a clinical ward in each convenient hospital; and each professor of medicine and of surgery would visit the hospital with his class, and would select the patients for his ward out of the entire hospital, as is done in Vienna, where the result is that every lecture can be well illustrated, and the student is put through his examinations day by day.

3993. Is that all you have to say about the schools?—I think that is all that I have to say about the schools specially.

3994. I should like to ask a question or two upon that subject; do you consider now that the students are fully competent to undertake their work when they join their profession in the country or in the town?—No doubt they are more competent now than they used to be, but in answer to your question I should say they are not competent to practice their profession.

3995. Do you think that if you had a central

Chairman—continued.

school, such as you suggest, they would be more competent than they are at present?—Everyone who has had the opportunity to be a house surgeon or house physician is much more competent than one who has not held such a position; and those who are placed in such positions for the most part go up for the higher degrees, namely, for the Fellowship of the College of Surgeons or the degree of Master in Surgery, or they proceed to take their degrees at Oxford or Cambridge; but there are many others who have fewer opportunities of learning their work, practically.

3996. And those are the men who disappear in the country; do they become apprentices?—No, they go into practice, or they perhaps go into the Army.

3997. But then before undertaking practice, have they to gain no certificate?—They get the diploma of the College of Surgeons, when at the end of the four years they go up for examination; and having passed their examinations, they are then fitted for the Army or the Navy or for private practice. If they hold the membership of the College of Surgeons, and the M.D. degree of Edinburgh, for instance, they can enter the Army. Others must wait till they are 25, and then they go in for the Fellowship of the College of Surgeons; and those men may become hospital surgeons in London. All who obtain the fellowship of the College of Surgeons may get a hospital appointment, and no one can get a hospital appointment, that is to say, a full appointment at a general hospital, unless he has the Fellowship of the College of Surgeons. A most unfortunate thing occurs with regard to Edinburgh. The Fellowship of the College of Surgeons of London is the most excellent surgical degree that is granted anywhere; but that of Edinburgh is given without any examination, and the only distinction between these two, as the public see it, is an E. at the end; the one is written F.R.C.S., and the other F.R.C.S.E. No one out of the profession understands what the E. means. It means, however, that there is no examination whatever.

3998. Then do I understand that the Edinburgh man has necessarily no qualifications whatever?—He must have the membership of some college, but he need not have passed any examination whatever at Edinburgh; he merely gets a certificate of respectability from two practising surgeons, and he then receives the Fellowship of the College of Surgeons of Edinburgh without examination.

3999. Now, with regard to these other men who are not fortunate enough to become Fellows of the Royal College of Surgeons, or surgeons to a hospital, they go out into the world really not practical medical men at all?—Well, some of them have been dressers and some have been house surgeons; but they could not be elected to a hospital.

4000. And then they pick up their experience as they can?—Yes; gradually. There is no examination at the college even now in practical anatomy for the membership, and there is no examination

Chairman—continued.

examination in operations at the college, except for the fellowship. It is now a long time since the same subject was reported on by a committee of hospital surgeons, of whom I daresay your Lordships will know everyone of the names; they were Mr. Le Gros Clarke, Mr. Curling, Mr. Hilton, Dr. Nairne, Mr. Paget (now Sir James Paget), Mr. Quain, and Dr. Todd.

4001. When was that committee held?—In 1847. That committee met, and reported, in consequence of the schools not being properly attended and officered; but I might say that none of their recommendations have been carried out. If you will allow me, I will read one or two sentences from the report. Speaking of the various plans suggested, they say:—"The first of these is the enforcement of attendance upon lectures, either by the teachers of each school, or by the interposition of the council. Having fully considered the merits of this proposition, and having inquired into the circumstances attending the introduction of the plan in the few instances in which it has been tried, the committee are not prepared at the present time to recommend its general adoption." And almost the same state of things goes through the whole report; so that nothing was done.

4002. But then did not you say just now (I think you said so; at any rate it has been said here on several occasions) that no one can get an office at a hospital in London, unless he has the diploma of the Royal College of Surgeons or Physicians of London?—Yes; I dare say it may be so.

4003. Then do you consider that by such action as that any distinguished men are excluded?—No, not at all; the Fellowship of the College of Surgeons is open to everyone: it is only a question of work, and a certain amount of ability. Having taken such a position at the College every hospital appointment is possible, but if they have not the knowledge to pass such examinations they will not get the appointments: they cannot be thrust into them.

4004. Take for instance, a man who came from Edinburgh. What is there at Edinburgh, a college?—The University, the College of Physicians, and the College of Surgeons.

4005. Take a man coming from the University of Edinburgh; he can have a diploma from that University, can he not?—He can have a diploma, and he takes his M.D. degree; but the examinations there are not considered to be equal to those in London. There have been so many examining bodies, no fewer than 19, all of which differed very much in their examinations; some being much more severe than others. Those in London are by far the most severe, and afterwards those in Dublin. But as regards Edinburgh it was the custom for those who had not been successful in London to go to Edinburgh, or perhaps to Aberdeen, or to some other university.

4006. Therefore, you consider that the best men having passed through the College of Surgeons or Physicians of London, have every opportunity of being employed at a hospital?—Certainly. It is now, perhaps, 25 years ago since the Medical Teachers' Association was instituted, and all the hospitals (I think all the hospitals) joined, and there is a list before me of the representatives from the various hospitals to the council for that year (*handing in a report*).

4007. Is that the council of the Medical Teachers' Association?—Yes; and it was thought that we were doing very good work; and Sir John Simon's address was very much approved of by the profession; but when it was found that we were working for a central school, St. Bartholomew's took alarm, and Mr. Callender, who was one of the council, and I think Dr. Southey, both received an intimation that they must retire from the council or they would have to leave the school.

4008. Leave the School of St. Bartholomew's you mean?—Leave the School of St. Bartholomew's.

4009. What reforms, if any, has this body been instrumental in promoting and bringing about?—It was more especially with regard to the work required by the Colleges.

4010. Is that another term for the students?—Yes, it was with reference to their work for the examinations. Now, here is the second paragraph of Sir John Simon's address; he says, "We accept, as our present basis, that every student wishing to offer himself for examination under the Medical Act in order to obtain his license for practice, must, in the first instance, show that he has gone through such a course of study as will probably have qualified him for the license," It would seem a very unnecessary thing to say that, but that was absolutely essential at that time. "In taking this basis, however, we feel bound expressly to point out that it cannot properly be made a ground for any illusory requisitions. In proportion as examining boards are obliged to supplement their examinations by any kind of collateral evidence, the quality of such evidence tends to be a matter of little less public concern than the quality of the examinations themselves; and every certificate which is accepted in aid of a system of examination ought to be a certificate either of actual attainment of the knowledge in question, or at least a certificate of genuine and presumably sufficient study." Then he goes on: "In proceeding to comment on the present conditions of candidature for the medical profession in this country, we first have to remind the association that there does not yet exist, either by authority or by common consent, any one set of regulations which can be cited as representing the national minimum of requirement in this matter; that, on the contrary, the nineteen different corporations which give admission to the Medical Register (and in very great part only by half titles to general practice) act in virtual independence of one another, each with its own set of conditions; that, for instance, our London pupil, who would commonly purpose to procure, as his minimum title to general practice the two semi-qualifications of the College of Surgeons and Apothecaries' Company respectively, or of the College of Surgeons and College of Physicians respectively, cannot find a set of

Chairman—continued.

conditions common even to his two co-qualifying corporations, but must let his education advance, as it best can, under direction of two unassociated, not to say, conflicting taskmasters. The above described state of things is one which we regard with extreme regret and disapproval. We do not question the right of each corporation to fix for itself any special conditions under which it will award such distinctive higher titles of honour, medical or surgical, as may be in its gift; but we think it self-evident that such titles ought only to be awardable to persons already registered, or entitled to be registered, in respect of having passed a minimum examination, common to all departments of the profession; and we hold it to be essential to any important system of medical education that the conditions of mere (minimum) admissibility to the medical register, both as regards examination itself, and as regards proofs of previous study, should not, as now, be different at different examining boards, and be in a great degree variable at their separate option, but should be fixed from time to time by the general educational authority, in one common code of regulations. To procure this simplicity of government for our profession has been for longer than living memory, the endeavour of all intelligent medical reformers, both primarily in order to a better conduct of medical education, and ulteriorly for the better fulfilment of our relations to the public: to promote its adoption was the main purpose with which the Medical Act of 1858, with its expensive consultative machinery, was advocated, and we think that our medical schools, no less than the general public, may reasonably complain that, 10 years after the passing of the Act, the old chaos of rules and qualifications is still continuing as before."

4011. Then you consider that some tremendous alteration is required at present in the system of medical schools in London?—Certainly. The medical professors are not paid as they ought to be, and consequently they cannot devote the same time to the teaching of the students as is done in Paris and in Vienna.

4012. Arising out of that, I should like just to ask this: You said, just now, that you would like to have a central school, and that certain wards, one or two wards in the hospitals, should be set aside for lecturers to take their classes to; but would, setting aside one or two wards in each hospital, be sufficient for the large number of students?—Supposing that there were three or four conveniently central hospitals, and each of these had a certain number of clinical wards appropriated to the professor of medicine and the professor of surgery, each would take his class round his own wards. The classes would be divided according to the student's year, and thus the teaching would be appropriate to the period of study. At present all are taught alike.

4013. But then, do not you think that by that means a certain number of cases which would provide a certain amount of instruction would be excluded?—I do not see that any cases would be excluded; they would be admitted

Chairman—continued.

into the hospital if it were needful; and those cases could always be chosen, and they should, if necessary for teaching, be chosen by the professors. They would have the pick of the whole hospital; and they would feed their own wards from the hospital, as in Vienna. In Vienna they have a hospital of 4,000 beds, and the various professors choose, not simply out of their own wards, but out of the entire hospital whatever cases are necessary for teaching. When the professor goes into his ward at 8 o'clock in the morning, surrounded by his class, he expects the student on whom he calls to describe the case, and to tell him all about it. The professor then delivers a short address on the subject. And so he proceeds throughout the ward. These examinations and the lectures are in Latin. The whole examination in the clinical wards is conducted in Latin.

Earl *Cadogan.*

4014. As regards the system of lectures which you have just described, is there not this difficulty: The student, as I understand, is brought to the bedside, and he is taught what the case is, but does he thereby get an experience of the treatment of cases; is not what you describe merely diagnosis?—The first step is the diagnosis; then the treatment comes after.

4015. That is the point I was coming to. If I understand your system correctly, the students are taken to a hospital where they are shown different cases; but how can they see what the treatment is, and how can they watch the general effect of the treatment?—They go there day by day.

4016. They go back to the same case, do they?—Yes.

4017. The class which is taken to a certain bedside is taken back to that bedside as long as the case lasts, I understand you to mean?—Certainly, and the student will afterwards follow the case wherever it goes: he will follow it to the post-mortem room if the patient dies.

4018. And you think that that system provides for his getting a knowledge of diagnosis?—It is the most admirable system that can be adopted. There is nothing to compare in London with the teaching as it obtains in Vienna. I was in Vienna for a whole year, and I have never seen anything in the London hospitals at all to compare with the teaching in Vienna.

4019. The particular question which I asked you was, do you think that remark equally applicable on that special point, not only to diagnosis but also to treatment; do you consider that that system affords the student equally good instruction in treatment?—Yes. In London the student has no part in the treatment of the patient in the hospital.

4020. But he watches it there?—So he does in Vienna every morning; but in London he comes when he pleases. In Vienna he is bound to come; in London he is not. It is only the dressers and house-surgeons who know what the treatment of the patient may be; and they do not treat the case. It is the physician or surgeon,

or

Earl *Cadogan*—continued.

or assistant physician or assistant surgeon, who orders.

4021. But do they not watch the result of the treatment, as ordered by the assistant surgeon?—The dressers do, and the students do to a certain extent. There used to be the term "walking the hospitals." That term, I am happy to say, has died out; the students then used to look on, and they saw very little indeed: scarcely anything. As to treatment, they knew absolutely nothing; they could scarcely see the patient; there would be a crowd round the patient, but as for being asked a question, or their asking the professor a question, such a thing was almost unheard of.

Chairman.

4022. Then I understand from you that at Vienna there is a maximum amount of instruction as to diagnosis and as to treatment; as much instruction as it is possible to give is given by the system that obtains there?—Yes.

4023. Both as to diagnosis and as to treatment?—People go to Vienna, I may say, to learn diagnosis. It is more admirably taught there than in any other school in Europe; and it is so admirable, and the people lay themselves out for it so much, that, I am afraid I must say, that in some cases they almost feel themselves disappointed if they cannot verify their diagnoses.

4024. You would like to see a system of the same sort here?—Except so far as that; but in Vienna the professors both of medicine and surgery have immense opportunities, and they exercise them fully, because they devote their whole day to it. Such men as Skoda, who was the great diagnostician in Vienna, and Rokitansky, who was a great professor of European reputation, of pathological anatomy, never saw a patient. The whole time was devoted to the hospital and museum.

Earl *Spencer.*

4025. A private patient, you mean?—He never saw a private patient; and similarly with a great number of the physicians and surgeons of the hospital: they never saw a private patient. Even Jäger, the great oculist there, gave up almost the whole of his time to the hospital.

Chairman.

4026. Now, are these gentlemen paid by the State?—All of them are paid by the State.

4027. Have you had any opportunity of comparing the cost of such a system as that with our system?—It is very much smaller. I am afraid to say exactly what the proportion is.

4028. In regard to the schools attached to our general hospitals, you said, did you not, that the hospitals had to pay for any instruments that the schools liked to order?—Not that the schools, but that the surgeons of the hospitals liked to order.

4029. In some cases does not that expense come out of the funds of the school?—No, never.

4030. But the schools have a very large income, have they not?—The income is quite inadequate for the professors' fees. To give you an instance, one of the best lecturers on physiology in London, I will not mention his name, received 18 guineas a year for his lectures, devoting a great deal of time to the preparation of them. He was and is a most distinguished man, and he received 18 guineas a year, to my knowledge.

Chairman—continued.

4031. And then at the same time any work that he did in that hospital was probably of an honorary nature?—Entirely; he never received a shilling for it.

4032. But I think that in most of the hospitals what is known as the staff is unremunerated?—Entirely.

4033. With the exception of two or three house surgeons or physicians, or resident medical officers, as they are generally called?—It is not quite so; for in St. Bartholomew's and St. Thomas's the assistant-surgeons and assistant-physicians get 100 *l.* a year each; but the surgeons get the dressers' fees, and these amount perhaps to 300 *l.* a year to each of the surgeons.

4034. How are the dressers' fees paid? Are they paid to the surgeon on the introduction by the surgeon of these gentlemen into the hospital, or how?—They are paid to the treasurer. They pay 30 *l.* or 30 guineas.

4035. The dressers pay that, you mean?—The dressers pay that for their dressership; then most of the surgeons take some lectureship. At the large hospitals it may be worth 1,000*l.* a-year; and generally they are expected to take some part in the school.

4036. You say 1,000 *l.* a-year?—Yes; in St. Bartholomew's I believe the surgical lectureship is worth about 1,000 *l.* a-year.

4037. And that is paid out of the school fees?—That is paid out of the school fees.

4038. But then with regard to a distinguished surgeon who is high up in his profession, the honorary work that he does in the hospital must be done at a great sacrifice?—It is at a great sacrifice. Sometimes it takes a very long time to see the patients, especially the out-patients, who are very numerous; and of course all that time is money, especially in the middle of the day. The middle of the day is selected for the out-patients, and for going round the wards, and for operating and for consultations. For four days in the week I had to be at St. George's perhaps for three or for four hours, and sometimes longer; and, of course, that was a very great hindrance to private practice; so that it cost me very dear. During the 11 years that I was at St. George's it cost me about 2,000 *l.* a-year to belong to St. George's. Then at St. George's the staff was too small; there were four surgeons, and only two assistant surgeons, and so the latter came in for a great deal of work.

4039. You mentioned just now, in your opening statement, that you thought that the food and nursing in our hospitals were a great deal too luxurious?—The food of the hospitals, yes.

4040. You meant of the patients?—Yes, the hospital patients; I think they are too luxuriously fed. People who come to the hospitals have probably never seen such food. If oysters, for instance, are thought to be necessary, they are ordered.

Chairman—continued.

ordered. I mean to say if a rich man could under the circumstances swallow oysters, therefore it is inferred that a poor man wants oysters. It is not the case that the poor man would need the oysters, but he gets them.

4041. Are these oysters or these luxuries ordered unless they are absolutely necessary?—I would not say that they are absolutely necessary; they would be necessary for a rich man. It depends very much how a man lives as to what is necessary for him; a man may live on vegetable food, or he may live on very poor food, and though he is not so well nourished, still he does his labour very well. But it is not necessary in the case of a labourer who has not been accustomed to meat every day, but perhaps has been accustomed only to eat meat once a week, and that perhaps salt meat, to give him the luxuries he gets in a hospital, together with port wine and other things that are very freely given. I think they are very freely given, a great deal too much so. In no hospital abroad is anything of the sort done. The dietary is of the simplest kind in the Paris and Vienna hospitals, and in all the hospitals in Italy it is of the very simplest kind. It would not be adapted quite, I would say, to Englishmen, but still I think that the dietary in our hospitals is much too luxurious.

4042. Now, with regard to the nurses, can nurses possibly be too good?—They cannot possibly be too good; but if one of your Lordships wanted a nurse, the same kind of nurse would be supplied to you I think that the nurses need not be of such a character, perhaps. Certainly, if ladies chose to undertake the nursing at the hospitals, and they were not paid, it would save a great deal of money. The nurses are better educated than formerly and the pay is higher.

4043. Do you remember what a nurse used to get 15 or 20 years ago?—No, I do not remember what she used to get, but she would be quite a different person from what she is now.

4044. But has not the nursing very much improved in the last 15 years?—The management of the wards is improved, but I do not see that nursing has altered at all, except that the dresses of the nurses are much neater; but the nursing, as I remember it at the London Hospital and at St. George's, and at the various hospitals, was simply perfect.

4045. But are they not a better class of women than they used to be?—Perhaps every one has improved, but I do not think there is any great alteration in that respect. The nurses at St. George's Hospital, in the accident wards, were said to be able to set a man's leg as well as the house-surgeon.

4046. How do they compare with the nurses you have seen at Vienna and Paris?—There is much more system with us; no doubt in London the patients are better tended, but I do not say that they are not adequately and sufficiently attended to both in Paris and Vienna: I think they are. They have men in the men's wards in Vienna, and in Paris. Certainly nuns attend; but for the most part the hospital servants are men. The patients are very well cared for indeed in the Paris hospitals and in the Vienna hospitals: I never heard a complaint.

Chairman—continued.

4047. You said just now that you would like to see the out-patient departments closed?—I think the out-patient departments are quite unnecessary for the hospitals; but they are very necessary for teaching.

4048. But not for the public, you think?—Not for the public; people come there who do not even need medicine: they want food and baths, but they do not need medicine. One in 20 requires medical care probably, and the rest might be dismissed to the dispensaries or to the baths.

4049. Did you sign the petition requesting inquiry into the medical relief in London?—No; I do not think so.

4050. Has your experience in the hospitals led you to believe that there is any reticence on the part of men connected with hospitals, any unwillingness to come forward?—There is no doubt a certain difficulty. And I suppose those who are attached to hospitals would not like to tell you, and scarcely would tell you, what perhaps it is very desirable should be known to your Lordships; but it would be very difficult indeed for them to say anything more than is absolutely on the surface. It should not be expected perhaps from any who are attached at the present moment to hospitals that they would tell the whole truth with regard to the working of the hospitals. The object, it appears to me, of this Committee should be to break up the schools: unless the schools are broken up the hospitals cannot be benefited. The hospitals are extravagant because the schools are attached. Removing the schools means throwing out of work a certain number of men who are attached to the work, because they have been at it for some years; but they starve at it, and it would be a good thing indeed if there were only one professor of medicine instead of eleven in London, and he were elected by "*concours*," so that he would be a man who could lecture, and who knowing his subject, could interest his hearers. That would be an enormous advantage to a London school. And the same may be said with regard to every other professor; instead of having eleven of each to have one. In that way the hospitals would be greatly benefited and the profession too.

4051. Do you think that there is much waste in the hospitals, in the needless continuance of expensive diets?—If the patients are fed beyond what is necessary, of course the bills mount up very largely when that diet is given to a great number of people.

4052. But you contend that they are fed rather beyond their requirements?—They are, certainly.

4053. I presume you would like to see the out-patient department restricted to the actual needs of the hospital for teaching purposes?—I should like to see the out-patient department removed from the hospital entirely. It is entirely unnecessary; it is only necessary for teaching; and if there were a central school there would be no out-patient department to any hospital.

4054. But

Chairman—continued.

4054. But what would you do in the case of accidents?—They would be taken in as they are now. An accident would only have to appear at the hospital to be taken immediately into a ward.

4055. But doing away with the out-patients as regards the public would not affect accidents at all?—Certainly not; and any severe case, it does not matter what, applying at a hospital would immediately be put into a bed.

4056. Now do you think people take advantage of the hospitals by getting treatment there who could afford to pay for medical treatment?—Yes, I am afraid they do even now. Even now it is not unusual to see, not only at the special hospitals (I am afraid it is very much done there), but also at the general hospitals, people who will even assume another dress, in order to come and get advice, and, as they constantly say, to get the best advice.

4057. And then also as regards cases that ought to go to the Poor Law infirmary, are they taken in equally with anybody else who applies to a general hospital?—Only severe cases are taken in; no patient applying as an out-patient would be taken into a hospital unless there were something extraordinary in his case. For instance, one sees occasionally a severe case brought to an out-patient room. Of course that case would be sent immediately into the hospital; and such a case would not be sent away.

4058. When you were at St. George's was the work of the out-patient department left to students?—Never; in my time certainly no student ever saw an out-patient.

4059. You disagree, then, with some witnesses who have told us that the cases are treated by the students?—They may be at some hospitals; but I am not aware of it.

4060. I am not speaking of St. George's now, but it has been stated to us that in many cases the out-patients are treated principally by students; would you disagree with that?—It is quite contrary to my knowledge; I heard it stated, but I do not believe it. I do not think it would be allowed by the authorities of any hospital. At St. George's nothing of the sort was done, and at the London Hospital, when I was there, no student ever prescribed for a patient; that is to say, the dresser of the week always saw any accident in the receiving room as it is called; but any serious accidents were sent on into the ward so that the surgeons might see them. Very few cases indeed were seen only by the dresser of the week. Then there is a junior and a senior dresser, and a house surgeon, always at hand; and the house surgeon is always applied to, and he is a qualified man.

Earl *Spencer*.

4061. I think you stated that you might get an income of something like 100,000 *l.* a year from students at a central school?—I believe so.

4062. But I suppose they pay now something like that to the separate hospitals?—They do.

4063. And you agree that they would get much better instruction if they went to a central school?—They would get much better instruction because they would have the care of professors who would devote the whole of their time to the students; and not only the whole of their time but these professors would have assistant professors, as they have in Paris and Vienna, there to direct the students, and to have classes of students.

Earl *Spencer*—continued.

4064. There may be a great difference between Vienna and London, but do you think that in London you could secure the services of the very highest professional men, medical and surgical, for teaching in schools?—There is a difference between practice and professional knowledge as it is to be given in the schools. One man may not care to go into practice; he may not care to wait for practice, but his forte is teaching, and he would develop that faculty.

4065. True, but he also must visit the patients in the hospitals; you would not have your teacher a man who was not going the round of the hospitals, taking cases himself, would you?—He would have his own clinical ward, and would supply his own ward from the hospitals, and he would select his cases. Suppose a professor of surgery had in a central hospital, 12 beds; he would select out of the whole hospital the 12 patients that he wished to fill those beds.

4066. You would have to pay a man very highly to get a teacher in that way, would you not?—Yes; but you would be able to do it; if you had 100,000 *l.* a year to support the school You could well afford to give such a man 1,500 *l.* perhaps, or 2,000 *l.* a year.

4067. But the 100,000 *l.* now goes, I suppose, to maintain the schools at the separate hospitals?—That is true, but it is divided amongst so many men: instead of one professor there are 11.

4068. And you think you would get superior teaching to that you now get by the present system of separate hospitals having seperate schools?—The teaching as at present, and as it has been for 40 years to my knowledge in Vienna, has been simply admirable, and there is no teaching like it in London. The lectures are all illustrated, and they are delivered by men of European fame, and it is charming to hear these men.

4069. But is it not the case now that young men who are about to enter the medical profession or the surgical profession come up to particular hospitals on purpose to get the benefit of the lectures of distinguished men at those hospitals?—They come up to certain hospitals to pass through the curriculum, and to prepare themselves for examination, but they know nothing of the professors who are at those hospitals.

4070. Do they not come on purpose to be under particular men very often?—It may be so, that at King's College, for instance, or at other hospitals, they wish to be under, at all events for one year, a particular surgeon or physician; but that is to see his practice.

4071. But they come up to get his teaching?—Yes; but the teaching is utterly different in London and in Paris and Vienna. In London a man goes round his ward, and he does not deliver a lecture at all.

4072. Does he not explain a case before the pupils?—Very rarely indeed.

4073. And do not the students visit a particular patient day after day to see how the treatment

Earl *Spencer*—continued.

treatment goes on?—No, I am afraid not; the dressers, of course, must see them; but each surgeon has six dressers and a house surgeon, and the knowledge of his treatment is restricted pretty much to those individuals. As for the general mass of students, they do not know much what is going on; they go round sometimes with the house surgeon; but it is not done in the same methodical manner it is when there is a professor of medicine, who has his clinical ward: then there is altogether a different arrangement.

4074. I think you spoke of the crowds that there used to be sometimes round the beds, which prevented the students hearing what the doctor said?—Yes.

4075. Is that avoided at Vienna?—Yes, there a certain number of men only go round.

4076. Do you consider that the workhouse infirmaries would be important for students in a central school?—I doubt very much if they would be: there are very few cases, I imagine, in a workhouse infirmary that are perhaps worth seeing by medical students.

4077. Is it not important for them to learn the treatment of chronic cases?—Yes, it is important for them to see them, but they see them much better in a hospital. In every hospital such cases are seen.

4078. They do not generally keep chronic cases in a hospital, do they?—They are not kept for any considerable length of time, but they may be kept, perhaps, for three months.

4079. But is it not important for the students to see some cases that are kept a length of time?—The truth is, that there are a sufficient number of chronic cases at all times in every hospital. It is important that the pathological condition should be exactly known; and the student has to learn it. Thus he verifies on the post-mortem table what he has listened to and seen in life. This is very important, and it is what they do so well in Vienna. There every student goes down with his professor when there is a death to verify the diagnosis.

4080. But I should have thought it would have been rather important to see chronic cases while the patients were in life?—They are seen in every hospital. Such cases are kept in, perhaps, for three months, and if the physician thinks it right he can keep them in for three months longer.

4081. But they very rarely do?—If they are interesting cases, such as diseases of the heart, aneurism, &c., they are often kept in for a longer period.

4082. With regard to the out-patient departments, you would do away with the out-patient departments altogether; you do not consider that they are necessary?—They are not necessary, except for teaching.

4083. Are they not very useful sometimes to poor people whose ordinary medical attendant wishes to consult a skilled man, and an experienced man; in fact, as consultative places?—I never heard of any general practitioner sending a patient to a hospital as an out-patient for the sake of consultation.

Earl *Spencer*—continued.

4084. But in the country that is the case surely?—I do not know.

4085. I should have thought that it would have existed in London. Now, you spoke of one distinguished professor who only received 18 guineas a year for his lectures, but then you spoke of another who received a thousand a year?—Yes; the one was a professor of physiology at a moderately small school, and the other was professor of surgery at a large school.

4086. And in the latter case he receives the higher sum?—He receives the higher sum, because he has a larger class.

4087. Now, if your system was carried out, would you alter the system at present in vogue at the hospitals of nearly all the professional men being honorary, or would you leave the hospital system the same as it is now?—The appointments should be honorary.

4088. You would not alter it?—No; I think they ought to be honorary; I am not aware that the medical officers would care to be paid, but the lecturers ought to get such an income that they need not look to general practice; but might be able to give the whole of their time to their professorships.

4089. Have you ever considered under what form of government you would put the central school, if you had your way?—I imagine that an Act of Parliament would do it very quickly.

4090. An Act of Parliament would be required, you think?—Yes.

4091. Would you make the central governing body nominate to this school, or how would you do that?—You mean, how would the professors be appointed?

4092. I mean the whole management of the school, including the appointment of the professors?—That is a matter of detail. Any number of gentlemen might be appointed to determine that: some professional, perhaps, some civilians who held various appointments; and these would determine in "*concours*," as in Paris, who was the fittest man, and give him the chair.

4093. It would be a very serious responsibility?—At present there is nothing of the kind done: no examination is necessary: a man is pitched into the lecture room, and he lectures. No qualification is necessary except his examination at college, so that it is not known if he is really a good speaker, or if he has digested his subject sufficiently to be able to interest his pupils.

4094. Did this subject of a central school come before the Royal Commission that was appointed, I think in 1881, under Lord Camperdown, as chairman?—No, it did not.

Earl of *Kimberley*.

4095. I think I understood from you that your scheme would, in fact, be one which would require that the professors should be appointed by the Government?—Perhaps by commissioners nominated by the Government.

4096. Out of what fund would they be paid: out of the fees of medical students; I suppose the whole expenses would be met from the fees of medical students?—Yes, the whole of them.

4097. At

Earl of *Kimberley*—continued.

4097. At Vienna are the hospitals supported by public funds?—By the State.

4098. Would it not be rather difficult to combine your central school with voluntary hospitals?—People at the present time do not support the hospitals for the sake of the schools; the hospitals were always supported before there were schools.

4099. What I meant was, do you think there would be no difficulty in compelling the hospitals to give the facilities required to this government body of professors?—I imagine the same Act would deal with the hospitals as with the schools.

4100. But could an Act deal with voluntary hospitals?—I imagine there could not be the smallest difficulty in the Government assuming the responsibility of the hospitals.

4101. But surely the Government could not assume responsibility or assume control over hospitals entirely supported by voluntary contributions without the consent of the subscribers?—Almost all the hospitals have a very considerable fund.

4102. Of course I am quite aware that there are certain hospitals, such as St. Bartholomew's, which are practically supported entirely out of endowment?—Quite so.

4103. But there are also, out of the 11 hospitals, a considerable number, the larger number, whose endowment is very small indeed; and the principal funds which they enjoy are from voluntary contributions. The question I asked was, whether you thought it would be possible, by Act of Parliament, to require these hospitals, which are supported by voluntary contributions in much the greater part of their expenditure, to submit themselves to regulations imposed by a body appointed by Government?—If, by Act of Parliament, the certificates were only to be granted by the central school, the hospitals would be only too willing to receive students; otherwise the students would be cut off from the hospitals, and the surgeons would not get their dressers.

4104. I understand you to say that a very small number of beds would be used by the professors in the hospitals?—The beds that the professors would have would be perhaps 12 in each hospital.

4105. So that to a very large extent the hospitals would lose the dressers they now have, would they not?—No, they need not lose the dressers; the students would follow the professors in their own wards, and they would become dressers of the surgeons of the hospital.

4106. Is the result in Vienna that the medical profession there is very superior to the profession here?—No, I would not say that.

4107. Then what is the advantage that they have over us in Vienna?—By separating the schools the hospitals would be enriched. Also the professors would devote the whole of their time to the students, and to the preparation of their lectures, so that they might be as distinguished as in Paris, where such men as Orfila and Dumas, Marjolin and Trousseau used to be. These men were of European fame, but they were not known on account of their hospital work but their lectures, for they and their eminent colleagues were all appointed by "*concours*." Their names

Earl of *Kimberley*—continued.

are in every medical man's mouth. Whereas in London it would be difficult for any student to name a professor not of his own school.

4108. I suppose the whole object of the education of medical students is to produce good medical men, and I do not think that you have answered my question, which was whether this system that you think so superior at Vienna, has better results than the system here, by making the medical profession there more scientific and one of greater ability?—It is most scientific in Vienna.

4109. But is it better than it is here. What I want you to do is to answer me this question: Is it the result of this education in Vienna, that you say is very superior to the education given here, that the medical men in Vienna or those who were educated in Vienna are superior in knowledge and skill to those educated under our system?—May I answer that in this way. Take a man such as Skoda. We have no such teacher in England for diagnosis of chest affections; neither have we such a man as Rokitansky, who was lecturer on morbid anatomy. There is no such man as a lecturer in England.

4110. Those are lecturers; but I am asking the results as regards practice?—The result is that they have great advantages, advantages which students in this country do not obtain; and these attract greatly students from all countries.

4111. But still you will forgive me for saying, though I daresay all that is very interesting, that it is not an answer to my question. My question is simply this: What are the results of the system. Is the result of the system that the practising surgeons and physicians in Vienna, or who have been educated in Vienna, are superior in knowledge and skill to those educated in England, or are they not?—It is a very difficult question for me to answer.

4112. But on that turns the whole matter; how can we judge of such a system except by its results?—But if the lecturers are so superior that there is nothing to compare with them in London, surely the result ought also to be better; and if it is not better, it is the fault of the men themselves and not of the professors.

4113. That is, is it not, merely an *à priori* argument, that the thing ought to be; but I want to know not what it ought to be, but what it is. But I will put it in this way, whether in your opinion the men when they leave the schools there are better qualified than the men leaving the schools here?—The men, for the most part, as they leave the Vienna schools, are very highly qualified.

4114. And are they better qualified than they would be if educated in London?—They are not better qualified, perhaps, than those who go in for the higher examinations in London, but with regard to the majority of men who pass out of the London schools they are, in Vienna, far better educated than in London. But there are two classes in London, one going in for the ordinary examination, and the other for the higher examinations.

4115. On another point I intended to ask you a question. You said just now that the establishment of the central school would increase the wealth of the hospitals; how would that be?

Earl of *Kimberley*—continued.

—The hospitals at present are impoverished by the schools, and by moving the schools away from the hospitals, necessarily you would increase the resources of the hospitals.

4116. But how are they impoverished; because if I understand rightly the system of management, the fees of the medical students pay the whole of the expenses of the students in the hospitals; or is that not so?—Yes, but everything is on a more extravagant scale on account of the presence of the students; the hospitals are not conducted in the same simple manner as they were formerly, and as they would be again if there were no schools; the schools make a great difference.

4117. You think that the presence of the students necessarily brings with it a great deal of expenditure which would otherwise not be incurred?—Absolutely.

Lord *Lamington.*

4118. With regard to the changes which you recommend, do they exist in any instance in the United Kingdom at the present time?—There is something of the same sort at Edinburgh and at Glasgow.

4119. It is at Edinburgh where the schools are very excellent, amongst the best in the United Kingdom, are they not?—Yes.

4120. And in Edinburgh the out-patient department does not exist, except for casual cases?—That is so.

4121. And therefore the system which you recommend is more or less carried out there?—Yes.

4122. And with great advantage?—With great advantage; and also at Glasgow.

Lord *Clifford of Chudleigh.*

4123 At what period of their course do the students go into the London hospitals?—At the end of his second year.

4124. And did I rightly understand you to say that the course of lectures is the same for the students of each year?—It is exactly the same: the same thing is gone through year by year.

4125. What then is the object of studying for two or three years, always going over the same ground?—That is what the students feel; that it is time lost; and that the time is not economised as it might be.

Lord *Monkswell.*

4126. Then do I understand you to say that students going through a course of four years have the same lectures four times over?—The first and second year's men do not attend the surgical lectures or the medical lectures; but they attend anatomy, physiology, and chemistry lectures; but when they begin to attend a certain set of lectures they hear the same subject lectured on over and over again.

4127. In fact they are the same lectures, I understand you to say, if the same man goes on?—I think Sir William Lawrence told me he had lectured for 30 years, and he assured me that he had never had occasion to alter one word of his lectures during the whole of that time.

4128. Then many of these students would hear the same lecture three times over?—It is usual to hear it twice during two year

Lord *Monkswell*—continued.

4129. And I suppose, in the fifth year that is proposed to be added to the curriculum, it would be something quite different?—Yes; that is more especially intended for hospital work, and practical work in the hospital.

4130. You said that there is a tendency to too many novelties; what check is desirable for that?—If the schools were not attached to the hospitals these novelties would not be required.

4131. That is the only check necessary, you think?—If there were no schools these things would not be ordered. The examiners are, in a great number of instances, surgeons at the hospitals, and when the student comes before the examiner it is expected that he shall know of any new thing that he may have introduced.

4132. You say that in the hospitals in Vienna the food is not of such a high class as it is in London; do you know what the percentage of cures is in the Vienna hospitals and in the London ones?—I could not give it you; but in London it is certainly higher.

4133. Do not you think that the more generous diet may have something to do with that?—Perhaps it may. Also in Vienna people come in in a very sad state, very often in a state of starvation, so that they die very soon; and also they come in with very serious maladies; more so even than in London.

4134. Then I understand that you are rather in doubt what one should attribute the greater percentage of cures in London to, whether to the condition of the patients and the class of the patients, or to the more generous diet?—No doubt the more generous diet has something to do with it.

4135. We had it in evidence the other day from Mr. Corbyn, that in his opinion cases should go generally speaking through infirmaries to the hospitals, or that if they did not go through infirmaries at all events they should go to them by the recommendation of some doctor; do you think that would be possible?—No indeed, I do not think that; I think it much better that an accident should come at once to a hospital.

4136. But he excepted accidents from that statement; as a general rule he thought the cases should come through an infirmary to the hospital?—The sooner a man is put under a good physician the sooner he will get well. I should send a person to a hospital myself rather than to an infirmary.

4137. Would he not get well as soon in an infirmary as in a hospital?—Trivial cases may be sent to the infirmary, but serious cases should be sent to the hospital.

4138. Do you not think that that practice of sending patients first of all to infirmaries, supposing it to take place, would check fairly well-off people from taking advantage of hospital treatment; might it not have that effect. I suppose a person fairly well-off would not care to go to an infirmary in the first case; he would probably go to his own doctor rather than do that?—Perhaps; I think that is a matter of uncertainty. If a case can be passed on from an infirmary to a hospital, and they could go up simply to be passed on to the hospital, they might then be willing to go to the infirmary.

4139. They would not be passed on on their own

Lord *Monkswell*—continued.

own application only?—I do not see according to what rule or why the person would be passed on. If it was a severe case the infirmary doctor would like to treat it, and would probably treat it, and if it was a simple case he would treat it. I think that it might be the right way, perhaps, to allow the hospitals to send out-patients first to infirmaries. Perhaps all out-patients ought first to go to infirmaries, but I would not have such cases as are admitted to the hospitals sent to the infirmaries.

4140. In point of fact you think that the doctors at infirmaries would keep cases that you would say were better suited for the hospitals?—I think so.

Earl of *Arran.*

4141. I think you said that the lectures at the Vienna schools are far superior to anything we have in this country?—The lecturers there give their whole time to it; they are very learned men in their profession, and they have no cares of private practice, and it would be odd enough if they did not lecture much better than a man who only gives his lecture, perhaps, twice a week for an hour at a time, and then throws it aside and thinks no more about it. In Vienna a man's whole time is given up to the lecture; he is preparing it; he is following it in the ward; he is following it in the post-mortem room; the whole day is given up in fact to his lecture, and he seldom leaves the premises: most of them live on the premises.

4142. Then these lectures that are delivered by these very superior men, I suppose, are published in medical journals belonging to other countries?—I do not think so; I never saw them.

4143. Because I believe that the information gained in one country is now very quickly disseminated by medical journals in all countries?—They all publish books, and of course their ideas are known throughout the world; but the lectures themselves are not published, and they could not publish them as they have spoken them, because they illustrate them largely by living cases, and they illustrate them again in the post-mortem room. In Vienna they think much about the after-result in the post-mortem room: Vienna is the great school for morbid anatomy.

4144. But I wanted to see whether the assistance of these very superior men at Vienna is of use beyond that particular school; whether it is of assistance to the medical schools of other countries?—It is, of course, because they are all learned men, and in their writings they give the result of their learning and their teaching; but their lectures are not published, nor could they be published adequately.

Lord *Zouche of Haryngworth.*

4145. I think you mentioned that these lectures in Vienna and in Paris were appointed by "*concours*"?—Yes.

4146. What is the meaning of that exactly?—Each one has a subject given, and he declaims before a large audience, and the one who does it best gets the chair.

Earl of *Kimberley.*

4147. A competitive examination, in fact?—A competitive examination.

Lord *Zouche of Haryngworth.*

4148. Then, who are the audience, and do they all have votes?—I do not know how it is done exactly. A certain number of commissioners are appointed to examine, and they appoint the lecturers; but how the commissioners are appointed I do not know; they are not exclusively from the schools.

4149. You would not, as I understand you, propose that this new central school should give diplomas?—The central school would prepare the students for the examinations.

4150. You would still have the diplomas given and the examinations held by the Colleges of Physicians and Surgeons?—Yes; these schools are merely preparatory for the examinations of the colleges; and the central school would take the place of the 11 existing schools, and instead of having a small class of say 20 students, the class would consist of perhaps 800, so that it would be a matter of great interest to a man to lecture, and he would have a fine hall to lecture in, and it would be worth doing. Such is the case in Paris; there a man lectures perhaps to 600 or 800 students.

4151. Then under this new scheme would not the student have to pay two sets of fees, one to the central school, and one to the particular hospital to which he was attached?—Not any more than at present. The same thing is done now: a pupil pays in fees, according to the school, 100 guineas to 125 guineas, and then he pays for his dressership at the hospital quite distinct from his payment to the schools.

4152. So that the fees would be about the same under the proposed plan, you think?—Just the same; there is no reason why they should not be: that is a matter of detail entirely.

Lord *Thring.*

4153. I understand you to say that the theoretical education of the student, as distinguished from his practical education, is conducted much better abroad, in Vienna, in particular, than in England?—Yes.

4154. Which, then, do you consider most material, his theoretical education or his practical education?—Both are important.

4155. I want to ask you how to compare the two; how is the practical education obtained in England as a matter of fact; I do not quite follow it out?—The student becomes a dresser, and afterwards, if he is fortunate, he becomes house surgeon.

4156. Now I want you to pause a moment; do all students who pass as qualified surgeons become dressers or house surgeons?—All ought to become dressers.

4157. But do they, as a matter of fact?—They do not.

4158. Do I understand that in England at the present moment a man may become a qualified surgeon without first being a dresser?—Yes.

4159. Therefore he becomes a qualified surgeon without having any practical knowledge of surgery?—It may be so.

4160. Is it often so?—Less often than it used to be. It was very common indeed at the time when I was a student: it was quite the exception then to be a dresser.

4161. I may assume, I suppose, that a practical

Lord *Thring*—continued.

knowledge of surgery or medicine, like a practical knowledge of law, can only be acquired by practice?—Yes; it can only be acquired by practice.

4162. Then your young surgeon or young physician, when he goes out into the world, is really and truly driven to experiment for himself?—Yes, he does not know much.

4163. Now with respect to operations, when practically is the English doctor taught operations; when does he begin?—When he has his first patient, and the knife is put into his hands.

4164. Supposing I were a young doctor at a hospital, when first am I allowed to cut off a man's leg?—When you get your diploma you may do it.

4165. When I am qualified I may cut off his leg whenever I choose?—Yes.

4166. Supposing I am a hospital surgeon, I do it in the hospital?—Yes.

4167. But suppose I have never been a dresser; suppose I have never been anything, when I get my diploma and go out into the world I may legally cut off anybody's leg as I choose?—Yes, having your diploma.

4168. Then to go back to the comparison as to practical knowledge, are the doctors in Vienna practically taught any better than the English doctors?—I have already answered that question somewhat by saying that for the higher qualifications in England the men are better qualified than in Vienna; but, as a whole, the Viennese students are better qualified than the English.

4169. By "higher qualification," what do you mean; I thought you meant a higher qualification in learning; I think, myself, that the higher qualification of a doctor consists in his being the man who can cut off my leg best; but what do you mean by it?—You are speaking of surgeons now?

4170. The same argument would apply to the other branch of the profession?—It does; but when a man goes in for the fellowship of the College of Surgeons, then his education is much extended; it is extended to the age of 25 years; he cannot go in for the examination until he is 25 years of age, and during the whole of that time he is supposed to be devoting himself to learning.

4171. I want to get at this, because I never can understand it. Of course I may be a most learned man in all the law books from beginning to end, and yet I may be as bad an advocate as ever stepped into a court, because I have no practice; I want to know, supposing a man is fellow of the College of Surgeons, which you say is the highest diploma, does it involve anything more than the fact that he knows surgery as a science in books?—He has to pass an examination as an operator at the college.

4172. He must show that he can practically operate?—Yes, at the college, for the fellowship, but not for the membership.

4173. For the fellowship he satisfies somebody, some competent person, that he is expert in the actual practical science of surgery?—Certainly, that is actually necessary for the fellowship; but there are very few fellows of the college in comparison with the great number of members.

Lord *Thring*—continued.

4174. Then that fellowship is the only certificate, so to speak, that is known, and that actually proves that a man is practically acquainted with his profession; I lay an emphasis on "practically"?—It does not follow at all that because a man is a fellow of the College of Surgeons, therefore he should be practically acquainted with his profession, except that he must have been a house surgeon, and that he must be able to do operations on the dead body; but he may never have touched a living subject.

4175. Then I beg your pardon; that was the very question which I wanted to ask you; I want to know whether a fellow of the College of Surgeons must have cut off living people's legs?—No, not at all.

4176. Then there is not in England any test, except the test of the public employing the man, which is a very good one, whether a man is a practically good physician or surgeon, or not?—There is no real test. It becomes known when he is attached to a hospital whether he can operate or not. A great number of men do not like operating, and they shirk it as much as possible; they do not care about it, and they are not skilled operators. A great number of men attached to hospitals are not skilled operators; they can do an operation, but they do not do it in that skilful manner in which you would expect to see some great and renowned operator perform it.

4177. Then coming back to your point, I understand you to say that having a central school of medicine (I think it is immaterial how it is managed, for this purpose), would certainly secure theoretical learning?—Certainly.

4178. And that the practical skill might be neither better nor worse than it was before?—Except that the men would be taken to the bedside of the patient, and they would see the whole treatment, and it would be explained to them. In the same way in the operating theatre; everything would be explained to them. Nothing is really explained at present; there is a little lecture given when an operation is done, but it is not explained in such a way that the students understand it.

4179. Then I want to go back to a question which Lord Kimberley asked you; that may be so. Supposing you had anything like Government interference, in my opinion it would entirely destroy the voluntary contributions; but be that so or be it not, how would you possibly get an arrangement whereby these gentlemen should go to all the hospitals?—Every professor of medicine and surgery would have his own ward in a hospital.

4180. How would he have it?—By Act of Parliament.

4181. Assuming there to be no Act of Parliament for the moment, do you think it could be done by arrangement?—Yes, I think it would. Supposing the certificates only of the central school are admitted for examination, then you must have clinical wards in the various hospitals.

4182. Now, I want to put this to you; let us put the Act of Parliament out of our heads for a moment; I will assume that we could create a university or a college in which all the medical students should be grouped for the purpose of theoretical

Lord *Thring*—continued.

theoretical teaching; I will assume that to be done without any Act of Parliament, and I will assume that it is properly arranged, then I will assume that we had the same number of hospitals that we have now, that or more; would it be possible, do you think, by arrangement to give proper clinical teaching to the students at those hospitals?—Certainly.

4183. And how would you propose that that should be done?—It would be absolutely necessary, as part of the scheme, that there should be clinical wards for the students to be taken to.

4184. Would the hospitals resist that?—No; the hospitals could not possibly resist that. The work of the hospital must be carried on more or less by students.

4185. That is what I wanted to get at: supposing I could create my voluntary college, and have all the advantage of the lectures, you state that in your opinion it would be obligatory on the hospitals to have the students, because they could not get dressers without them?—That is so.

4186. Then I will put the general question to you; may we not have all that you want without an Act of Parliament?—I do not know how you could compel, perhaps, such hospitals as Guy's, St. Thomas's, and St. Bartholomew's.

4187. Why should they not follow suit in the same way; how would they get their officers?—I think your Lordships have that power: any recommendation of yours in that direction would, I should think, be adopted.

4188. If we had this school, you think on the whole, with the exception, perhaps, of one or two very large hospitals, such as St. Bartholomew's, the hospitals in general would provide the clinical teaching for the students?—I have no doubt of it, certainly.

Chairman.

4189. You are consulting surgeon are you not to the Orthopœdic Hospital?—Yes.

4190. Do you think that the work that is done in the Orthopœdic Hospital could be as well done in the general hospitals?—No, it cannot be done in general hospitals. They have such wards in St. George's, and I found it quite impossible to do the work. I had to do all the work myself: my house surgeon was never appointed for more than three months, and he could not in that time learn his work; it takes a long time to learn the work of a special hospital, whether of an eye hospital or of an orthopœdic hospital or any other. Now at the Orthopœdic Hospital at the present time we have a Bachelor of Medicine of the University of London, who is house surgeon; he has been house surgeon at St. Bartholomew's Hospital, and he is a highly qualified man, and he looks after our cases for us at the hospital; but a student has not the knowledge and could not do it. And then it requires even in the case of a well-qualified man that you should show him points for a long time to make him up to his work; and in an ophthalmic hospital it takes even a longer time than in other special hospitals: it takes a long time to teach the exact course to be adopted in such cases.

4191. You are in favour of the Orthopœdic Hospital and of the Eye Hospital as special

Chairman—continued.

hospitals; would you be in favour of the Cancer Hospital as a special hospital, or could that disease be as well treated in a general hospital?—The Cancer Hospital, I take it, is more of an infirmary or an incurable hospital, and it ought to go under the class of incurable hospitals: a certain number of such cases ought to go to a general hospital, and others to an incurable hospital. I do not see any advantage in the Cancer Hospital. I do not myself know much about the Cancer Hospital; but there is no doubt that all these complaints might very well be treated in general hospitals if there were certain knowledge brought to bear upon them. I need not say that those who are attached to special hospitals have a great advantage in knowing that one subject exceedingly well, and much better than people can know it in a general hospital; and it is extremely difficult in a general hospital (it cannot be done according to the present system) to devote so long a time to the work under the special surgeons as to make students really of use.

4192. All of these great general hospitals have various departments, for the eyes, the feet, and so on?—They have.

4193. And they have a man generally in charge of those departments sufficiently skilled to work them?—Quite so. It is more a question of the assistants they get, and also of the wards, whether they are proper for treatment, especially for ophthalmic cases: it is necessary to have special arrangements for ophthalmic cases in the general hospitals. There is an advantage in having an ophthalmic hospital quite distinct from the general hospitals. In Vienna (if I may speak again of Vienna) the Ophthalmic Hospital occupies one quadrangle of the many quadrangles of the general hospital of Vienna, and it is quite distinct from the rest of the hospital; so that there is no fear of any infection or anything of that sort: it is quite cut off from the rest of the hospital. It is not so in the hospitals in London. Here there is just a ward by the side of any other ward, and of course the patients are more or less subject to any infection that is going on in the hospital. That I look upon as a great advantage in the Vienna hospital.

4194. The Vienna hospital you have spoken of is the Allgemeines Krankenhaus?—Yes.

4195. A great number of these special hospitals have sprung up in London in the last few years?—Yes.

4196. Should you like to see that number restricted?—I think a great number are quite unnecessary.

4197. Should you like to see some controlling body which was obliged to give a license or some permissive order before any such hospital could be established?—I think that would be a very great advantage indeed.

4198. You mentioned that in the hospital at Vienna they had male nurses to some extent for male patients?—Yes.

4199. Do you prefer male nurses for male patients?—No. I know that it is more economical because there are fewer nurses required; a man is much stronger, and you get more work out of him than out of a female nurse.

4200. For certain cases; but do you think a

Chairman—continued.

man is equally skilled in nursing?—The Frenchman is; he is a very skilful nurse, and so is the German. I have no experience of the Englishman as a nurse; I think he is not so clever.

Lord *Thring.*

4201. With respect to these operations; I am rather startled by what you say. I understand that in England a man may operate upon the living body never having before operated except upon the dead body?—Yes.

4202. Then how can he possibly know how to tie up an artery?—His anatomy teaches him that.

4203. Then he may perform a very delicate operation; for instance he may operate on a man's eyes, never having done it before?—Yes, he may operate on a man's eyes, never having done it before, but having seen it done. Every student in Vienna is taught to operate on the eye.

4204. Then I may take it that not only the theoretical part of the business is better done there but the practical part also?—Yes.

Chairman.

4205. Are the dispensaries likely to be of any use in London, do you think, for teaching purposes?—I doubt it very much; indeed, I do not think so.

4206. Would you like to see any system of central supervision for hospitals?—There ought to be, no doubt, some supervision, but it is very difficult to say how that shall be brought about if it is not a Governmental supervision.

4207. But still you would like to see something in that direction?—There ought to be something of that kind. The hospitals are admirably arranged in Vienna and in Paris, and there they are superintended by authority, and all the men are appointed by the central authority. They are all recognised and good men: and there is never any doubt about his capacity

Chairman—continued.

for doing his work. They have excellent operators: such men as Rosas and Jäger, so that people go from all countries to see them operate.

4208. Is there any other subject you wish to give evidence upon?—I do not think so.

Lord *Lamington.*

4209. As in Edinburgh and Glasgow, they have arrived at these changes without any Government interference; is it necessary to have it in London?—These schools in London are established; and therefore it is difficult to remove them.

4210. But by the recommendation of the hospitals they would see the desirability of making these changes themselves, would they not?—I could not answer that absolutely. I very much doubt whether these changes would be made in the hospitals or in the schools. The lecturers constitute, for the most part, the staff of the hospitals, and, consequently, if the physicians and surgeons of the hospitals were asked to remove their school, I think, for the most part, they would decline.

Lord *Thring.*

4211. Let me put it in another way; as you rightly said the hospitals themselves are public bodies quite distinct from the schools; supposing that the hospital authorities chose to say to the schools, "Be off; go away"?—They might do so.

4212. Therefore the hospitals, as contra-distinguished from the schools, might, by arrangement, carry the whole of their plan into execution without any Act of Parliament?—Yes, they might do it if they would all work together, but at present there is no combined action.

4213. But still they might do it?—They might do it.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Lunæ, 26° Junii, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of WINCHILSEA AND NOTTINGHAM.
Earl SPENCER.
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 LORD SANDHURST, IN THE CHAIR.

MR. HENRY SELFE BENNETT, M.B., is called in; and, having been sworn, is Examined, as follows:

Chairman.

4214. YOU are a Bachelor of Medicine of Cambridge?—Yes.

4215. You are a general practitioner, are you not?—I scarcely call myself a general practitioner; I practice physic and not surgery or midwifery.

4216. In addition to your being a bachelor of medicine of the University of Cambridge have you any other diploma?—A surgical diploma.

4217. Of the College of Surgeons of England?—Yes.

4218. Which is located in London?—Yes.

4219. In what part of London does your practice lie?—My chief practice consists in examining lives for insurance in the City.

4220. Are you acquainted with any particular portion or class of the population in London?—I have a private practice at the West End, where I reside, in Upper Berkley-street.

4221. Near Portman-square?—Yes.

4222. But you hardly come in contact with the poorest class of the population, do you?—Not since I left the hospital, except to a very limited extent, at the beginning of my professional career.

4223. At which hospital were you a student?—I was a student at St. Thomas's Hospital.

4224. And have you ever applied for any appointment in that hospital?—After qualifying I filled several junior appointments. I never was on the staff, or applied for a position on the staff.

4225. What do you call the "junior appointments"?—House physician, house surgeon, resident accoucheur, and resident physician; they are posts held by qualified men.

4226. If you had cared to go in for it you might possibly have become a surgeon or medical officer to the hospital?—Possibly.

Chairman—continued.

4227. Would the fact of your having your Cambridge diploma of bachelor of medicine debar you from attempting to get such a post in the hospital?—It would not have been sufficient for me in order to have been appointed on the full permanent staff of the hospital; I must have become qualified as a member of the Royal College of Physicians in London if I had wished to become physician to the hospital.

4228. But I understood you to say that you had the qualification of the College of Surgeons?—Yes.

4229. Then was medicine your line more than surgery?—Yes.

4230. You dispute, do you not, some of the figures in this memorandum of the Charity Organisation Society?—No scarcely. I think it is quite possible that there may be certain slight errors which have crept in; but I do not dispute, on the contrary I am inclined to support, the statistics adduced before this Committee.

4231. You signed the petition that has been presented to us?—I signed the petition because I am in full concert with the Charity Organisation Society in this matter.

4232. To what particular points in the figures do you wish to direct our attention; what page are you referring to?—Page 22 of the memorandum. The total of the fourth column of figures is 1,585,381, being the number of out-patients that attended in one year, the year 1887, at hospitals and dispensaries of all kinds in the metropolis. Those figures represent an enormous proportion of the whole population of the metropolis; it may be roughly calculated at about one-fifth of the whole population.

4233. More than that, may it not?—Yes.

4234. The population of London is about four-

Chairman—continued.

four-and-a-half millions, roughly speaking, I think, and all these people, these million-and-a-half, or about 25 per cent. of the population of London, are stated to have obtained medical relief in that year?—Yes.

4235. Do you consider that this million-and-a-half are separate fresh cases, or do they include the attendances which might average perhaps twice or three times?—I take it that they are undoubtedly not all fresh cases, but that some steps have been taken to avoid counting all the attendances as fresh cases.

4236. But do you not think that in a hospital there ought to be some strict register kept so as to be able to tell what are fresh cases and what are not?—I do.

4237. But you are not in a position to speak as to whether that is done, I suppose?—No, I am not; not at present. I was going to say that as regards the proposition that one in every five persons living in London is in real need of gratuitous medical relief, it is one which requires no refutation; and so far as I am aware, no one would seriously maintain that the condition of the general community is so desperate as to be thus represented.

Earl *Cadogan.*

4238. In answer to the Chairman's question whether you considered that these million and a-half were all fresh cases, I understood you to say that you did not do so. Now I understand you to be arguing on some statement that a million and a-half of the inhabitants of London are obtaining out-door medical relief?—I take it that a considerable proportion of that million and a half are fresh cases.

Chairman.

4239. That is only a surmise on your part; you have got no data to go on, have you?—I have no positive evidence to adduce that those figures have been checked so as to exclude repeated attendances. I should like to say this: I did not draw up, nor did I have any hand in drawing up, these statistics, but I believe they have been obtained from the institutions affected by the inquiry themselves. I understood that these figures had been given in evidence before your Lordships' Committee. As far as my experience goes, there is nothing which would show that the figures are not correct.

4240. That is to say you suppose that these are fresh cases?—In the main. I should like to say that I have no evidence before me that those figures are untrustworthy.

4241. For your purpose, you believe that the million and a-half cases do receive charitable medical relief?—Approximately.

4242. That is to say, you consider that the greater part of these cases are fresh cases?—Quite so; and for the sake of argument, I am willing to deduct one-third of them.

4243. Then what do we come to next? Do you consider that it is impossible in London that there should be such an enormous proportion of the population who ought to receive charitable medical relief?—I think it is impossible that there is such an enomous proportion

Chairman—continued.

of the population standing in real need of gratuitous medical relief, I say in real need of it; not that they do not receive it. I estimate the total population of London as nearer 5,000,000 than 4,000,000; but I do not wish to exaggerate anything at all in this matter; I do not think it requires any exaggeration.

4244. Assuming that there is a very large number of people who have charitable medical relief, and who are not in a position to be obliged to receive that relief from charity, were it not for the free out-patient departments, they would have to go to medical practitioners, would they not?—I think so.

4245. Or dispensaries?—Yes.

4246. Then do you consider that those of your profession who live in the districts where the hospitals are suffer because of the free hospitals and the free relief that is given in the out-patient department?—I think they must necessarily suffer from the competition between paid and unpaid labour.

4247. Do your further think this: that because their fees are driven down very low, you get an inferior class of man to do the medical work?—Inferior to what?

4248. I mean in skill and knowledge?—I think that they are competent men; that is to say, they are qualified and they have license to practice. They have been examined by competent bodies, their skill has been tested, and I think that they are in the main thoroughly competent.

4249. Then the public do not suffer at the hands of the medical men because of the free hospitals preventing a better class of medical men practising?—It is probably true that it is the men of the smaller attainments who practise in poor neighbourhoods, not necessarily.

4250. I only want to get an answer one way or the other. Do you consider that the public do suffer from the want of skill of the medical practitioners in poor districts, because it is not worth the while of better men come and take up such practice at such very unremunerative fees?—No, I do not.

4251. But, now, with regard to the people that you treat round about Berkeley-street, and so on, do they find their way to the hospitals?—In certain cases, the tradespeople.

4252. And they are able to pay for any medical attendance they require?—They are able to pay.

4253. Do you know of any instances where people have left you and gone to a hospital, and come back to you, perhaps, afterwards?—No, I cannot say that I do. My practice lies amongst the better classes, and I have not had personal experience of that.

4254. Then are you in a position to form an opinion whether the middle classes, who could pay, take much advantage of the hospitals, where they have free treatment?—I think it is undoubtedly so. It was so many years ago, when I was in residence at a hospital, and taking in patients into the hospital, and I have no reason to suppose that it is otherwise now.

4255. But what do you base that opinion upon; the appearance of the patients?—No, I think anyone judging by the appearance of the patients is very liable to mistake; I will not say

to

Chairman—continued.

to deception, but to mistake. I base it on the address given, and the occupation also given when the patient is taken in, and the *entourage* of the patient after he is in, that is to say, the class of friends that visit him.

4256. Do you consider that that went on to a very great extent?—To a considerable extent.

4257. To the crowding out of many poor people who were standing in greater need of this free relief?—I am scarcely prepared to say so.

4258. Have you any knowledge of the dispensaries or part-paying hospitals?—For a time I was at a county infirmary, where a considerable number of the patients that one saw every morning in the casualty department were subscribers of small amounts.

4259. I meant in the metropolis; because we are confining our inquiry to the metropolis?—It is since my time at the hospital that they have instituted paying wards at St. Thomas's.

4260. Do you consider it a hardship upon your profession that hospitals should have paying wards?—I do.

4261. Why?—Because I consider it, speaking broadly, a malversation of funds. These funds were left for purely charitable purposes; and to enable people, as it were, for half or a quarter of the necessary payment outside, to be attended by equal skill and equal nursing, to enable those people to obtain all the advantages of a hospital for such a minimum payment, I regard as scandalous.

4262. But, then, how do you regard the competition with the profession of these paying wards?—I think that it must undoubtedly tend to lower the tariff, which I consider quite sufficiently low already.

4263. You think it is undue competition?—I think it is undue competition.

4264. Then does that argument apply equally to special hospitals where they take low fees?—I think so.

4265. Do you know any special hospitals?—I was for a time resident in a special hospital.

4266. And what was the particular form of illness in that special hospital?—It was a hospital for diseases of the chest.

4267. Where was that? Was it at Brompton?—At Victoria Park.

4268. Are you generally in favour of special hospitals?—No.

4269. Would you be in favour of a chest special hospital?—No. I consider that there are certain special hospitals which have some justification for their existence. The only special hospitals which, in my opinion, are strictly legitimate are those for infectious diseases, lying-in hospitals, hospitals for the treatment of acute or curable insanity like Bethlehem or St. Luke's (which are not included in the number 67 of special metropolitan hospitals).

4270. Would you call those hospitals or asylums?—I consider them hospitals in so far as they treat acute cases. Also the hospitals for distinct nationalities, such as the German, French, and Italian. The Dental Hospital, to which a large dental school is attached, and the Hospital for Seamen at Greenwich. The new Hospital for Women who desire to be attended by their own sex should also be included.

Chairman—continued.

4271. Those are the only special hospitals you would think legitimate?—Strictly legitimate special hospitals.

4272. Would you not add hospitals for children to that list?—No.

Earl *Cadogan.*

4273. Why not?—Because they can be and are as efficiently treated in general hospitals.

Chairman.

4274. Nor would you include cancer hospitals?—No; for the same reason.

4275. At that special hospital at which you were an official did they take fees or was it free?—It was free; admission was by letter.

4276. Subscribers' letters?—Subscribers' letters.

4277. Did they get money from the Hospital Sunday Fund?—I believe so.

4278. Then they are in this list before us, I presume?—Yes

4279. How long ago is it since you were there?—Fifteen years.

4280. Do you approve of the system of letters?—I consider that they are bribes to subscribers.

4281. But what is the reason of letters being given to them; merely to give them something to show for their money?—I think it undoubtedly tends to increase the funds of a hospital if you offer certain advantages to the subscribers.

4282. Then are letters delusive. Supposing every person who subscribes 3 *l.* is entitled to five letters, and you have a very large number of subscribers, and all cannot use their letters at once, would you go so far as to say that it is obtaining money under false pretences?—No; I would scarcely say that. I should like to say, that the presence or absence of a governor's or subscriber's letter had very little influence upon my mind when I was taking in cases. But at the general hospital, St. Thomas's, certain of the applicants had governor's letters, which they seemed to consider gave them a right to admission, and they were generally extremely surprised when they were not admitted with a governor's letter; the governor very often was very much surprised himself.

4283. What sort of cases did you exclude?—Cases which were not acute, urgent, or of medical or surgical interest for purposes of clinical teaching.

4284. Did you admit chronic cases on a governor's letter?—Very seldom. There was very seldom a possibility of so doing; I mean the pressure upon the beds was so great that it was a simple rule which we acted upon, that the acute cases had the precedence of the chronic cases.

4285. And did the governors send chronic cases?—Certainly.

4286. How long is it since you were at St. Thomas's?—About the same time; about 15 years.

4287. Have you had any opportunity of observing the hospital since then, or other general hospitals?—I have friends connected with St. Thomas's

Chairman—continued.

Thomas's still; and living in London, of course, I am conversant to a great extent with the condition of things.

4288. Have you any reason for supposing that the hospital has improved, or the reverse?—In what respects?

4289. I ask the question because I understood from this memorandum that there is no improvement?—I think that there is no improvement in the evils complained of; on the contrary, I regard this opening of paying wards as a lamentable alteration.

Earl of *Kimberley.*

4290. I presume you would not object to a paying ward if the whole expense was defrayed by the patient?—If the paying hospital or paying ward was a pure commercial transaction, a pure business transaction, I should not object to it.

4291. By a "pure business transaction" you mean, of course, that the whole expense should be defrayed?—Yes.

4292. Is it not very necessary that there should be some means by which persons who require difficult operations to be performed should have the means of having them performed in hospitals, although they are not very poor persons?—I think not; I am unaware of any great grievance having existed in that respect before this new system was instituted.

4293. Are there not a good many persons whose homes are not suitable places at which operations of a difficult nature should be performed, even though they might be able to defray the expense?—I should think it unlikely there are many homes of that kind.

4294. Did it ever occur to you that a person living in the country, a long distance from medical men of high skill in the profession, cannot obtain the skill necessary for operations of this kind to be performed, except by going to a hospital?—It is quite possible.

4295. But is it not quite certain?—It is quite certain that there are such.

4296. Then are not paying wards absolutely necessary to provide for such cases?—I am unable to see that they are absolutely necessary.

4297. Then may I ask you how is a patient, 25 miles from the nearest town where medical men of high repute live, to obtain the necessary skill if a serious operation is to be performed upon him?—If his medical attendant was incompetent to perform the requisite operation he would probably arrange for its being performed at the nearest large town.

4298. How do you mean would "arrange" for its being performed; do you mean he would be able to find a suitable place to which the patient could be conveyed apart from his family, and where he could be properly nursed and attended to if he was not placed in a hospital?—Quite possible.

4299. But there would be difficulties, would there not, in his finding such a place?—There might be in many cases.

4300. Would it not be a very great hardship indeed, in fact, a very serious evil, if there were no means by which persons not very poor, could obtain medical aid in a hospital?—It might be a great hardship in certain cases I quite admit.

Earl of *Kimberley*—continued.

4301. With regard to the Cancer Hospital, is it not the case that in a special cancer hospital patients are, in fact, placed, who are incurable, and could not therefore be properly retained in a general hospital?—Undoubtedly, I should suppose that it is so; I have no personal knowledge on the subject.

4302. For that purpose a special cancer hospital is desirable, even though cancer cases might be attended to in a general hospital?—Quite so; the same would apply also to cases of consumption.

4303. In those cases also you would think a special hospital would be desirable, such as the Brompton Hospital?—Yes.

4304. You said that you objected very much to the system of letters, which seem to be a kind of bribe to subscribers; is there not a great deal of difficulty in obtaining sufficient means for hospitals, and if you were to deprive subscribers of all these advantages, or what they think are advantages, would it not be likely very seriously to diminish the funds of hospitals?—I think very seriously.

4305. Then, in point of fact, in that way they may be defensible?—Yes; they may be defensible on that ground.

Lord *Clifford of Chudleigh.*

4306. Your contention about letters is that they do not really convey the right which people imagine that they do; they are practically useless, although the subscribers think that they are getting something of value?—In certain cases it was so at St. Thomas's, that, from the fact of the patient having a governor's letter, he was on no better footing than a patient who had not a governor's letter; but I doubt whether it is so universally.

Lord *Monkswell.*

4307. Lord Kimberley put to you that hardship might arise where hospital treatment is a necessity in the case of persons who are not so poor that they might reasonably go to a hospital for nothing if they could not go to a hospital at all. But suppose another case; suppose it is not a case of hospital treatment at all, but suppose a man cannot afford to pay for the best advice, and his case absolutely requires the best advice, why should he not get it by paying what he can; and he cannot get it, I suppose, except by going to one of these paying hospitals?—I am hardly prepared to recognise the right of any citizen to the highest skill without payment, or without equivalent payment.

4308. But my point is this: You allow the very poor to get the best advice for nothing, but you refuse to allow those not quite so poor to get it on paying what they can?—My contention is that these hospitals in the main were founded for the people who could not afford to pay.

4309. Is that a reason why there should not be other institutions for those who can pay something, or why these institutions should not be so modified that those above the class who cannot afford to pay anything at all should pay what they can?—I have no objection to the institution of

Lord *Monkswell*—continued.

of establishments which are managed on purely business principles.

4310. Are you not very much harder on those who are a little better off than you are on the very poorest; and why should those who are just above the very poorest class be treated with greater hardship than the very poor; that is the point?—I quite see your Lordship's point; and I admit that in many respects the people who are not absolutely so very poor are worse off than those who are.

4311. Ought not that to be remedied if possible?—If possible, yes.

Lord *Thring*.

4312. To return to the question of governors' letters: You say that it is a bribe to a governor to have those letters, and that he subscribes for the purpose of obtaining the letters?—I said in many cases I looked upon subscribers' letters as bribes to subscribers.

4313. I subscribe for the purpose of obtaining letters; you admit that to be legitimate, do you not?—I admit it to be legitimate, but I do not admit it to be charity.

4314. I am not asking you whether it is charity; but it is a legitimate means by which the hospital obtains contributions?—Yes.

4315. Either you give me a letter intending that it should be of some benefit, or you do not. When a letter is given me by a hospital, does the hospital intend that it should be a benefit to me, or that it should not be a benefit; in other words, that I should have power to give preference to a man, or that I should not?—Undoubtedly, the intention is to benefit you.

4316. Then I do not understand on what ground you justify what you said, that you paid no regard to a governor's letter when it was brought to you. If so that letter was given under false pretences, was it not?—I think there must be a distinction drawn between a governor's letter and a subscriber's letter. I was speaking of St. Thomas's, where there were governors' letters; I do not know that the governors are appointed by means of subscriptions.

4317. What I really meant was a subscriber's letter. I subscribe to a hospital, and I get a letter; that letter is presented to you, we will suppose, as the admitting doctor; do you or do you not consider you ought to give a preference to the man who gives that letter?—Only in cases of equal necessity.

4318. Then you do not give a preference to the letter unless the cases are absolutely equal?—No.

4319. Do you consider if that is the intention that it ought not to be stated in the letter, that it gives no preference except in cases of equal necessity; otherwise it is a fraud, is it not?—It seems so.

4320. Is it not? If I subscribe to your hospital, or to any hospital on the understanding that my letter will give a preference, and it does not give a preference, is not that a fraud?—It must be.

4321. With regard to competency of doctors, you replied that doctors were competent, because they were properly examined; how does that make a doctor competent for the practical exercise of medicine; the fact that he scientifically knows medicine?—I take it that it is the only gauge of competency that can be obtained.

Lord *Thring*—continued.

4322. That may be; but now about this paying ward; I understood you to say that it is scandalous that there should be paying wards in a hospital?—That is too general, perhaps; I meant in hospitals which are supported by charitable endowments.

4323. That it is scandalous that they should have paying wards. Then I will put to you the case which has been put before you; I will take a poor clergyman; he has no means of paying anything except a very small sum, say 5 *l.* for an operation, which will cost 100 *l.*; I will assume that he is willing to pay 5 *l.* to those in the hospital: I want to know how, by any reasoning whatever, that man, not one of the poorest of men, should be refused admission to the hospital for that operation. He can pay no more than 5 *l.* I am supposing, and requires an operation which would cost 100 *l.*?—I think that such a case should go into the hospital like any other poor patient.

4324. In other words, that if he pays his 5 *l.* he should be able to go into the hospital?—No; that he should pay nothing. He should either pay an equivalent fee, or he should pay nothing.

4325. But why is it scandalous that if I can pay 5 *l.*, I should wish to pay it rather than go in as a mendicant?—Not scandalous to the applicant; scandalous to the managers of the charitable endowment.

4326. Why is it scandalous to the managers of the endowment that they should provide means by which the class which I consider is the poorest class of men in the world, viz., poor professional men, should be able to get advice which they cannot possibly get without payment, for such payment as they can make?—My contention is that those poor people should be treated like other poor people.

4327. But why, if they can pay a certain sum, should they be reduced to what no man would wish, the position of ignoring of not paying what they can?—I am scarcely prepared to answer that.

Chairman.

4328. I understand you to say, as the outcome of all this, that you do not think there is any necessity for people endeavouring to help themselves: that a person must either be so poor that he has a right to be relieved, quite free of expense, or else that he must pay the equivalent of the fees which would otherwise have to be paid; and that a person who wishes to help himself by paying a pound or two as a reduced fee ought not to be encouraged to do that?—He ought not to be encouraged to expect the highest skill and advice below the market tariff; he should either consider himself a recipient of charity or an independent citizen.

Lord *Thring*.

4329. Then, I understand you to put the proposition in this way: that a man must either admit what is false, that he cannot pay anything

Lord *Thring*—continued.

thing; or else that he must pay the highest market fee?—I should like to remind your Lordships that really the great majority of the patients at the London hospitals are not mendicants. If they were mendicants they would be sent to the poor-law dispensaries and infirmaries.

4330. Then, according to you at the present moment, it is not the very poor who come to the London hospitals?—It is so.

4331. Then, the "poor" you define as having a legitimate right to a London hospital, while it is scandalous for a man who has a little, but is absolutely poor, and probably is poorer relatively than the other, to come to the hospital. Why is it scandalous in the one and legitimate in the other; they are neither of them mendicants?—I do not regard it as scandalous in the person who is poor to the minor extent to pay in proportion to his means; I do regard it as scandalous for an institution like St. Thomas's, which has endowed funds for purely charitable purposes, to devote a portion of its funds, to however small an extent, to such cases as are now admitted to the paying wards.

Lord *Thring*—continued

4332. How can that be? You admit that St. Thomas's is not intended for the poorest class, because, you say, they go as paupers to the poor-law infirmaries?—Yes.

4333. Then what class is it intended for; where is the line drawn?—The line is extremely difficult to draw; it always has been. I quite admit that; but I had not the drawing of it at the time that I had the right of taking in patients.

Lord *Zouche of Haryngworth.*

4334. But do you also contend that it is wrong for the hospitals and for St. Thomas's to receive these modified fees in aid of their general funds?—A hospital which was founded and supported by endowed charitable funds, I do.

4335. You draw a distinction between the endowed hospitals and other sorts of hospitals?—Yes.

The Witness is directed to withdraw.

Mr. WILLIAM SINCLAIR THOMSON, M.D., is called in; and having been sworn, is Examined, as follows:

Chairman.

4336. You are a general practitioner?—Yes.

4337. In what district do you practice?—In Bayswater and Notting Hill.

4338. Then your patients are not the very poor class of patients?—No.

4339. Have you at any time had any experience of the East End?—No.

4340. You were also a physician of the Kensington Free Dispensary, were you not?—Yes.

4341. Will you tell us what the free dispensary is?—It is a charity supported by voluntary contributions from the gentry in the neighbourhood and annual subscribers, and by donations, like most hospitals; and it supplies the poor who are not actually entitled to poor-law relief, but are unable to pay a doctor.

4342. Is that dispensary anywhere close to St. Mary's?—It is in Campden Hill really; it would be between St. Mary's and St. George's.

4343. There are no beds at that dispensary, are there?—No.

4344. Then it is merely an extension of an out-patient department?—That is all. We have a resident surgeon who visits the patients at their own houses. The consulting surgeons simply attend at a certain hour each day, and see the patients that get letters, and they get advice and medicine.

4345. Is no one treated there without a letter?—No; an accident would be attended to.

4346. Then in the case of somebody coming who was very unwell and requiring assistance without a letter, you would say: "You cannot come here; you must go to St. Mary's or St. George's" where they would be treated?—Quite so.

4347. The physician or the surgeon who prescribe at the dispensary, is he a paid officer?—Yes.

Chairman—continued.

4348. Did you ever try any system of working between St. Mary's and your own dispensary, any system of co-operative working I mean?—No, but I think it is very much wanted.

4349. We have been told that it is much wanted before; could you tell us how you think it might be done?—I should say that all dispensaries should be associated with the hospitals in their neighbourhood, so that we might have the power at the dispensaries of sending on proper cases suitable for hospital treatment to the hospitals where they have beds, and the modern appliances that we have not at dispensories; and also I should suggest that the larger hospitals might have their out-patient departments much relieved by sending cases to the dispensaries.

4350. The out-patient cases you mean?—Yes, those that did not require the skilled attendance that they get at the larger hospitals.

4351. Then would you have medical students come to the dispensaries?—Yes.

4352. Because we have been told by some people that the out-patient department is very necessary for instruction?—Yes; I should allow students to all the dispensaries, and I would also suggest that the workhouse infirmaries and dispensaries should be opened to medical men or students.

4353. Is that for this reason, that there are certain cases that go to poor-law infirmaries and rate-paid institutions, which in the hospitals the students never have an opportunity of seeing?—Quite so.

4354. Such as what; small-pox?—Small-pox and scarlet fever. You do not generally get scarlet fever in our surgical hospitals.

4355. And is it the case that after going through his course at one of the general hospitals, a student might go out into practice, after he

Chairman—continued.

he had qualified, with no knowledge at all of any of these diseases which he might be called upon to treat?—It is possible.

4356. Excepting that he would have a theoretical knowledge, I suppose?—I should say it is possible for him to pass through his curriculum without seeing a case of small-pox; nowadays that is possible.

4357. And therefore, of course, the instruction is insufficient to that extent?—Yes.

4358. Then are we to understand that you would use the hospitals as a great centre for out-patients, who would be sent to them from the dispensaries, and that you would use the out-patient departments of the hospitals for purely consultative purposes?—Yes; that they should not be troubled with cases of ordinary ailments at the large hospitals, but should send them to the dispensaries, or else that they should come first through the dispensaries to the hospitals.

4359. How are people admitted who come to the dispensary of which you speak; do they come with a letter?—They come with a letter and bring their own bottle for medicine.

4360. How is the medicine given, free too?—Free too.

4361. The only thing they have to find is the bottle?—Yes.

4362. Who gives the letter?—A subscriber.

4363. Now, is that done on any particular system; suppose a person pays 5 *l.* a year, is he or she handed a dozen letters?—£. 5 a year would make you a governor, and 10 *l.* would make you a life governor, and a guinea a year would make you an annual subscriber. I believe that is the same at the large hospitals.

4364. Could you tell us the number of letters that each subscription entitles to?—Twelve.

4365. But the one guinea man would not get 12 letters, would he?—I should have to refer to answer your question. I am a life governor, and I get 12 letters in a year: "Subscribers of one guinea or more per annum shall be governors during the continuance of their subscriptions. A donor of 10 guineas or more in one year and an executor paying a legacy of 50 *l.* or more shall be life governors. The committee of management may elect as honorary life governor any person who shall have especially contributed to the benefit of the institution."

4366. I quite understand that; but now as regards the number of letters that each governor gets, the one guinea man and the 10 guinea man?—I believe they get the same: "The governors shall be entitled to one vote at general meetings and from the date of payment of their subscription, to 12 letters of recommendation in respect of each guinea annually subscribed, or in the case of life governors for each sum of 10 guineas paid." So that a life governor does not get any more letters than a guinea subscriber.

4367. I do not understand it quite, unless it is this: twelve letters for each guinea subscribed?—Yes.

4368. Therefore the man subscribing one guinea gets 12 letters, and the man subscribing

Chairman—continued.

10 guineas gets 120 letters?—Not if he is a life governor, he only gets the same.

4369. Take a subscriber of five guineas a year, he gets 60 letters, I suppose?—It is limited to 12 letters.

Earl of *Erne.*

4370. No matter how much you give?—No.

Chairman.

4371. That after all is not very important; what I want to come to is this: of course the people who give the letters are in a position to satisfy themselves whether the person to whom the letter is given is a fit recipient of charity?—Yes.

4372. If they choose to take that trouble, that is to say?—Yes.

4373. So that it does not labour under the disadvantages of a general hospital which may be overcrowded by any number of out-patients, many of whom might, if they chose, possibly pay for their medical relief?—Quite so.

4374. Then in regard to the general practitioner, should you like to see any system of linking general practitioners to hospitals or dispensaries?—They are in this case, this Kensington Dispensary; all the surgeons are called honorary surgeons; they are all in general practice. I am in general practice, and I acted there for a twelvemonth, and during that time I saw, on an average, in an hour, from 20 to 25 cases; I saw over 1,000 in the year.

4375. Then that does not differ from any other hospital, does it, because in the case of the hospital also all the honorary staff have a general practice of their own?—Yes, that is so.

4376. But I understood that you had something to say about some system of linking practitioners to the dispensaries by which they could also go and see them at their homes free?—That would come under the pay system where the people would subscribe so much to support the dispensaries themselves.

4377. Have you any experience of provident dispensaries?—No.

4378. Are you in favour of paying patients at a hospital?—Yes.

4379. Whether they pay part or the whole?—Both.

4380. You do not take exception to the paying ward over the way at St. Thomas's?—No, I think it is most useful.

4381. Then you do not agree with some opinions we have heard expressed to the effect that the paying wards rob the practitioner?—I do not.

4382. But still do you consider that the free hospitals drive down the fees of the general practitioners round about them?—I do not think they interfere with general practice.

4383. You think that if a man is a good enough practitioner he can manage to make his way in spite of the free institutions?—Yes.

4384. Should you like to see any central body of supervision over these hospitals?—I should very much.

4385. Of what description?—A central board

Chairman—continued.

with inspectors to visit these dispensaries and hospitals.

4386. Would they be Government inspectors?—Not necessarily Government; a board such as the Charity Commissioners or the Lunacy Commissioners, or some board specially formed.

4387. But then do you think that you would have a right to interfere with places that are maintained now by voluntary contributions?—Yes, I should say that in any place calling itself a dispensary or a branch of a hospital or any charity, should be subject to inspection from a central board.

4388. But you would have to have qualified inspectors, would you not?—Yes.

4389. And where is the money to come from to support the officers and the inspectors, and so forth?—From voluntary contributions.

4390. Do you think that people would be willing to subscribe to a board to inspect the hospitals as they do to the hospitals themselves?—I do; I think people would be still more liberal if they were sure that everything was being properly conducted.

4391. Do you think that the general hospitals now are viewed with suspicion by the subscribing public?—Occasionally, when some rumour or case gets into the papers.

4392. Then you think that the rumour or the case getting into the papers undoubtedly does harm to the hospital?—Yes.

4393. Because the public takes for granted that it must be correct, and does not take the trouble to sift it?—Quite so.

4394. Supposing you were in a hospital and you saw in some newspaper that some patient had been maltreated, or that the money had been used for purposes for which it was not intended, what should you do; would you inquire into it?—If you had this board, the inspector would see into it. At present there is nothing for it but for the secretary to write and deny it.

4395. You say "write and deny it," but I suppose you would give some hospitals credit for making investigations and discovering whether such a thing is correct or not?—Certainly.

Earl *Cadogan.*

4396. I should like to ask you whether you consider the general condition of the larger hospitals on the whole satisfactory?—I do.

4397. And though occasionally there are rumours about something wrong, either in the treatment of a particular case or in the management of the hospital, yet you do not consider that the condition of things which prevails calls for any very drastic cure or remedy?—No, I do not.

4398. Then with regard to the inspection which you recommend, I understand that that should be by a central board?—Yes.

4399. And that you think that such a central board might be maintained by voluntary subscriptions; would you not be disposed to reconsider that opinion; how would you manage it; would you have a subscription list opened for the special purpose of establishing a board, or would you take the subscription to defray the cost of this board of inspection out of the general subscriptions to the hospitals?—I should take it out of the general subscriptions to the hospitals, and dispensaries, and charities.

Earl *Cadogan*—continued.

4400. You would treat it as an audit would be treated, viewing it as a sort of controlling body?—Yes.

4401. Would it have special reference to finance, or to the teaching of medical science, or to what?—To the whole conduct of the institution, financial and medical, and to see that they were proper cases that came to the hospital.

4402. Do you think that any system of licensing hospitals would be desirable?—No, I should be sorry, I think, to see them under Government control.

4403. And then it would be impossible, I suppose, to license by a board such as that which you propose, a central board?—They might be licensed by it.

4404. If the central board is paid by subscribers, I suppose the central board would be appointed by the subscribers; would that satisfy you?—Yes.

4405. And as to your answer with reference to licensing hospitals, would you make any distinction between special hospitals and general hospitals?—No, but in the case of any place calling itself a dispensary, I should give the inspector of the board power of entering and seeing how it was conducted.

4406. As to the matter of control or licensing, do you not think that there would be more necessity for it in the case of special hospitals than in the case of the general hospitals?—No; I do not.

4407. We have had evidence before us that some at least of these special hospitals are started for the benefit of certain practitioners, and that in other ways they are open to objection; do you not think that that constitutes a reason, perhaps, for having some system of licensing?—I do not quite know about the licensing; my object would be to have all thrown open to inspection.

4408. My question referred to the question whether they ought to be allowed to be started at all; do you think they direct subscriptions to small institutions to the exclusion or injury of the larger ones?—No.

Chairman.

4409. You said just now that you would like to have the out-patient department of a general hospital, like St. Mary's, linked with an institution like your own dispensary?—Yes.

4410. Can you show by any books in what number of cases you would have made use of the out-patient department in that way?—I cannot give the number at present, but I had several cases that I should like to have passed on to a special or general hospital, and which I was obliged to send on with my private card as a friend of some surgeon or physician at that hospital, and not in my capacity as surgeon to the dispensary.

4411. You would like to have the principle recognised that they could go from one institution to the other?—Yes.

4412. And had that been the case you could have made great use of it?—I could.

4413. Are

Earl *Cadogan.*

4413. Are you in favour of special hospitals?—Yes.

4414. Of special hospitals for all purposes, or would you limit the number of objects for which the special hospitals might be erected?—I think as science advances we shall probably become more specialists, and that the hospitals necessarily will become more special.

Earl of *Winchelsea and Nottingham.*

4415. When you say that as science advances hospitals will become more special, do you mean that there will be more need for special hospitals, or that general hospitals will more and more tend to establish special departments?—The latter is what I mean.

4416. Which do you think is the best system, a general hospital gradually establishing special departments where they are wanted, or special hospitals, apart from general hospitals, for treating special cases?—I should say a general hospital with a special department is more useful, more come-at-able, than a special hospital.

4417. It would be more economical also, would it not?—Yes.

4418. In your proposed board of control would you vest any power of allocating certain special diseases to certain hospitals so as to make sure that the whole field was covered?—I would.

4419. When you say that every hospital should be subject to this inspection, do you propose to confer upon the proposed board by law a power to inspect any place calling itself a hospital?—Yes, or dispensary.

4420. I am not quite clear whether eventually you expressed the opinion, in answer to Lord Cadogan, that you would make a licence primarily necessary to a hospital before it could be established?—I have not gone as far as that.

4421. Your idea was rather that it might issue certificates of efficiency, if that were necessary, to a hospital after it was established?—Yes; but that they should have the power of showing up any misuse of the hospital or any mismanagement.

4422. You would make it, in fact, a central board established with the authority of the law, but not paid by the public other than by the subscribers?—That is so.

4423. With the entire control over the whole of the metropolitan hospital system?—Not with entire control, but with the power of interfering where money or other things connected with the hospital were misappropriately applied.

4424. And I think you said, in answer to me, that you would give such a board the power of allocating certain special departments to certain hospitals for treatment of those cases in those hospitals?—Yes.

Earl of *Kimberley.*

4425. Might there not be possibly a danger, if you were to establish such a board of superintendence, that there would be too great uniformity in the hospitals, that it would tend to our having a cast-iron system?—I should not give that power, but merely power to prevent abuses.

Earl of *Kimberley*—continued.

4426. In answer to one of the questions, you seemed rather to contemplate a general superintendence of the mode of management; my question had reference to that; but, as I now understand you, you do not intend a general interference with the management, but merely such an inspection as would bring to light abuses?—Quite so.

Earl *Cadogan.*

4427. Lord Kimberley asked you whether such a board of superintendence would not lead to too great uniformity; but, I understand you to contemplate a board of management for each hospital, because you said the subscribers would appoint it?—No, a central board.

4428. Then I would ask you upon your previous answer as to the central board, which I understood was to be supported and nominated by the subscribers, whether you would have that board nominated and paid by the subscribers of the whole of the hospitals in London?—Yes.

4429. Would it not be rather difficult to provide for the election of such a board?—I should have each hospital or charity represented.

4430. That is to say, each hospital or charity, or rather the subscribers to each hospital or charity, should elect their own representatives to the general board?—Yes, through the hospital.

Earl of *Kimberley.*

4431. You would probably not think it desirable that there should be an election in which every subscriber should take a direct part, but some system by which the boards of management in the different hospitals which have already been appointed by the subscribers, should nominate representatives?—Quite so.

Chairman.

4432. And then each hospital which sent representatives to this central board would have to pay a certain per-centage of the cost of the board?—Yes.

4433. You do not mean that they should go to each subscriber and get him to subscribe towards the expenses of the central board?—No.

4434. But you mean that a certain proportion of the expenses should be borne by each institution?—Through the committee of management of each institution.

Lord *Monkswell.*

4435. You say that your dispensary is intended for the poor who are unable to pay anything; you also added for those poor who are not eligible for Poor Law medical relief; I should have thought a person not capable of paying anything would be eligible for the out-department of the Poor Law infirmary?—They may not be able to pay a long doctor's bill.

4436. But they do not pay anything, in point of fact, if they come to your free dispensary, do they?—They do not.

4437. According to the statement you gave us, you might have an enormous number of letters presented to you; are you obliged to give treatment to anybody who presents a letter?—Yes.

Lord *Monkswell*—continued.

4438. Even though it is clear on the face of it, from what you know of the persons, that they are quite capable of paying for themselves?—No, we might decline if we had any cause for suspicion that the patient was able to pay.

4439. But do not some subscribers consider that they are getting a *quid pro quo*: do not some subscribers for instance send their servants to these dispensaries and consider it quite fair to do that in consideration of their subscription?—They do.

4440. Then if you accept people's servants, might it not be rather hard to reject for treatment a person who came to the dispensary with a letter because you thought that he could afford to pay himself; however, that is your practice, at all events?—Yes.

4441. If you find out that a person can well afford to pay what do you do in that case?—We represent it to the secretary of the institution.

4442. Supposing you happen to know that the person was the butler of a very rich man, who possibly got 60 *l.* or 80 *l.* a year, would you represent that to the subscribers and say that you considered it unjust in every way that this butler should be treated for nothing?—Yes; but I do not think it should fall on the medical staff to criticise.

4443. But in point of fact is there any criticism?—There is.

4444. And do you consider that the case of a well-paid servant of a very rich man would be a case in which some remonstrance should be addressed to the subscribers?—Yes.

Earl of *Arran.*

4445. Should you be in favour of dividing London into districts for medical purposes and, if it were possible, to scatter the hospitals more over a larger area than they are at present?—I should. London is increasing so rapidly and in the West-end, further west than where I live, there is only one hospital, the West London Hospital at Hammersmith.

4446. And then I presume from what you say, you would be in favour of affiliating the dispensaries and infirmaries in that particular district to the central hospital?—Yes.

4447. Should you be in favour of having small operating hospitals in the outskirts of London. We have had it in evidence that it would be advantageous, if possible, to have certain hospitals established where operations would be performed outside London, on account of the better air that the patients would get there?—I should not send hospitals into the country; you would not get surgeons to go to them.

Lord *Zouche of Haryngworth.*

4448. About this central board of control, I want to know what powers you would give them. Supposing that they found out that some abuse was going on at a hospital, or some mismanagement, what would happen then; would they do anything beyond making a report to that effect; or would you give them any power of making any alteration in the hospital that was doing badly?—I would have them simply call the attention of the board of that institution to the abuse, and request them to alter it. It would be their interest to keep all right before the public or their subscriptions would fall off.

Lord *Zouche of Haryngworth*—continued.

4449. Then it would have no particular powers beyond exposing any abuses; it would be a sort of great detective office as it were?—Yes. If you give too much power, you will cramp the energies of the hospitals.

4450. And would you have the board consist entirely of medical men or would you have others as well?—Others as well; a mixed board.

Lord *Thring.*

4451. I understand the great advantage of a central board; but do you propose to make it compulsory by Act of Parliament that a central board should be established, or simply that this Committee should recommend it, and that it should be left to the arrangements of the hospitals to do it for themselves?—I should leave it in the first instance to the arrangements of the hospitals.

4452. You do not contemplate an Act of Parliament making it compulsory on all the hospitals to establish such a board, and to submit to its control?—No, I have already said that I should be sorry to see the hospitals become Government institutions.

4453. I wish you clearly to understand my question; of course I understand the great advantage of a central board; but I understand you to say that you would not go so far as to say that if the hospitals refused to constitute a central board you would compel them to do so by Act of Parliament?—In the first instance, I should hope it would be voluntary.

4454. But if not, you would in the end probably compel them by Act of Parliament?—Quite so.

4455. You are aware that a master is not legally bound to pay for the medical attendance of his servant, however much he may be morally bound to do so?—Excepting under his own roof.

4456. If he keeps him under his own roof you mean?—Yes.

4457. Has your attention been drawn to the question whether the medical schools should be disassociated from the hospitals, and the teaching conducted in a large college or colleges?—Yes.

4458. Would you be in favour of concentrating the teaching department into one or more collegiate bodies, and disassociating it from the hospitals?—I should; I should like to see a large university for London.

Chairman.

4459. Did you sign the petition of the Charity Organisation Society?—I did.

4460. You said that, on the whole, you consider that the general hospitals are well managed, and you do not disapprove of special hospitals?—Yes.

4461. What is your object in signing the petition; was it merely to have inquiry so as to see whether by co-operation and organisation something more might be done?—It was so.

Earl of *Kimberley.*

4462. I gather from your answer, as to your desiring that there should be a central university, that you would probably, in London, approve of some system by which the College of Surgeons and the College of Physicians should come into close union with the University of London?—Yes.

The Witness is directed to withdraw.

MR. JOHN WILLIAM KAY, M.D., is called in; and, having been sworn, is Examined as follows:

Chairman.

4463. You are a general practitioner, practising in the vicinity of the London Hospital, are you not?—Yes.

4464. And that, therefore, is in the neighbourhood of Whitechapel, is it not?—Yes; I am in the St. George's-in-the-East; that is near Whitechapel, an adjoining parish.

4465. Is your experience of that part of London a very long one?—Thirty years.

4466. And, as a general practitioner, you have the competition of the Free London Hospital?—Yes.

4467. Which treats a very large number of patients?—Yes.

4468. Now, what kind of people are the population; are they a labouring class, or small tradesmen, or the costermonger class?—Some of all sorts; small tradesmen and large tradesmen, labourers, clerks in the City, and costermongers.

4469. And the greater proportion of them very poor, I suppose?—They are poor, not so poor as they were 30 years ago; much healthier and better fed than they were 30 years ago.

4470. In fact there is a general improvement in them all round?—Yes, a general improvement.

4471. Has that been going on steadily for the last 30 years?—For the last 20 years.

4472. And are their circumstances continuing to improve at present?—I think they are.

4473. Is that district as crowded now as it was some years ago?—Not so crowded.

4474. Now you have told us that you have the competition of the London Hospital; do you find that your patients frequently go away to the London Hospital to get treatment free?—Many of them who can well afford to pay.

4475. On what do you base the supposition that they can well afford to pay?—A person living in a villa and keeping his pony-carriage sent his baby to the London Hospital to be operated upon for a hare-lip. Another case is that of a tradesman, whose banker told me he was putting by 300 *l.* a year; his child went to the London Hospital and received cod-liver oil and steel wine. In another case a man who gave 1,600 *l.* for the freehold of his villa sent his son to the Ophthalmic Hospital. I know another case of a man who has just built his shop and house for 1,500 *l.*; the week before last he sent his child to the Truss Society and got a truss for nothing; we wanted to supply him with one, but he said he could get one for nothing.

4476. Do you know these cases of your own knowledge?—Of my own knowledge; that is only a specimen, that is continually happening.

4477. I do not want to press you for the names to make them public, but I think you might write them down on a piece of paper and hand them in to me afterwards; now, would you call that abusing the hospital?—Certainly.

4478. And in that degree the free hospital starves the general practitioner?—Yes; it has starved out 17 within the last 20 years within 10 minutes' walk of the London Hospital.

Chairman—continued.

4479. What description of practices were these; were any of them dispensaries; what you know as doctors' shops?—Doctors' shops most of them; there were no dispensaries in those days.

4480. It was a sort of dispensary, was it not?—No; it was a shop where things were sold at various prices, according to their means.

4481. Not according to the value of the article sold?—Just so, the apothecaries' business, the old apothecary. They most of them made good livings, and some made large fortunes within a short distance of the London Hospital.

4482. Were those doctors' shops good institutions or not?—They were very good for the classes who lived there. I think it is closing those that has led to the abuse of the hospital, to a great extent. You see the people have not now these apothecaries to go to, persons skilled in minor surgery and minor diseases, and they are driven to the chemist and druggist, or the patent medicine, or the hospital.

4483. And of those they prefer the hospital?—They prefer the hospital.

4484. Then, according to that, do you consider that these people can pay and would pay for medical assistance if they could procure it as they did formerly?—Yes, they would pay if they had these open places to go to. One apothecary, at the corner of Stepney Ground, left 150,000 *l.*; his successor left 60,000 *l.* The man who has it now has gone with the times, and has shut up the retail part. But you see the especial good of these apothecaries' shops was that there was somebody always there all day and all night. These dispensaries are shut up for two or three hours in the day, and there is no one there at night.

4485. Which dispensaries do you allude to?—Private dispensaries and public dispensaries too.

4486. Are the poor-law dispensaries closed in that way?—Yes, they are only open at certain times; and then the people have to get an order, you know, to go to them.

4487. And the provident dispensaries?—The provident dispensaries are closed in the middle of the day; mostly the hours are from 10 to 12 in the morning, and from 6 to 8 in the evening. Then there is no one there at night.

4488. You have a provident dispensary in that district, have you not?—We have several.

4489. And those are in the nature of sick clubs, are they not?—No, anybody can go in and pay sixpence and get advice and medicine. I am speaking of what they call sixpenny dispensaries. These dispensaries, of course, only exist on the forbearance of the surrounding medical men; if they all ran such dispensaries they would all be ruined together; and this has actually happened where there has been a competition of many dispensaries, they have all collapsed together.

4490. But, now, as to these 17 practices that have died out under the competition of the free hospital?—There are the names and addresses, not for publication (*handing in a paper*).

Chairman—continued.

4491. In regard to these 17 dispensaries or doctors' shops that have been closed owing to the competition, one man, you said, made 150,000 *l.*, and another 60,000 *l.*; do you think more of them may have been closed owing to the man having made his fortune?—They get rich and proud, and it became unfashionable to keep an apothecary's shop.

4492. But a man who makes 150,000 *l.* is not a man who is starved out by the competition of the free hospital?—No, that was before the competition began, when only the very poorest went to the hospital.

4493. Then it is more difficult for the medical practitioners in that neighbourhood to make a livelihood now than it was formerly?—Much more.

4494. Have you got many practitioners in your neighbourhood now?—Not so many by 17.

4495. I am afraid that does not help me much as I do not know how many there were before?—I think there is one practitioner to every thousand persons in the whole of London. In our part there is only one to 6,000.

4496. That is exclusive of the staff of the London General Hospital?—Yes, exclusive of that, private practitioners.

4497. And what is the number of these cheap doctors' shops in your neighbourhood at present?—There are two private ones and two public ones. There is Sir Edmund Currie's dispensary, and there is the one in Leman-street; they give anybody medicine for 6 *d.* a month; it used to be a charity, but now they have mixed up the paying principle with it.

4498. Sixpence a month pays in health and in sickness?—Yes.

4499. Now do you consider that the closing of these doctors' shops of which you have spoken, had to do exclusively with the out-patient department, or had it to do with the in-patient department as well of the general hospital?—I think the in-patient department is not abused; I think it is a great blessing to the neighbourhood; it relieves an immense amount of urgent misery and suffering; in fact society could not go on without it.

4500. Is the London Hospital the only general hospital for that district?—That and the Poplar Hospital; that is by the East India Dock.

4501. Is that far from the London Hospital?—It is about two miles from the London. It takes the accidents from the East India Docks and the Victoria Docks.

4502. Are the fees which are available for medical practitioners in the East End such as to enable them to do full justice to their patients?—I think that a man can make a very good living at a shilling for a bottle, and consultation in the surgery, and 1 *s.* 6 *d.* for a visit and medicine, ready money; I think he could give them quite sufficient time to diagnose their case properly and make a good living out of it.

4503. And is there sufficient time given to the cases in the general hospital?—I think, as a rule, there is. Trivial cases are passed off lightly, but serious cases are well looked after.

4504. Then you have nothing particular to say against the out-patient department of the general hospitals?—Except that they admit people who

Chairman—continued.

can afford to pay the general practitioner's fees.

4505. Then would you be in favour of greater restriction of the out-patient departments?—Yes.

4506. Of closing them altogether?—No; I think they should be affiliated with properly conducted dispensaries, which should send the difficult cases that wanted further advice to the hospital. The surgeons at the hospitals are overwhelmed with trivial cases now, and they undergo an immense amount of fatigue.

4507. You mean cases so trivial that they might be passed over without anybody being at all the worse?—Yes.

4508. Where would a person go for his first treatment?—To the general practitioner's dispensary.

4509. Then you would not have people seen at all, in the first instance, at the out-patient department?—No.

4510. You would, as I understand you, rather have them seen in a dispensary; now, if it were an intricate case, or a case where it was required to have a consultation or an operation, you would send them then to the out-patient department?—Yes.

4511. Then the arrival of the patient at the out-patient department would practically be a warranty that his case had been sifted, as it were, at the dispensary; does that convey what you mean?—Yes, that conveys my idea.

4512. Then would you carry that affiliation still further, so as to include the poor law dispensaries?—No; I would keep them quite separate. I would not mix pauperism up with either the hospitals or the private dispensaries; I would keep them quite separate.

4513. Is one of your reasons for wishing to have this system of affiliation that the present system tends so much to pauperise?—Yes; that it tends to pauperise the people and to degrade the general practitioner.

4514. Is it not the case that the out-patient department has developed very much in the last 20 years?—Yes.

4515. But then has the pauperisation increased in your district, because I understood you to say that the people had become much better off during the last 20 years?—Yes, and those are the people that go to the hospital and that used to go to the apothecaries' shops; that is what we complain of. They have found their way to the hospital. They see no charity in it, but take it as a matter of course. It has become quite a custom that in case of a trivial accident, instead of taking it to the general practitioner, off they go to the hospital.

4516. You mentioned just now that a man could get a very good living by charging a fee of 1 *s.* for attendance at his house, and 1 *s.* 6 *d.* for attendance at the patient's house?—Yes.

4517. But are there not a very large number of people who cannot afford to pay even that?—The paupers would not, but there is an immense population that can and do pay.

4518. Of course there are an enormous number of people who ought to go to the poor law dispensaries, but, at the same time, there are a great number of struggling people who would view the

poor

Chairman—continued.

poor law with abhorrence, I suppose?—Yes, and the dispensary system would meet them, paying the 6 *s.* a year well or ill, and instead of going to the hospital they would go to the dispensary, and the dispensary would be managed by the general practitioners in the neighbourhood.

4519. You would make them pay at the dispensary?—They would have to pay the fees at the dispensary.

4520. Would it be a fee in health and in sickness too, or merely in sickness?—In health and sickness. The clubs pay quarterly now, and I do not see why the dispensaries should not pay quarterly too.

4521. I understood that you were talking formerly of a free dispensary; but now you mean a provident dispensary?—Provident dispensaries are what I should like to see established for the people with a certain wage limit, not an unlimited dispensary for anybody to go to.

4522. But then is not a wage limit a little deceptive: because you might have a man who might be comparatively rich with 1 *l.* a week say, and you might again have a man with a large family with 30 *s.* a week who would be in worse circumstances than the man with 1 *l.* a week?—You would have to meet those cases on their merits.

4523. You think that that is a matter of detail?—That is a matter of detail that could easily be managed.

4524. Then how would you manage to arrange for the general practitioners; they would all have to have a share in any profits of the dispensary?—Yes, they would have to have a share according to their work done. Now general practitioners have clubs; most of them pay 4 *s.* a year, some of them pay 8 *s.* a year. The London Dock Provident Club, for instance, pays 8 *s.* a year well or ill to the medical man.

4525. You mean that all the people in that club pay 8 *s.* each, do you not?—Yes, 8 *s.* each to the secretary of the club, and the secretary pays the medical man.

4526. And the number of those payments of 8 *s.* is sufficient to form a fund to pay the profits of the medical man, and the expenses of the secretary and the office, and so on; is that so?—No, that does not include the expenses of the secretary. The medical man gets all the 8 *s.*, and I suppose the men must pay something more than that to meet the expenses of the secretary, and other expenses.

4527. Where do the expenses of the office and house rent, and so on come from?—I think the London Dock Club average 12 *s.* a year that they pay to the club; and the medical man gets 8 *s.* out of that.

4528. Then, as that club its own dispensary shop, as it were?—It employs a medical man who has his own waiting-room for patients.

4529. He is a practitioner with a private practice of his own in addition?—Yes.

4530. And he must have a house for his private practice you mean?—Yes; and I think the private practitioners in the neighbourhood would be sufficient to take all these people that go to the out-patient department, that is the people able to pay the 6 *s.* a year. If they were distributed among the medical men, so many to each, it could be managed without any extra rent or taxes, and buildings or anything of the sort; and it would become a great assistance to the medical men.

4531. That is what you would like to see?—Yes.

4532. Do you find that the out-patient department of the free London hospital is a bar to anything of that sort?—It is an absolute bar to it.

4533. Then if I rightly understand you, you mean this, that you would keep open the in-patient department of the London General Hospital?—Yes.

4534. And you would restrict the out-patient department to one for consultative purposes for people sent there from various medical clubs?—Yes.

4535. Is there this advantage about the idea that you propose, that you would have a large number of medical clubs within easy reach of the subscribers?—Yes.

4536. Because at present you might have a dispensary at a distance of a mile or a mile and a half from a certain number of the subscribers?—Yes; but if these clubs were scattered amongst the general practitioners they would be a pretty equal distance all round.

4537. And that would be more convenient for the working-men, because they would not spend so much time there as they do now in the out-patient departments?—Yes.

4538. You mentioned the phrase "degradation" of the practitioner just now; I do not quite understand in what sense you mean that?—By a man opening a dispensary, and taking sixpence for his fee, when he can only be successful by his brother practitioners refraining from the same course. If he triumphs it is then the ruin of all his medical neighbours round; and I think that that is a degradation, to be so reckless that you do not care what injury you do to your medical brethren.

4539. Then further than that, are these people who take these low fees to the exclusion of their brother practitioners as a rule as skilled as the practitioners taking larger fees?—Some of them are quite as skilful.

4540. So that the public does not suffer in consequence?—Well, there is a good deal of careless diagnosis; they cannot devote on such fees much attention to it. I have met with many cases of careless diagnosis.

4541. Do you think that the out-patient system of the general hospitals tends to lower the skill of the general practitioners?—Yes, very much; it prevents his getting the experience that would otherwise come to him, and that used to come to him in the old days.

4542. Should you like to see any general system of control or supervision of hospitals and dispensaries?—I should.

4543. Would that be part and parcel of your idea of medical clubs?—I had not formed the idea before till you suggested it to my mind; but I think it would be very good to have some power over them, just as the Local Government Board has over boards of guardians.

Earl *Cadogan.*

4544. You mean Government supervision?—Yes.

Chairman.

4545. Now as to this part pay system, have you any knowledge of that?—Yes; I think that is very bad indeed; it takes away all idea of gratitude from the recipients of the dispensary; where there is part pay, they think they have paid a sufficient fee; they do not look upon it as a charity.

4546. And you look upon it as only one degree better than the free hospitals, or even as one degree worse?—Worse, much worse; I think the free hospital is a great blessing, properly conducted; but taking part pay I think is very bad; it poisons the public mind, and takes away all respect for the charity.

4547. They consider that they are paying a proper fee you mean?—They consider that they are paying a proper fee, patronising the charity.

Earl *Cadogan.*

4548. You mentioned as an essential part of your scheme, the organisation of dispensaries; would you explain exactly which dispensaries you allude to; is it the provident dispensaries?—The provident dispensary, arranged by the medical men of a neighbourhood, and any laymen that it seems judicious to join in it, and the dispensaries to be distributed amongst the medical practitioners that will take them.

4549. But a provident dispensary must be supported by its members?—Yes.

4550. Can you insure the establishment of provident dispensaries to an adequate extent?—Yes; if they had nowhere else to go to, if the hospital were closed to them, and they said, "You must go and join the dispensary." This is done in some of the provincial towns; in Northampton, for instance.

4551. Suppose there is not a provident dispensary established?—Then they will have to go to the hospital, or pay the general practitioner's fee if there is no dispensary.

4552. Then the system will probably break down; if you do away with the out-patient department, except for consultative purposes, you would be left then with nothing but the hospital cases which were considered proper cases for in-treatment; you would have nothing left for ordinary out-patient cases?—You would have the out-patient cases that were sent by the numerous dispensaries.

4553. But are you quite sure that the provident dispensaries might be established in adequate numbers in each particular district?—They have been so in Northampton; it has been a great success there.

4554. You think that we could rely on having a sufficient number of provident dispensaries to practically take the place of the out-patient departments of general hospitals?—I do.

4555. I understand provident dispensaries to be entirely organised by those who can pay, at least to a certain extent; no man can be a member of a provident dispensary who does not pay a certain subscription?—No.

4556. How do you provide for the sick poor who cannot pay that subscription?—The Poor Law provide for them.

Earl *Cadogan*—continued.

4557. So that you would drive them all into the Poor Law infirmary?—Yes.

4558. So that your three divisions would be the poor law, the provident dispensaries, and the consultative department of the hospital for out-patients?—Yes; that is exactly it.

Earl of *Kimberley.*

4559. You have no objection, I assume, to in-patients in hospitals, but do you mean that you view with no dislike the paying wards in hospitals?—I dislike the system.

4560. And may I ask why?—Because it destroys the gratitude of the patient; if he thinks he is paying, it takes away from the dignity of the charity, and interferes with the ordinary laws of commerce as between medical men and the public.

4561. But I suppose your chief objection is that it withdraws practice from the medical practitioners?—It is.

4562. And in the case of a man who is able to pay a portion of the expense of a difficult operation, but could not pay the whole of it, do you think he should be left without the means of getting that operation performed, because otherwise the dignity of the hospital might be impaired?—I think he should get that operation done through the dispensary if he cannot pay the usual fees.

4563. Is it the case that at the dispensaries they perform very difficult operations?—No, but they might have an arrangement with the hospital, and send them on to the hospital; those cases, I mean, that require operation.

4564. I am supposing the case of a man who would pay a portion but not the whole of the expense; would you admit him into the hospital or would you not?—I would do it for nothing, or let him pay the usual fee. I think it is difficult ground when you begin to admit part payment.

4565. I am taking the case of a difficult operation which could not be performed in the man's own house; what is he to do if he cannot get admission into a hospital as a paying patient; is he to go into the hospital gratis?—Yes, if he cannot pay the fee.

4566. But I am putting the case of a man who is for instance, we will say, obliged to undergo a very difficult operation, and wishes to obtain the very best surgical skill that can be procured; he could pay a moderate fee, but could not possibly pay the fee that would be asked by a surgeon of great eminence; would you deprive that man of the power of going into a hospital because he is able and willing to pay a portion?—If he could pay a moderate fee it could be arranged for him; I have often arranged such things myself; the dispensaries could arrange to get such a case into the hospital.

4567. Is the principal object of a hospital to relieve in-patients?—For in-patients.

4568. Therefore, in the case of a man who is not very poor, what can he do?—He can get the best advice for money.

4569. Suppose he has not got the money which will enable him to get the best advice, and suppose he has not got a home in which the operation can be performed, may I ask you what he

Earl of *Kimberley*—continued.

he is to do?—We do not meet with such cases practically.

4570. Do you mean that there are no persons who have homes at which it would not be desirable to perform difficult operations, and that there are no persons who could not command the very best surgical skill, either from their not being in immediate proximity to it, or from their not being able to pay for it; such persons not being in the category of very poor persons?—There are such persons, but they generally get it done in some way or other; they either go to the hospital, or their friends help them.

4571. But I understand that in the case of a man who is in the position of being able to pay a portion of the expense, you object to his going into the hospital, and his paying that portion of the expense?—Yes, I object to that.

4572. And then I ask you where he is to get the operation performed?—He does get it performed; his friends come forward and help him; or if he cannot get sufficient help from his friends to get the operation done privately, he goes to the hospital.

4573. And you would have it done there for him gratis?—Yes, gratis, certainly. He could make a donation afterwards according to his means.

4574. And you think that the dignity of a hospital is impaired by an operation being performed on a man who can pay a portion of the expense?—I think it is impaired by having it a regular commercial system. The in-patient department works very well as it is; I do not think it is abused; I have known it abused; I have known people who were not very poor, and not very rich, have operations performed, and they have given the charity a donation afterwards.

4575. But would you also object to wards where the whole of the expense was paid by the patients?—I should object to such wards if connected with the charity; I should not object to them as a private commercial enterprise. There are such things established in London, and they pay very well on commercial principles.

4576. But supposing that I wish to have an operation performed on myself by an eminent surgeon in attendance, say at St. Bartholomew's Hospital, and that I am willing to pay the whole of the expense, is there any reason why I should not be received, if it did not interfere with the other patients, and if there was a ward provided there for such persons as myself?—If it became a habit for rich men to go to the hospitals they would oust the poor from them just as the boys at Eton, Harrow, and Winchester have ousted the poor, for whom those schools were intended.

4577. But why should they oust the poor if they were in a separate ward connected with the hospital?—If such a system is good, why have it connected with the hospitals; why not have places built on commercial principles, as they are now? If a person who has money wants an operation performed, he takes a room in Harley-street or Cavendish-square.

Earl *Cadogan*.

4578. I will ask about the case of an uncle of mine. He was knocked down and his leg was broken opposite one of the great hospitals of London; he desired to be taken into that hospital because he thought he would be better treated there than in his own house; he was taken into the hospital and they put him into a small place which they had; he remained there three months, and on leaving he paid his expenses and gave a very large donation to the hospital; do you see any objection to that?—None whatever.

Earl *Cadogan*—continued.

4579. Forgive me for mentioning that case; but what I gathered from your evidence was that you would not have admitted him at all?—No, I do not mean that; that was an accident that happened by the hospital.

4580. He might have been taken home and could have been treated by his own doctor, but he preferred going into the hospital. I understand the drift of your evidence to be that you would have refused him admittance?—No; my objection is to making a commercial system of it. Every rich man that has his leg broken does not happen to have it broken near a hospital; but they get taken home generally.

Earl of *Kimberley*.

4581. You have two objections: one is the fear that the charity might be interfered with by such a system?—Yes.

4582. And the other is that if the fee system were established it would interfere injuriously with the business of medical practitioners; those were your two reasons?—Yes, I would leave it to the ordinary laws of commerce; supply and demand.

Chairman.

4583. Without interfering with the object of the charity the governing body might arrange, might they not, that five beds, say in 100, should be set aside for the convenience of such patients?—Very rich people get well attended to and do not suffer any inconvenience.

4584. Take a poor man, a clerk or a curate who has a large family; he cannot afford to pay for first-rate advice in his own home, and he does not want to go into the workhouse, nor does he want to go gratuitously upon a charity; do you see any objection to there being a ward where they allow him to make part payment, say at the rate of a pound a week; something of that kind?—I think I should prefer seeing a separate building for those cases that can pay partly. I do not think it would work well for people who could pay a little towards their charitable relief to be all sent to the workhouses for food; and in the same way I do not think that it would work well to mix poor-law medical relief and payment up together. I think hospitals and people who pay should be kept apart as much as possible.

Earl of *Kimberley*.

4585. Take a case in the country; have you ever considered whether there are not a very large number of people in the country who cannot possibly obtain the best advice except by going to the hospitals; and, according to your system, men of this class, not very rich nor yet very poor, are to be precluded from obtaining the best surgical advice, which can be obtained by them at the hospital alone?—The medical

Earl of *Kimberley*—continued.

men in the country places send these cases up to the hospital if hospital advice is required. It finds its level and works very well. If people say they cannot pay, the doctor is generally their friend, and writes to the consulting man in the hospital, and tells him the case and asks him to look after it.

4586. In point of fact the result is that these people, who could pay under the present system, are admitted gratis; do you see any advantage in that?—It is the people who find their way there without any check at all that abuse the charity. If they are sent by medical men, I think that is a safeguard against the charity being abused.

Lord *Monkswell.*

4587. I understand that your proposition is, that the hospitals degrade the medical practitioners, by obliging them to undersell one another?—Yes.

4588. In point of fact you say that they suffer moral degradation; but at the same time it has no effect on the amount of good they are doing to their patients; they all do the best they can for them, I suppose?—In the small time they can give them; but they do not give sufficient time in private dispensaries, and if they treat them in such large numbers, they cannot give sufficient time.

4589. Then I should have thought that the poor people would have found that out and been willing, if they could, to have got superior advice by paying a somewhat higher fee?—They do; if they find they do not get better, then they go to another doctor.

4590. Then is it not rather the natural consequence of there being some people in a neighbourhood poorer than others, that some practitioners should be driven to charge lower fees than others, and that they should in that way get a different class of patients, lower fees I mean, than the great majority of their brother practitioners charge?—You see there is no check on people who can afford to pay a shilling, for instance, going to their places, and then they flourish on the ruin of the medical men round. If they all set to work and charged 6*d.* they would collapse together.

4591. My point is, that the public, in time, would find out the difference between a good and a bad doctor; and do you find that the doctors in these dispensaries who only charge these very low fees are probably the doctors who are failures in practice, and rightly so because they are not good doctors?—I think many of them are very good men, as skilful as the general run.

4592. But if they take their patients at those low fees are they really good doctors?—They take them at 6*d.* to attract them from the other medical men and to make a living by having a large number.

4593. You also said that these patients were so numerous that they could not properly attend to them. It seems to me, therefore, that the poor man does get his money's worth; if he gives 6*d.* he does not get as much attention as he would as if he paid 1*s.* 6*d.* or 1*s.*?—If they are not satisfied they go to another doctor.

4594. You said that the members of the dock

Lord *Monkswell*—continued.

club are charged 8*s.* a-year for medical attendance as compared with 4*s.* or 6*s.* which other clubs charge; that is not because the wages are better in the docks?—It is because they want good medical attendance and do not mind paying for it.

4595. They think that by paying more they get better medical attendance, and therefore it comes to what I said, that the poor people discriminate between the doctors who charge them small fees and the doctors who expect higher fees?—The members of the dock club want good medical attendance. You do not think, I mean, that it is because of their occupation that they are able to pay higher fees. Now you say that the out-patient department of the hospital is very much abused, but that as to the in-patient department, that is not abused. Surely, a tradesman willing, as in the case you mentioned, to get relief if he could in the out-patient department for nothing when he might have paid for it, would be as willing to go in as an in-patient?—It is not so easy to get in; there is that check; they have to pass the house surgeon, and then the physician; and if they are not bad enough cases, or if they think they are well able to pay, they will not admit them.

4596. Then the house surgeon and house physician not only look at the medical aspect of the case, but also endeavour to get at the means of the man?—If a man is very well dressed, they will speak to him about his case not being one for the hospital.

4597. But then your tradesman who could put by 300*l.* a year might perfectly well go in the dress of a working man, and then, I suppose, no inquiry would be made?—Probably not; but they have got so accustomed to going into the hospital and having no check, that it has become the custom of the place.

4598. Then, in point of fact, you think the in-patient department may be taken advantage of sometimes?—It is exceptional.

4599. Do I understand that these 17 practices that were starved were practices superintended by licensed practitioners?—In all cases by fully qualified medical men; they made good incomes and brought up their families respectably.

Lord *Zouche of Haryngworth.*

4600. The London Hospital has been started a good many years, has it not?—Yes; I think more than a century.

4601. And it has always been in competition during that time with these apothecaries' shops or private practitioners?—It is only within the last 20 years that it seems to have competed so much; to have grown so much.

4602. You trace an increasing tendency to abuse the hospital and particularly the out-patient department of it?—Yes.

4603. To what cause do you attribute that increasing tendency?—One cause is the apothecaries' shops becoming unfashionable. The doctors have got above keeping them, they have got too proud to keep them, from some cause or other, from getting too rich or getting better educated.

4604. But they are closed, as I understand you, from having been too successful, not from having been not successful?—Yes; they were frowned

Lord *Zouche of Haryngworth*—continued.

frowned down at the medical schools; a man was looked upon as lowering himself if he took one of these doctors' shops.

4605. And is there any other reason that you can give for this tendency that you complain of?—I think the two reasons are the abolition of the apothecaries' shops, and the want of a proper check to encourage them, and now it has become a custom to go to the hospital.

4606. But that want of check was always the case?—It seems to have grown very much this last 20 years. Twenty-five or 30 years ago, a very poor miserable lot of people went to the out-patient department; now many are very fairly dressed.

4607. Although they are better off, the abuse of the hospital is more than it was?—The abuse is more.

Lord *Thring*.

4608. As to these 17 practices that were starved out, when was the first starved out?—Within the last 15 years.

4609. About 15 years ago?—Yes.

4610. How was that man starved out?—He tried to sell it, and he could not sell it, and so he shut it up and went away.

4611. Might it not be that he was too proud to keep an apothecary's shop?—That is one of the reasons of the collapse.

4612. A man is not starved out because he is too proud to do his work?—That is one of the causes why the out-patient department is abused. It is the fault of the medical men themselves in not supplying the public with what they want in a way convenient for them

4613. But supposing I set up a law business and am too proud to do my work, would you tell the Committee that I was starved out?—I do not think I used that word. I think it was one of their Lordships; I think I said "become extinguished;" I think the medical men have got themselves to blame, in a great measure, for it, by shutting up these apothecaries' shops.

4614. Why do you attribute it to the competition of the hospital; if the medical men did not choose to do their business in a proper way, what proof is that of anything wrong in the hospital?—I am not blaming the hospital; I am merely saying what was the cause of the abuse of it.

4615. I understood you to mention it as an evil that this hospital should have extinguished 17 medical practices?—I think it was an evil to the medical men, and to the public too.

4616. Why is it an evil to men to suffer if they will not work?—The men made a mistake and have had to suffer for it, and the public suffer from many mistakes that are made.

4617. They are "extinguished" by their own fault, in fact?—By their own fault.

4618. Then with respect to the distribution; you say that you think the out-patient department of a particular hospital should be distributed amongst the surrounding practitioners; I daresay it should, but how would you distribute it?—By forming provident dispensaries and having all the medical men in the neighbourhood joined together to conduct it.

4619. I will assume that there are 30 medical

Lord *Thring*—continued.

men; how would you make them join together and form a dispensary?—They can do it as well as others; if they will not they must go on and suffer as they are now suffering.

4620. Would they not compete against each other?—Not if they were all in league.

4621. Did you ever hear of 30 men being in league together for any such purpose?—I think 10 or 12 work together in Northampton very well.

4622. You think they would be in league?—If they will not, they must suffer the loss of practice.

4623. You mean this: that if the out-patient business were to be extinguished, the 30 men would have the chance of getting the business; if not they must go to the dogs?—People can take care of themselves; it finds a level in one way or the other.

4624. Why cannot they take care of themselves now?—That is what I want them to do.

4625. Then it is not the out-patient department that is at fault; it is the medical men not taking care of themselves?—To a great extent, and the authorities of the out-patient departments do not put any check. If the hospitals would not take the patients it would drive them to clubs.

4626. You say that if medical men took care of themselves they could compete with the hospitals?—I think the medical men would consider the public, and suit their charges to the public pocket. Medical men do not want to be hard upon the public at all.

4627. Why do they not do it now?—I say it is in a transition state from the old apothecaries' shops to some new order of things. What this new order of things will be I could not tell you.

4628. You do not attribute the present evil wholly to the competition by these hospitals, but to the transition state?—Yes, I attribute the competition by the hospitals to the mistake of the medical men in shutting up the old apothecaries' shops.

4629. With respect to poverty, who do you consider is the poor man?—I consider a man is poor if he makes 15*s*. a week; I consider that a man who makes a pound, and is not married, can live very well in the East End of London on that in the style of his class.

4630. Do you consider a curate, with 10 children and a hundred pounds a year, a poor man or not?—I consider him a very poor man; that is a different class.

4631. If he is a poor man why should he not be admitted to the hospital?—There is no reason why he should not; I have known them admitted to the hospital.

4632. If he has a little of that pride which you seem to condemn, and wishes to pay a certain portion towards the hospital if he can, why should he not?—I think that it leads to greater evil. Of two evils choose the least.

4633. What evil does it lead to?—The abuse of the charity.

4634. If a very poor man claims the benefit of the charity, only partially, how does that abuse the charity?—I say if you make a regular paying system of it, it does.

Lord *Thring*—continued.

4635. But will you answer my question. I give you an instance of a man whom you admit to be a very poor man, and who obtains partially the benefit of the charity. I cannot see how that is an abuse of the charity?—It cannot be an abuse of the charity for a poor curate with 10 children to go into the hospital; but I am speaking of the system of part paying.

Chairman.

4636. I understand you that if a poor man gets into a hospital and pays nothing, it is not an abuse of the charity; but if he goes into a hospital and pays what he can towards the hospital then it is an abuse of the charity?—I think if he makes a donation afterwards it is not an abuse; but to extract a part payment from the man is not charity; to extract part payment from a man is a commercial system; I think that tends to evil.

4637. You seem to consider that the case is met by the patient volunteering to give a subscription or donation, if he can, afterwards?—Yes; I think that is it. He shows his gratitude,

Chairman—continued.

and that is a proper system to be connected with a charity, not to make a commercial business of it, not to run a business or rival doctor's shop in a hospital; I do not think that is the proper thing.

4638. At the same time you do not object to hospitals where people do pay?—Not if they are established on commercial principles and pay for the building and the ground it is on, and every part of it.

4639. Have you ever considered whether in any hospital you might have different classes of payments, first class, second class, and third class?—I think in a hospital supported purely by payments it would work very well. They could start it on commercial principles. There are some already. There is one at Wandsworth, it is not connected with charity; they pay the rent of the house.

4640. Is that a hospital for different classes?—Yes, they have different classes. It is hardly a hospital; it is a place for sick people, on their paying for medical attendance and their board.

4641. Is there anything else you wish to say?—Nothing.

The Witness is directed to withdraw.

MR. LENNOX BROWNE is again called in; and further Examined, as follows:

Chairman.

4642. WE left off your evidence at the point where you said that you thought it better that there should be a children's hospital for children, for reasons of infection and other reasons?—Yes. I was classifying hospitals; and I was saying that I thought some hospitals were necessary, and some were a matter of sentiment, such as those for consumption, and I would add also for the skin, and that a children's hospital might be a convenient hospital, but would not be what I would call a special hospital. If I may define what I consider a justifiable special hospital, it would be an enlargement of the definition of Sir Morell Mackenzie; I would say that it is a hospital not only where technical methods of examination are necessary, requiring technical teaching, such as those for the eye, the throat, and the ear, but also where there are special manipulative measures necessary, not only for the diagnosis of the disease but for the treatment, as in the case of the hospital for paralysis, where they have expensive electrical methods, and people especially educated to pursue those methods; and for orthopædic cases, where it requires considerable ingenuity and education to treat those diseases, both in the surgeons, the dressers, and the nurses. Throat hospitals require special technical knowledge for both diagnosis and treatment.

4643. Then would the proper term for a children's hospital, instead of a special hospital for children, be a general hospital for children?—Yes, quite so. You could have children's wards; or if it were a hospital on the pavilion principle, you could have a pavilion for children; and it need not necessarily be a special hospital.

4644. One point on which you laid great stress in regard to children was the great danger of infection in the out-patient department?—You

Chairman—continued.

asked me that question, and I said it would apply to all cases where there are crowds of people.

4645. I will read you the last few questions and answers: Question 3089 is: "You may have cases in a general ward, such that it would be better not to have children in the ward?—(*A.*) There are certain diseases where it would be much better for the children to be separated; in certain circumstances, if the children were fretful, it would be much against the recovery of the adult. (*Q.*) Then, again, as regards the out-patient department, there is the spread of infection?—(*A.*) I am afraid that must obtain in every case where people are grouped together?"—Quite so.

4646. So that it does not apply only to children?—I do not think so. I desire, my Lord, now to say that you took me by surprise on the last occasion, by a question as to the cost of special hospitals, and as to the cost of my own hospital, and you quoted from a paper that I had never seen.

4647. I quoted from the Charity Organisation Society's memorandum?—The Charity Organisation Society receive our reports annually, but they never sent us this memorandum; and those figures are quite of their own invention.

4648. What is the title of your hospital?—The Central London Throat and Ear Hospital.

4649. Now this is how you are put down in that memorandum: Cost of each occupied bed, 95 *l.*?—I have a verbatim abstract here of a statement returned to the Hospital Sunday Fund for five years. The year, I think, to which that memorandum applies is 1888.

4650. I think 1887?—It does not make much difference, because I have here an exact copy of the return we made to the Hospital Sunday Fund

Chairman—continued.

Fund for the last five years; and as you know very well, the Hospital Sunday Fund, if they have any doubt of the figures, ask for a deputation from the hospital to come and meet them; we have never had that request made; we have never had our figures questioned. Consequently we presume that they have accepted them as a true deduction from the figures that we give them of attendances and expenses; and I may say that we adopt in our balance sheet exactly the arrangement of the Hospital Sunday Fund; and I think if every hospital adopted the same system, it would be the means of obtaining a very good uniform balance sheet.

4651. Have you got for that year your balance sheet?—Yes; our auditors make out our balance sheet in accordance with the arrangement of the Hospital Sunday Fund; so that our balance sheet is exactly what is returned to the Hospital Sunday Fund for our income and expenses; and for that year 1887 our cost for each bed was 61 *l.* 10 *s.* 8 *d.*, and the average for five years is 62 *l.* 13 *s.* 10½ *d.* I would like to hand this table in to your Lordships; it is an exact copy of our return (*handing in the table*). When that statement in the memorandum was made, we had no application from the Charity Organization Society, and had it not been for your question, I should have been perfectly ignorant, and so would the secretary of the hospital, that any such return had been issued to your Lordships and to the public. You will see that our return is something like half as much less, as compared with theirs; I have no doubt there is a fallacy in the Charity Organization figures.

4652. Are the beds, as given by them, correct, 17?—The beds are correct. I can see perfectly well that they have not reckoned that we treat from our funds, not only a certain number of in-patients, 315, in that year, but also over 5,000 out-patients; they have taken the cost per bed of all our patients, instead of deducting the expenses of the out-patients. I think it is important to bear that in mind, not for this particular hospital only, but important with reference to the statement that special hospitals are more expensive than general hospitals.

4653. Beds occupied, 16; is that about correct?—Yes.

4654. We know that their next figure, the cost per bed, according to you, is incorrect. The number of in-patients is given as 340?—That is 1888, perhaps. In 1887 it is 315.

4655. And out-patients, 5,845?—I have not got the figures; but that may be right.

4656. Then we have under the heading of "Hospital Staff," one consultant?—Yes.

4657. And six visiting doctors and one dispenser; is that correct?—Yes.

4658. Nursing staff, two?—Yes.

4659. No income from Samaritan Fund?—That is a mis-statement; we have distinctly an income, and it is published in our report; we have an income absolutely arising, for one thing, from the gift of the late Mr. Sturge, who gave to all hospitals; we have also interest on money lent. There is another inaccuracy. We have a pay system and a free system, as I explained, and we also give free letters without

Chairman—continued.

payment to the clergy of the metropolis. They put down in this return that patients are admitted on the pay system *only*; that the terms of admission are by "payment." That is, of course a distinct inaccuracy.

4660. I am only testing these figures by your statement. Then the expenditure is 1,966 *l.*?—I have no doubt that is correct.

4661. The income of 1,877 *l.*, the deficit 89; is that about right?—That is probably taken from the report. I want you to understand that these figures are absolutely returned to the Hospital Sunday Fund, and they have been accepted by them each year; the figures that I am quoting, I mean. They give special headings for them; and they have never questioned these figures; they have never diminished our grant, or questioned our figures at all.

4662. They have given you the grant each year?—Each year, and they have never asked for any explanation. They now give us less money because they say we have payment from patients, and that therefore our hospital is requiring less money from the fund.

4663. With regard to the payments from your patients, I think you told us that they paid what they could?—What they themselves offered.

4664. And then you sometimes reject patients, do you not, if you consider that they can pay altogether?—Yes; if a patient offers to pay more than what we consider a moderate amount we say, "No; that they are not proper subjects to come to the hospital."

4665. And then you send them away?—Yes. If it was a severe case we should attend to it for one visit; but if it was a slight case we should send it away without seeing it at all.

4666. If it were a deserving case, you would keep it?—With regard to the letters that come to us from the clergy, or from the Hospital Sunday Fund through the clergy, I must say that they are always very deserving cases; but the letters that come to us through the Metropolitan Hospital Saturday Fund are by no means always for deserving cases, so far as means are concerned. If the foreman or the representative of the workmen who has paid this small sum a week to the Hospital Saturday Fund sends someone to us with a letter, we have no power to say, "You shall not;" and, in point of fact, the worst cases, from the financial point of view, come to us from the Hospital Saturday Fund.

4667. You get contributions from the Hospital Saturday Fund?—Yes; and they insist on letters.

4668. Do you not have to print your accounts in a different style for the Hospital Saturday Fund from that in which you print them for the Hospital Sunday Fund?—Not in the actual figures, of course; but they ask different questions, and their basis of calculation is different; they give different marks under different headings of efficiency, and the like, selected by themselves; but the accounts, of course, are practically the same.

4669. Do you find your patients generally willing to pay?—Absolutely. I would like to say, also, that I believe that this statement as to the abuse of hospitals by people dressing up as poor people and going to the hospitals is dreadfully exaggerated.

Chairman—continued.

4670. You have no experience of that, however?—I have no experience of that except from a long knowledge of hospitals. I do not believe it exists, not to any great extent.

Lord *Monkswell.*

4671. I suppose as regards infection, children are much more subject to infectious diseases than adults, so that there would be greater danger to them of infection in the out-patient department?—Yes, certainly.

4672. Do you not think that from the point of view of the Charity Organisation Society, your accounts might show that the cost per bed was more than you made it; their basis of calculation might be different, might it not?—I have said that I think there is a fallacy in their calculation; but as we have been rendering accounts to the Hospital Sunday Fund for very many years, some 15 years, and they have accepted these calculations, I do not think it is likely that we are wrong.

4673. But possibly the Hospital Sunday Fund would not care to draw the line between the expenses of the out-patients and the in-patients, they would take the total amount of expenses together, and would not care so much what it came to per bed?—We have special items to fill up, such as "Cost of in-patients," "Cost of out-patients," according to this table; those are the items they ask information about.

4674. I suppose there is no dispute as to the whole cost; the only question is how the cost ought to be distributed between the in and out-patients; and you and the Charity Organisation Society might have different opinions with regard to that?—I think the Charity Organisation Society had no right to publish those figures as to the cost per bed, without conference with the secretary of the hospital.

4675. There might be a difference of opinion as to what ought to be included as out-patients' expenses?—Yes; I may say that the secretary of the hospital has written to the Charity Organisation Society since the evidence I gave, and has written a second letter, and has only received the answer that it shall receive attention. In his letter he asked them how they made out their figures.

4676. With regard to the evidence of Dr. Bhabba, at No. 3927, that the special hospitals would favour patients who could pay the whole, you say that you would reject the patients, as a rule, who came to your hospital if you found them able to pay the whole expense?—Certainly.

4677. Dr. Bhabba said, on the other hand, that he believes that special hospitals favour patients paying the whole cost, and take them in rather to the exclusion of other cases, if it were a question between the two?—I am speaking, after an experience of 25 years, of what I know to be the fact. Dr. Bhabba is speaking of something of which he has no experience.

4678. Your experience is not only of your own hospital, but of other hospitals?—Of other hospitals.

4679. All the special hospitals?—No. I have had experience of two or three special hospitals, and, of course, this matter does not come to the doctor, it comes to the secretary; any question of whether they ought to be admitted or not. We have nothing to do with the examination of their means or the admission of them; for these payments go the hospitals, not to the doctor.

Lord *Monkswell*—continued.

4680 You go on information derived from the secretary, and cannot speak of your own knowledge?—With regard to the Central Throat and Ear Hospital, I am the senior surgeon, a trustee, and the honorary medical superintendent; therefore I know what is done.

4681. In regard to the others, you can only go by what you hear from the secretaries, or from general report?—I can judge, somewhat, by noticing what is the number of patients, and what is the average income derived from the payments which those patients make, in proportion to ours.

4682. You do not know, as a fact, whether the secretaries do or do not, as a rule, send away patients if they find they are capable of paying the whole amount?—I know it in the case of my own hospital.

4683. But as to others you do not; you only draw an inference from the accounts shown you?—Quite so.

Lord *Thring.*

4684. Have you any opinion as to the separation of the schools from the hospitals, and concentrating them in a university?—I have no doubt that that would be desirable; however, that will never be done without some greater power than at present exists, because as long as physicians and surgeons of general hospitals are paid by pupils' fees, they will not give up those fees.

4685. The abuses of vested interest are too strong, you mean?—They are too strong.

4686. But you are of opinion yourself that it would be a good thing if it could be done?—Decidedly. I think something on the principle of the Vienna school would be of great advantage.

4687. Then with regard to the central body of control that has been talked so much about, a representative body we will say, have you any opinion upon that?—I think that decidedly there should be some such central body. I will take as an example a special hospital of which I was a disinterested governor, that is to say, a governor not connected with the medical staff. There was great dissatisfaction shown by members of the medical staff resigning, because they thought the accounts were not properly kept. Ducal presidents continually retired; Royal patrons retired; leading counsel, honorary solicitor, and other officers retired; actions at law ensued, and yet the hospital goes on, and there has been so far no independent investigation of accounts. I have recently retired from being a subscriber, because at the last annual meeting at which I attended, with Sir Sydney Waterlow and Lord Aberdeen, and at which we all three of us protested, all was to no purpose, because we were out-voted by the friends of the committee. I think decidedly there should be a central body to deal with such complaints when they are made by disinterested people.

4688. Have you any idea whether it should be composed of governors or representatives, or partly

Lord *Thring*—continued.

partly one and partly the other?—No, I personally have not thought about that. Unless you have some governing power I do not see how you are to get the influence that is necessary.

4689. On the question of principle, do not you think that Government interference has a very strong tendency to dry up and dwarf private benevolence?—You are asking me a question on something to which I have not given my attention. I am quite certain that some such supervision is necessary.

4690. With regard to the Hospital Saturday Fund, do not you think the defence is this for the poor man (this is what I understand it to be); the poor man is endeavouring to get a *quid pro quo* for every penny?—No doubt they think they have such a right, but in my opinion they claim more than they deserve.

Chairman.

4691. I will just read you the question I put about these figures of the cost per bed to Colonel Montefiore, and his reply at No. 1509: "I should like to ask you before you give us some alterations which you have to make in your evidence, what is the meaning of the figures as regards the cost of occupied beds in the tables which are attached to the petition?—(*A.*) I should like to explain that these figures are taken in some instances from the reports of the hospitals themselves. The secretaries who made out these returns would probably differ if they were to make a comparative table themselves: because one secretary may put in one thing in the calculation of the cost of a bed, and another may leave that out and put something else in; there is no uniform way of making that calculation. The figures here, where the hospital reports did not give themselves the cost of their own beds, are made out in the following way, simply as a matter of comparison. The total ordinary expenditure was taken, and the price of the out-patient was arbitrarily taken as being 1 *s.* 6 *d.* each; therefore, the number of out-patients would be multiplied by the 1 *s.* 6 *d.*; the product was then subtracted from the total ordinary expenditure; and that amount was then divided by the average number of occupied beds to give the cost per bed. In the case of the Ophthalmic Hospital the out patients were valued only at 1 *s.*; and at the lying-in hospitals there are special remarks made as to that, because the out-patient department there is very much more expensive than the 1 *s.*, or 1 *s.* 6 *d.*, or 2 *s.*, which is taken in other hospitals." So that you see the out-patients were taken, they were estimated for, and that amount subtracted from the whole, and the difference was divided by the number of beds?—Yes, my Lord, that is just what I complain of; the basis of calculation is purely arbitrary; if they had applied to the secretary of our hospital, they might have found that we returned to the Hospital Sunday Fund the expense of our out-patients and our average of out-patients. We run from 3 *s.* 9 *d.* for our lowest to 4 *s.* 1 *d.* for our highest for each out-patient. Now in the throat hospitals the treatment is very expensive, because the patients require local treatment by expensive apparatus at the time of their visits, as well as many

Chairman—continued.

topical remedial measures to take home, in addition to general medicines. If the society had applied to us they would have had those figures. Those figures have been accepted by the Hospital Sunday Fund. There is a great difference between 3 *s.* 9 *d.* and 1 *s.* 6 *d.* which he arbitrarily took.

4692. I am not saying whether he is right or wrong; I only read out the question to show you what the basis was which he took?—I am much obliged to your Lordship, but I desire to enforce his fallacies of calculation.

4693. Now, in regard to the Scotch and Irish degrees, in regard to appointments to the metropolitan hospitals, have you anything to say?—I hold the strongest views on that. There is a great deal of evidence I should like to have given, but I know how crowded you are. I would like, however, to say this: you have heard that all the eye hospitals are approved of, and I have told you how they were abused when first started; but there is not a physician or surgeon in charge of a throat department in any London or provincial hospital who has not derived instruction either from the Throat Hospital in Golden Square, from the Central Throat and Ear Hospital in Gray's Inn-road, or from a continental clinique such as that of Vienna. There is not one of these who has been educated in his own hospital for that special department. On the contrary, the students who have been in those special departments afterwards come to special hospitals feeling the inadequacy of the teaching they have received in the special departments of the general hospitals. And, therefore, to ask that the special hospitals should be abolished, simply because the general hospitals have made special departments, is unfair. Then I was going to say that it is because of this defect that in some special departments they have absolutely elected foreigners, both in the ophthalmic and throat departments. Foreigners holding the degrees of their nationality have come over and taken a degree in England, and have been at once elected into special departments in London; but yet the hospital authorities of the metropolis will not take a graduate of any university of the United Kingdom, say, of Dublin or of Edinburgh, or of Oxford or Cambridge, who has spent many years and much money in the attainment of his degree, unless he goes through an examination for the possibly inferior degree of the College of Physicians or of the College of Surgeons of London.

4694. Therefore you consider that many good men are excluded from the London hospitals because they are restricted in that way?—I have not a doubt of it. There is a gentleman recently come to town who has been a professor at the Andersonian University of Glasgow, the lectures at which actually qualify for the London College of Physicians, and has also been an examiner for the qualifying colleges in Glasgow, who is absolutely unable to get a London hospital appointment because he is not a member of the London College. And you must remember that it is a hardship to ask a man at 40 or 45 years of age to go through what he would have been quite competent to go through as a student,

Chairman—continued.

but which would involve for him at the later age a great deal of difficulty and hard work such as is involved in cramming for examinations, before he can hold an appointment in a London general hospital.

4695. That does not obtain at all the general hospitals, does it?—I believe, with the exception of St. Mary's, it obtains at all. I have looked at the rules of a great many and I believe, with the exception of St. Mary's, it obtains at all. It does not obtain at the special hospitals.

4696. And you would like to see each general hospital thrown open to the various degrees of medical education?—I think that every man who possesses a degree which is accepted to be registered in order to make him a qualified medical man in any part of the United Kingdom, ought to have the right to apply for an appointment without being further called on to obey any arbitrary rule of a monopoly.

4697. Do you think that the rule really exists, or is it only generally supposed to be the case amongst medical men; the exclusive rule, I mean?—I know no instance in which it has not been enforced, with the possible exception of one. A gentleman was invited from Edinburgh, who is a fellow of the College of Physicians there, to fill a chair at St. Bartholomew's, a very eminent man; but whether he had to pass an examination I do not know. But with that exception I know of no instance, and I am not sure that that was an exception. [Witness afterwards writes that he has since learned that this gentleman accepted his appointment with the condition that he should take the degree of the College of Physicians in London, and that he did, in fact, fulfil the condition.]

4698. Is there anything else you wish to say?—I would like to say with regard, once more, to that question of payment, that as the hospitals are at present going on, unless some small payment is taken from the poor, which, it must be remembered, does not at all represent the value of the services they receive, it must come to an increase of the rates, and it is the only way in which the poor, who

Chairman—continued.

pay no rates, could diminish the expense of the hospitals; and I think that by the figures I have given applying to our hospital, whatever the cost per bed may be (and even if the cost were taken at what the Charity Organisation Society have said, it is much less than that of many general hospitals and of most special hospitals), I have been able to show that we are absolutely solvent by the system of payment. And so far from having hurt the general practitioners, we receive patients from the practitioners in the neighbourhood repeatedly. Furthermore, when a practitioner says that this payment injures his practice, of course he assumes that the skill he offers is equal to the occasion; but the poor man concerned comes to a hospital because he has not received the skilful treatment that he requires, just as a privately-paying patient leaves his family doctor to seek the more skilled aid of a consultant.

4699. What paid staff have you got in your hospital?—Only the secretary and the dispenser.

4700. How much do you pay the secretary?—I think 200 *l.* a year.

4701. And then the dispenser; is he a qualified doctor?—No; the dispenser has something under 100 *l.* a year, and the matron 50 *l.* a year with an annual increase, up to a certain amount, of 5 *l.* a year. I might mention that our junior assistant surgeon attends the hospital as a house surgeon, but is not paid; he visits on emergencies and attends night and morning, but he is not paid.

4702. Then you have no resident medical officer?—No; and I think it is a good thing for a small hospital sometimes not to have one.

4703. Is there anything else you wish to say?—Perhaps I might be allowed to give in this paper, whether it is received by the Committee or not, showing the figures as to the number of appointments (in special hospitals) that are held by men attached to general hospitals (*handing in a table*).

The Witness is directed to withdraw.

Mr. JOHN FRASER GARIOCH is called in; and, having been sworn, is Examined, as follows:

Chairman.

4704. You are the Secretary of the Tower Hamlets Dispensary?—I am.

4705. What is the Tower Hamlets Dispensary?—It is a free dispensary, a charitable institution, partly free and partly part-payment.

4706. Could you explain to us the basis on which it is formed?—The governors who subscribe one guinea a year have six free letters and 18 part-payment letters, and one free and three part-payment midwifery letters for the guinea; and that makes a total of 28 letters for the guinea in the course of the year for each guinea paid. Then life governors who subscribe ten guineas have the same privileges as ordinary subscribers of one guinea.

4707. Then how do you calculate part payment of the fees; what proportion of the expenses do the patients pay themselves?—They

Chairman—continued.

pay for the first visit sixpence; for each additional visit afterwards threepence. If they are visited at their own homes by the resident medical officer they make a payment of sixpence for each visit; but then at the same time it is left to the discretion of the resident medical officer to relieve any of the poor patients who cannot keep up their fees; it is largely left to his discretion; if he finds that they cannot possibly keep up the payments it is condoned to a certain extent.

4708. He makes the inquiries?—He makes the inquiries, and if he finds that they are so poor that they really cannot pay the sixpence, he makes a note of it, and he reports to the committee at each monthly meeting how many he has allowed in that way.

4709. That is only for out-patients; you have

no

Chairman—continued.

no beds there?—No beds at all; it is a dispensary entirely.

4710. And you have a resident medical officer?—We have a resident medical officer.

4711. He is a salaried officer?—Yes, with 120 *l.* a year.

4712. And you are yourself the secretary?—Yes; I receive 30 *l.* a year, but I think I spend it all; it is merely given for out-of-pocket expenses.

4713. You did not tell us what number of patients you received in the year?—Very nearly 4,000. It is the only dispensary in the East End of London; it is next to the London Hospital, and about a mile from it, very near Stepney Station. The only dispensary near to it is that at West Ham. There is one in connection with Dr. Barnardo's Homes, I think, and there is also one in connection with the Lying-in-Hospital; but this is an old-established one in the Tower Hamlets. I attended to-day (I may mention) because of a rather sweeping remark that Sir Edmund Currie made, which I read in the report in the paper, to the effect that in the East End of London there were a large number of dispensaries that were merely doctors' shops, and I thought it rather reflected upon a dispensary like this. He said that they were merely doctor's shops that had the name of dispensary over them. Now this is the only dispensary in the East End of London that has been long established, or one of the only two. There is the Eastern Dispensary in Leman-street in Whitechapel, and this one in Whitehouse street, Stepney, which formerly was in St. George's-in-the-East.

4714. How long does your dispenser attend daily?—One hour every day for people coming in. Our resident medical officer attends patients at their own homes, and we also give two nights each week, Tuesday and Friday evening, from seven to eight o'clock; that is for adults only, to prevent women in the East End, that might come in the daytime, from bringing their children.

4715. During what hours in the day is it open?—From twelve to one; I ought rather to correct that; it is really generally open from twelve to two, I ought to say.

4716. Daily?—Yes.

4717. Now you are close to the London Hospital?—Very close to the London Hospital; and I consider that it was a valuable adjunct to the London Hospital, before they introduced the system of attending to out-door patients. I consider that our dispensary is a valuable adjunct by treating people at their own homes, and giving them outside medical relief, instead of their going to the London Hospital, and occupying the time there of the medical officers in affording outside relief.

4718. I suppose were it not for your dispensary your patients would go to the London Hospital?—Quite so. But I may say that I have been told by the resident medical officer, the former one, and also by some of our own medical officers, that we have many patients who come to our dispensary, instead of going to the London Hospital for outside assistance,

Chairman—continued.

because of the better care that they have; I do not know why that should be, because I presume that with the larger amount of medical science that they have there they ought to be able to assist them better.

4719. How much is the expense of a case, does the sixpence defray it; that does not cover the whole expense, I suppose?—Certainly not; the average cost of a patient at the dispensary, as returned to the Hospital Sunday Fund, and also to the Hospital Saturday Fund, amounts to about 2 *s.* and a decimal.

4720. So that the 6 *d.* is only a quarter of it?—Yes.

4721. Is that for the ordinary patients?—That is for the ordinary patients. Then as to the midwifery patients, we have a large number of them, and they cost us about 5 *s.* each.

4722. Each patient you say; but then probably more than one visit is paid to each patient?—Yes, very much more; I think the largest number of visits outside paid by the resident medical officer to one patient amounted to seven visits; it averaged about five, I think.

4723. Then it is for each patient, and not for each visit that you have calculated 2 *s.* a piece?—Well I arrived at the average cost in this way: I took out the total expenses of the dispensary, then I took off the amount that we paid to the midwives (we had the total amount that was paid), and divided the number into the sum of the annual expenses of the year; that would bring it to an average. Our total expenditure for the year was so much, take from that the expenses that we paid to the midwives, and divide the number of patients into the total expenses, and that would bring out the average cost, roughly speaking.

4724. That is what I mean; it was the number of fresh patients, not the number of actual visits?—No, the actual number of patients.

4725. Then it is the fact that although you have the competition of a free hospital, you get as much work as you can do, many of the patients paying as much as 6 *d.* a-piece?—Many of the patients paying 6 *d.* a-piece. And I may mention how this came to be brought into operation. About eight years ago it was the feeling of the Committee (in 1881 I think it was) that a large number of the patients attending with free letters were in a position of life to pay something towards the support of the dispensary, and a great deal of trouble at that time was taken by the committee to arrive at a proper basis of the charges that they should make. After a great many meetings we arrived at this scale of charges that you have before you, at page 4 of our report, and the committee found it answer admirably, and that the large number of the patients were very pleased to pay this part payment for the medical assistance that they got, that they gave it with pleasure. At that time the rule was for every governor or every subscriber to have a patient always on the books. Since I took up the secretaryship I laid it before the committee, who are very active, and they brought into vogue the form that we have now, of giving so many letters for each guinea subscribed, instead

Chairman—continued.

of having an indiscriminate number on the books always, and we find that this number of 28 letters for the guinea works admirably well.

4726. And therefore you think, from your experience, that when they can pay they will pay?—Yes; and I may mention that Mr. Bousfield, who is one of the signatories to this, has been in communication with us, to establish, in connection with our dispensary, a provident dispensary. A sub-committee was appointed, and the sub-committee gave it a great deal of consideration. The proposal was to establish it in connection with our Tower Hamlets Dispensary. We had a large number of meetings, and the feeling of the sub-committee was quite in favour of trying to meet Mr. Bousfield's views of establishing a provident dispensary in connection with our own and collateral with it. Unfortunately, when it was laid before the general committee, it was thrown out, and we were obliged to tell Mr. Bousfield that, under the regulations of the dispensary, at present we could not undertake to do so. But the initial difficulty in establishing a purely provident dispensary in the East End is to get people to insure against sickness; they will not do it.

4727. To get the population, you mean, to insure against sickness?—To get the poor to do so It is really like an insurance against ill-health or

Chairman—continued.

sickness; and the difficulty is to get them to insure themselves or their families against that. That is my experience. From my experience of the dispensary there, they would rather pay their 6 *d.* first and their 6 *d.* afterwards for each visit to their own home, or pay 3 *d.* to come to the dispensary than they would pay, say, 10 *d.* or 1 *s.* per family, or whatever the charges might be, to insure against a time of ill-health to come.

4728. Supposing a family is ill, and your resident medical officer visits them for 6 *d.*, is he allowed to visit three or four visits in the family?—No; he only sees one according to the rule; but if our resident medical officer went to them, he would use his own discretion, and if he found one or two laid up from the same disease he would prescribe for them, and they would come for medicine to the dispensary for the whole family. There would not be any hard or fast line drawn.

Lord *Monkswell.*

4729. You said "2 *s.* and a decimal" was the average cost of a patient; a decimal might be anything between 2 *s.* and 3 *s.*; you mean, I suppose, by that expression a small sum over 2 *s.*?—Yes; a very small sum over 2 *s.*; 2 *s.* 1 *d.* or 2 *s.* 2 *d.*

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 30° Junii, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
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 Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

Miss ELLEN MARY YATMAN is called in; and, having been sworn, is Examined, as follows:

Chairman.

4730. You were for a period of 18 months a nurse at the London Hospital?—Yes.

4731. And did you commence as a paying probationer or as a probationer nurse?—I commenced as a paying probationer.

4732. Would you kindly explain to us what a paying probationer is?—A paying probationer enters the hospital for three months; she pays 13 guineas for that time; she is at liberty to leave at the end of the three months if she wishes, or before, but the 13 guineas are deposited to begin with.

4733. The 13 guineas practically goes to pay for board and lodging, then?—I conclude so.

4734. Whereabouts, when you were in the London Hospital, were you lodged?—In the nursing home attached to the hospital.

4735. When you go from the nursing home to your ward do you have to go out into the open air?—No, not necessarily.

4736. How long is it after entering as a paying probationer before you are entrusted with regular nursing by the rules of the hospital?—I do not know what the distinct rule is as to when you are entrusted with a ward; I know what is done, but I do not know if there is any distinct rule as to time.

4737. But you said just now that at the end of three months you might leave if you chose?—If you were a paying probationer.

4738. But at the end of three months are you presumed to be a qualified nurse?—No, you are not presumed to be a qualified nurse until the end of two years.

4739. You can take up your duty as a paying probationer, or a probationer nurse; you are then under the sister of the ward; is that so?—Yes; you are under the staff nurse, under the sister.

Chairman—continued.

4740. Are the staff nurse and sister the same thing?—No; the staff nurse is under the sister.

4741. Then for a ward of 30 beds, do you have wards of 30 beds at the London Hospital?—There are some about 30.

4742. And what would be the staff in a ward of about 30 beds?—In the day there is one sister, two who are taking staff nurses' duty, one probationer, and one out-patient probationer; that is the rule.

4743. And the two staff nurses are supposed to be thoroughly qualified nurses, I presume?—The staff nurses are either certificated, or they are probationers who have been in the hospital; there is no regular time fixed which they must have been in the hospital, but it is as the matron chooses to appoint.

4744. Does that mean this: that you have the sister and you have two staff nurses, and those staff nurses are either certificated nurses, or else the matron considers them equal to the duties of certificated nurses?—That she considers them equal to taking charge of the ward.

4745. Now, are probationer nurses put into these wards only when they are duly qualified?—There is no distinct time laid down as to that; sometimes they may be put in a ward when they have been in the hospital for three, four, six, or eight months; sometimes not till later.

4746. Then who determines when they are fit to be in the wards?—The matron.

4747. Do you consider that sometimes unqualified persons are placed in responsible positions in wards?—Of course many times you are sent to take staff duty in a ward when you do not know anything about the work in that ward; I mean that you may be sent to take a medical ward when you have known very little about the work

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work in the ward. You may be sent when you have been in the hospital three months, or you may not be sent till you have been in the hospital six months.

4748. Therefore you consider that sometimes inexperienced nurses have responsible duties in the wards?—Very often.

4749. And do you consider that injurious to patients?—Certainly.

4750. Have you ever noticed any injurious consequences resulting from such a slack method of procedure?—Do you mean from having inexperienced probationers in charge?

4751. From inexperienced probationers being in charge?—I have known them very often do things for patients in an untrained way; in a way in which they should not be done.

4752. In fact, clumsy attendance?—Yes, clumsy attendance.

4753. But do you mean that it is more clumsy attendance that results than actual harm being done to a patient?—No; I consider that sometimes harm is done to the patient.

4754. And in many cases is recovery retarded thereby, do you consider?—Yes.

4755. I do not quite clearly understand as to this point: sometimes, in your experience, is the unqualified nurse or probationer ever left in actual charge of the ward?—Yes.

4756. Is that only when the sister and the staff nurses have gone to the operating theatre, for instance?—Or during the nurse's day off. But what I mean when I say that unqualified probationers take charge of wards, is that for a certain time they are put into a ward as staff nurse.

4757. You suffered very much in health, did you not, at the London Hospital?—Yes; most of the nurses did from being over-worked; they were generally over-tired and over-worked.

4758. And is that the reason why you left the hospital?—Yes; I left the hospital on that account.

4759. And did it take you some time to recover your health?—Yes, a long while.

4760. What was the nature of your ill-health?—I finally went off duty with a slight attack of blood poisoning, evidently from sewer gas.

4761. Were you treated in the hospital?—I was in the sick-room, the nurses' sick-ward, for nearly a week, and then I went home.

4762. And how long were you in the hospital as a nurse?—From April 1888 to October 1889.

4763. That is to say, about 18 months?—Yes.

4764. And you did not resume your nursing occupation?—I have not resumed it since.

4765. Were there any other cases of illness besides yours?—Yes, a good many cases of illness.

4766. What was the nature principally of the malady?—At the time that I was ill several of the nurses in the same ward were ill; they went off duty at the same time, with the same illness that I had; they had sickness and were ill.

4767. That is in your particular ward?—That is in that particular ward at that time; but I have known many other cases.

Chairman—continued.

4768. Does that point to that particular ward of yours being in a very unhealthy condition?—I had complained to the sister of the ward that in the sink basins there was a great smell; two or three weeks before I was ill I had pointed this out; several other nurses had complained of the same thing.

4769. And were any steps taken, do you know, to remedy that?—I do not know.

4770. At any rate you were all ill?—Yes.

4771. And did it have an effect upon patients as well?—I had hardly time to notice whether it had any effect, because, of course, I went from the ward.

4772. Do you know whether that was the case in other parts of the hospital, or was it confined to your own ward?—No, it was the case in several other parts of the hospital. It was the case in the night nurses' quarters in the Grocers' wing, and in a sink outside the operation ward, in both which cases I pointed it out to the sister.

4773. But you do not know whether any actual results followed your pointing it out?—I do not know. I know that now the drains of the London Hospital are being put in order.

4774. Were there any fatal cases amongst the nurses?—At that particular time, do you mean?

4775. At that particular time?—Not when I was ill; but there have been cases of nurses dying.

4776. As the result of blood-poisoning, do you mean?—I do not know that it was always as the result of that. One had a poisoned finger and a sore throat; she died in a few days.

4777. How many nurses were there in your day at the London Hospital?—I think that, counting sisters, day nurses and night nurses, altogether there were about 160 or 170, but I am not sure as to the precise figure.

4778. And what number of them would be what you call certificated nurses?—A short time ago in the hospital there were 21 certificated nurses on day duty, and six certificated nurses on night duty; that is not counting sisters.

4779. That is 27 out of a possible 160 or 170?—When I said 170, I counted the sisters; but about 150, I believe, is the number of nurses and probationers in the London Hospital.

4780. Here is a book called the "Hospital Annual;" I do not whether it is correct or not, but this is what it says: "Nursing staff: matron with three assistants, two night superintendents, 19 day sisters; 220 staff and probationers nurses"?—I should imagine that that included the private staff as well, but I do not know.

4781. Perhaps that is not a question you are quite conversant with; at any rate, out of that number of 160 or 170 nurses, is that a fair proportion of certificated staff nurses, only 26 or 27?—I should consider not.

4782. How many wards are there?—There are, I believe, 53 what are called wards; some with as many as 20 beds.

4783. One ward is generally divided into four divisions or two divisions; these divisions are considered as wards when a staff nurse is at the head of them: it is called her ward, if she is at the head of this division of the ward. The whole four

Chairman—continued.

four divisions, or the two divisions, are superintended by a sister. Then there is a sister in charge of these four divisions, and then each division has a staff nurse?—It has a staff-nurse, or a probationer taking a staff nurse's duty.

4784. But I think you said that there ought to be a sister in charge of one of these divisions?—Of one of these wards containing four divisions.

4785. And there would be four staff-nurses in the entire ward?—Yes.

4786. One probationer?—Sometimes there were four to the entire set, sometimes two, sometimes three to the set. There is no fixed number of probationers.

4787. This is on day duty?—Yes.

4788. Are there any probationers in the out-patient department?—Yes; probationers on the surgical side.

4789. Were you ever an out-patient nurse?—Yes; I was an out-patient probationer.

4790. What are the duties of the out-patient probationer?—I was an out-patient probationer in the surgical part. At a quarter-past one the out-patient probationer went downstairs to the out-patients, collected all the things that were wanted at the dispensary and prepares any dressing; when the women and children went in to the surgeon, she had to go in and get them ready for him to see; and pass them on to the dressing-room, where the dressers were waiting to dress them. This generally took till four or five in the afternoon.

4791. From one o'clock?—From one o'clock. Then she puts all the things straight that had been used, and swept out the out-patients' rooms and went back to the ward to help in the evening work.

4792. What time was her work done in the out-patient department?—Sometimes at five, sometimes at six o'clock.

4793. Including the cleaning-out, and so on, she would have quitted the out-patient department by six o'clock at the latest?—I do not think I was ever after six; only a few minutes, if I was at all later.

4794. Did you say you had to take the fresh cases to the wards, for sometimes there would be out-patients who would have to go into the wards?—The porter takes them to the wards; you have to stay in attendance upon those who are being seen and dressed in the out-patient department.

4795. That has merely to do with the out-patient department; nothing to do with the ward?—Nothing to do with the ward; you are called out-patient probationer because you are in the ward for the morning and the evening, and you go to the out-patients during the afternoon.

4796. What time does a nurse appear in the ward to begin her day's work; a day nurse?—At seven in the morning.

4797. Where does she breakfast?—She has had her breakfast.

4798. Where does she breakfast?—In the dining-room of the nursing home.

4799. Then her duty goes on from seven till, in your case, one, as out-patient nurse; and at what hour do you dine?—At a quarter to one.

Chairman—continued.

4800. And then you go to the out-patient department at once?—Yes.

4801. And there you stay 'till six, and at what time do you have tea or the next meal after dinner?—You have tea when you go back to the ward; in the ward.

4802. That is rather a movable feast; it may be five or six?—It may be any time in the afternoon when you can get it.

4803. You have it in the ward?—Yes, in the ward.

4804. After that what other meal have you?—Supper at 20 minutes past nine. A nurse is two hours off duty though in the day.

4805. I was coming to that; what time do you have for recreation or rest?—The out-patient probationers as a rule are off duty from 10 to 12. Nurses are all supposed to have two hours off duty during the day.

4806. Do you consider that the staff which you have told us is provided for a ward is sufficient for the purpose if that ward is full?—No, the work has to be hurried over with that staff of nurses.

4807. Then is the number of beds in the ward on occasions ever in excess of the number you have told us of?—Yes; there are very often extra beds in a ward; there are generally extra beds during the take in.

4808. What do you mean by "the take in"?—When the patients come; each surgeon or each physician takes in, in rotation, all fresh cases coming to their ward.

4809. But when there is an increased number of patients admitted into a ward, are there no extra nurses put on?—Not necessarily. In one ward where I was there were at one time 19 patients; the number of beds in the wards, as a rule, was 15; but there were 19 patients on that occasion; I was the out-patient probationer, assisting the nurse, and there was no extra help sent in; when I was away on evening or other duty, till nine o'clock, there was no extra help sent for the nurse; she had 19 patients.

4810. And supposing she wanted to leave the ward for some reason or another, what must she do?—She must ask the nurse in the next division of the ward to help her, or she must stay in her ward.

4811. There is an open communication between these divisions, is there not?—The two-division wards are straight; the communication is an arch in the middle. The other wards run side by side, and have two arches in the ward; that is the shape of some; others are different; the Grocers' Wing shape is different again. There is no distinct rule about that.

4812. But if this is the case, in the event of the nurse being obliged to leave the division for some reason or another, could the nurse in the other division hear if any patient required her, do you think?—It depended upon where she was in the other division. At the long end you could not hear. I do not think she could hear in the two-division ward; you would have to ask her to come into your ward and stay there.

4813. In doing that she must leave her own section of the ward?—Exactly.

4814. With regard to the food of the nurses, you

Chairman—continued.

you breakfast before you go into the ward, you have told us?—Yes.

4815. That takes place in the nursing home?—Yes.

4816. What do you have for breakfast?—Bread and butter, tea, or coffee, and eggs, or sardines, or ham; that is the sort of thing; one thing every morning.

4817. Good on the whole?—No, not at all good.

4818. The butter good?—Sometimes.

4819. The milk good?—Unless it is sour, it is good.

4820. An important reservation. And then you go on on that till dinner time. Now, supposing that the food was very bad, that the butter was very bad, or the milk was very bad, what steps would you take; would you complain?—I do not think nurses as a rule complain; they talk to each other about it; and the sisters knew, as a rule, and acknowledged that the food was not good.

4821. But was there no definite channel through which to complain to the administration?—I suppose the correct thing was to complain to the home sister.

4822. With what result was any complaint made to her?—There was no result.

4823. When the food was bad, you did not complain because you thought it was no use?—Yes.

4824. Now, did you have to find your own crockery?—Not in the nursing home; but if the nurses on night duty have their meals in the wards, they have to provide for themselves anything they want.

4825. You said you considered it no use complaining of the food?—No; in the case of any one that did complain there was no result.

4826. Then, as regards dinner, the dinner which takes place at a quarter to one, and which you have a quarter of an hour to eat ——?—You have half-an-hour: you are not supposed to be back in the ward till ten minutes past one.

4827. The out-patient nurse ought to be in the out-patient department at one, you said?—It began at one, but the nurse did not require to be there till ten minutes past one.

4828. What did you have at dinner?—Some kind of meat and pudding, as a rule.

4829. Where was that distributed; in the home for nursing?—Yes; in the dining-room.

4830. Who presided at that dinner?—The home sister.

4831. Was the home sister a housekeeper?—Yes.

4832. She had nothing to do with nursing?—No, she had nothing to do with nursing.

4833. Who carved?—She did, generally.

4834. Did she dine at the same table?—No.

4835. Where did she dine?—She dined in the sisters' dining-room.

4836. Who presided there; the matron?—I do not know.

4837. Now, was the meat good, as a rule, at this dinner?—Not at all.

4838. Was it well cooked?—No; it was very badly cooked and very badly served.

4839. But with all this bad food and bad cooking, could you not get any redress at all?—No; I do not think there was any organised request made, but I know there were many complaints made.

Chairman—continued.

4840. Were the complaints made to people in authority?—Sometimes the home sister was told; sometimes some of the other sisters were told.

4841. Then, supposing the food was bad, you had no alternative but to leave it?—No alternative but to leave it.

4842. And supposing your dinner was actually so bad that you could not eat it, there was nothing to replace it at all, I suppose?—No.

4843. Then the next meal after this was tea, which you have told us you got when you could?—Yes.

4844. And what was the nature of that meal, bread and butter?—Yes, tea and bread and butter.

4845. And also the same uselessness of complaining if it was not good?—We got it for ourselves, always.

4846. Where was the food provided from; was it done by contract, do you know?—I do not know about that.

4847. But is it paid for by the hospital and not paid for by the nurses?—No; it is paid for by the hospital.

4848. Do the nurses find any portion of the food; do they find their own tea?—No; that is provided by the hospital. Very often nurses do buy things for themselves, but that has nothing to do with the hospital arrangements.

4849. Was the tea good?—You mean the actual tea? I do not think we found anything much the matter with that; some of them said it was bad; I never disliked it myself.

4850. Then the nurses; I am not speaking of the paying probationer, because she pays so much a week, I understand you to say, for board and lodging?—Yes.

4851. But the nurses are boarded and lodged and paid a salary?—Yes; they are paid 12 *l.* the first year, and 20 *l.* the second year, probationers.

4852. What is the highest wage of a nurse, going on from 10 *l.* to 20 *l.*, and so on?—I do not know what a staff nurse's wages are.

4853. Now, as regards the night nurses, when do the night nurses come on duty?—At 9.20 p.m.

4854. And what are their duties?—Their duties are attending to the different patients during the night. They have to feed patients that require feeding; take every four hours any temperatures that have to be taken; sponge fever patients every four hours; do any fomentations; all those things, and give medicines. That goes on during the night.

4855. Do they have to take the temperatures of all the patients when they first go on duty?—No, that has been done by the day nurse; but fever patients require their temperatures taken oftener.

§ 4856. Now, do the night nurses have any meals before they go on duty?—They have a meal at 10 minutes to 9.

4857. That is their breakfast, you may say?—Yes, it is like a breakfast; they have tea or coffee,

Chairman—continued.

coffee, and bread and butter, a herring or sardines, or some stew.

4858. Then, how do they get on during the night?—They take something away with them; I mean, they take an egg or a slice of bacon, or a slice of cold meat.

4859. What do they take it away in; how do they convey it?—In anything they bring, or a plate; they generally bring a plate, and take it away.

4860. Is that plate their own property?—Sometimes; sometimes they take it away in their own plate, but not as a rule.

4861. Do they have to find their own spoons, or knives and forks, or anything of that sort?—If they take their meals out of the nursing home, they do.

4862. The night nurse, of course, cannot have her tea anywhere except in the ward?—No, she cannot have the meal that she takes in the middle of the night anywhere but in the ward; and therefore she must provide these things.

4863. How does she arrange about the butter, or how do all the nurses arrange about the butter?—They have butter given out to them twice a week, and they take their butter in their own butter dish.

4864. Is that beyond what they get in the home for nursing?—They do not get any butter besides that.

4865. Then every time they go to the ward, and from the ward to the home, they have to carry this butter backwards and forwards?—Yes.

4866. Who provides the butter dish?—They do, if they want one.

4867. But they must have something to carry the butter backwards and forwards in?—Certainly.

4868. They have this meal, this movable feast in the night; they boil their tea, I suppose, at the ward fire?—Yes, they make their tea at the ward fire, and cook anything that has to be cooked at the ward fire.

4869. Are there any arrangements for cooking; is there any ward kitchen?—Sometimes there is a lobby in some parts of the hospital; the four divisions have a middle lobby; in others there are only the ward fireplaces.

4870. Have they fireplaces on purpose for anything; frying their bacon and so on?—They are open fireplaces, as a rule. In the old-fashioned part of the hospital they have ovens, one on each side of the fire.

4871. That takes us on to the middle of the night; when does the night nurse go off duty?—At 9.20 a.m.

4872. And when does she have dinner?—She has dinner at 10 o'clock in the nursing home.

4873. And then she goes to bed, does she?—In summer she gets to bed at 11; in winter at half-past one.

4874. And then she does not come on duty again till 9.20 in the evening?—No.

4875. And is she given the same two hours for going out for recreation as the day nurses have?—In summer she has from half-past six to half-past eight when she can go out; in winter from half-past ten to one.

Chairman—continued.

4876. Now the principal duty of the nurse is, of course, watching patients in the ward; what else has she to do besides that; you told us the list of her duties; has she to wash patients also?—Yes.

4877. When does she begin doing that?—It depends how many patients she has to wash what time she sets to work. In many cases I have known the adult helpless patients begun to be washed about four in the morning. The children are begun even earlier. The breakfast hour is six o'clock, and just before or after the patients who can wash themselves have their water given them to wash. But this must be all cleared away by seven o'clock; then the day nurses come on duty.

4878. The breakfast you have spoken of is for the patients?—Yes.

4879. What is the staff of night nurses for each ward, in the wards that you knew?—In the children's ward, which contained 53 cots, in two divisions, there was a staff nurse to each division, and a probationer to help them both.

4880. That is two persons in each division?—No; one and a half in each division, as it were; the probationer is between the two nurses, a probationer to help both.

4881. As far as your experience goes, is that staff always provided?—As far as my experience goes there was always a staff nurse in each division of the children's ward, and one probationer between the two.

4882. In your experience did you find that sufficient?—No, not at all sufficient. It obliged one to begin washing and feeding the babies very early. The babies required to be fed in the middle of the night, and so they were washed then to economise time; and the other children were woke about four o'clock; they had their breakfast given them, and then were washed. The children did not mind it so much as the adult patients, but the adult patients often complained very much of being woke so early. Of course it was of great importance to some of them to go on sleeping.

4883. Then suppose there was one probationer between the two divisions of this ward, the probationer was kept pretty well on the run the whole night?—Yes; all of us were.

4884. Including the staff nurses?—Yes.

4885. Were you ever left in charge of a ward as a probationer?—I was a probationer for all the time that I was at the hospital.

4886. But were you ever left in charge as sole responsible nurse?—Yes; I had charge of a division of the two divisions of the women's medical ward when I had been in the hospital three months; of the four small wards named the Davis Wards when I had been in the hospital about 10 months; and of the children's ward two months before I left the hospital.

4887. When you were left in charge of these small wards were there any assistants?—No; but then there were only 13 patients altogether in those four small wards.

4888. But then, say that they were equally divided, you would have three in each ward, we will assume; you could only be in one ward at the same time?—The nurse generally sat outside all the

Chairman—continued.

the wards, and then you could hear anything that happened in each ward.

4889. Was there any provision for warming that passage?—No, none.

4890. Was it ever very cold?—Sometimes it was very cold indeed, and very uncomfortable.

4891. What more assistance would you have liked there; that is to say, to carry on the business of the ward properly?—In that ward I always found it possible to do the work if one worked hard; but in the other wards, where one had double that number of patients, the assistance that was given was quite inadequate.

4892. Did you ever complain to anybody about that?—I told the sister it was impossible to do the work with only one probationer to help both staff nurses.

4893. What did she say to that?—She said it was very little, and that the work was very hard.

4894. But now, did not any of the surgeons or physicians consider that that was an inadequate staff of nurses?—I do not know that they inquired into it.

4895. But supposing that cases were retarded in their recovery because of the smallness of the staff, would not the surgeons or physicians have discovered it?—They would, no doubt, have inquired of the sister what was the reason.

4896. And then would not the sister have told them she had not enough assistance to look after these patients?—I never knew a sister do so; but then, of course, they did not speak to the probationer about what the surgeons said to them.

4897. Do not you think it would have been the duty of the nurses to complain to the surgeon or physician that the staff was insufficient, and that they could not do justice to the patients?—Yes, I think it was. Probationers, however, are not supposed to do that sort of thing; if they say anything to the sister, the sister is supposed to do it.

4898. Do you know of any instances where insufficiency of nurses has led to bad results, speaking from your own experience of 18 months of nursing?—I know of several instances where I consider it certainly did lead to bad results. Of course this was not brought before the authorities and nothing was said about it; but I certainly consider that in several cases the patients suffered very much.

4899. But then, do you know what the system of supervision was; the head person was the sister, I understand?—The head person of the ward was a sister.

4900. Did any of the lay governors go round; there is a committee, I think?—Yes, there is a committee.

4901. Did they ever go round the wards and endeavour to find out whether there were any complaints?—I was never asked anything by any of the committee. I know occasionally they visited, but of course I did not know whether they were the committee or not, when they came in. There were visitors sometimes, and sometimes I have been told that it was one of the committee.

Chairman—continued.

4902. Do you know of any cases in the children's ward that you spoke of, with 53 cases, of great inconvenience occurring to the children from the insufficiency of the nursing?—Very often the children could not be attended to as they should. If they were crying and requiring attention you could not give it. In one case I remember a child who had had its eye excised crying bitterly all night; when it was taken in the nurse's arms it stopped; of course the crying inflamed the eye. Then, on another occasion, I remember there were two children who had had operations for hare-lip performed, and that is a case in which it is very important that the children should not cry. These children did cry unless they were walked about with. The nurse spent a great part of the night in walking about with them, and the work, of course, of the ward was thrown back by this. The probationer next morning told me that the sister said, "Then, nurse, they must cry," as there was no special nurse sent. A special nurse was sent for a few hours the next night, because the night sister told me she had said it was impossible to do without; but this was only continued for about two nights.

4903. When you went to the London Hospital, how did you first get introduced there; was it by seeing an advertisement in a newspaper for nurses or paying probationers that you went there, or how?—Long ago I went over the London Hospital, and when I wanted to go as a nurse, about six years ago it was, I wrote and gave as a reference Mrs. Hutchinson. Dr. Hutchinson was then one of the head surgeons at the London Hospital. I gave Mrs. Hutchinson as my reference and was accepted as a paying probationer. I was there three months six years ago; but I only stayed the three months and left. Then I came back again in April 1888 as a paying probationer again, because I wished to complete my training.

4904. You do not know what is the highest salary that would have been given to you if you had stayed on in the hospital?—No, I do not.

4905. You do not know if there is any system of pension for nurses, or provision for them if they are ill?—I know nothing about that.

4906. Have you been able to form any opinion whether the system of paying probationers works well?—I think that there are too many paying probationers in the hospital.

4907. What leads you to form that opinion?—Paying probationers, as a rule, only stay for three months; it therefore means a constant influx of new probationers, untrained women who know nothing; these, of course, give a great deal of trouble in the wards, and very little assistance.

4908. But then, as a rule, do not these paying probationers stay longer than the three months?—No, not as a rule; they may stay six months, but very many leave at the end of the three months; some are accepted as regular probationers if they wish to stay on.

4909. Do you know whether they have left that particular hospital to go to another one?—A great many of them did.

4910. You know of cases?—I know of cases where they did; several of them told me they were

Chairman—continued.

were leaving the hospital because they did not care to complete their training there.

4911. Then with regard to the other probationers, the probationer nurses, the officials who are paid?—The regular probationers do you mean?

4912. The regular probationers; were they a good stamp of women?—A good many of them were very nice, but of course they came in totally ignorant.

4913. Is great care shown in choosing nurses?—I have had no opportunity of judging that.

4914. Of course everybody must learn their work to begin with; but would it improve matters if you had a larger number of trained certificated staff nurses?—Certainly, I think it would improve matters very much.

4915. In what degree would you like to see them increased; one to each division, for instance, or two to each division?—I do not think that any probationer who has not been at the hospital for a year ought to be put on staff nurses' duties. That is the rule in a great many hospitals, that until they have been in the hospital a year, and learnt something of medical and surgical work in day and night duty, they are not put in charge of a ward, though they are sometimes put in charge of several beds under a staff nurse; they are not responsible.

4916. Do I understand you to say that the bulk of the nursing at the London Hospital falls on the probationers?—Certainly.

4917. Even to the extent that they were sometimes the responsible people in charge of the wards?—Yes. Not long ago there were 20 probationers who had not been in the hospital a year, taking staff nurse's duty. You understand they are probationers for two years, but these that I am speaking of had not been in the hospital for a year.

4918. Now at the London Hospital is there a system of nurses going out to private houses?—Yes, there is a private staff of nurses.

4919. Do they ever do any work in the wards?—When they return from their cases, occasionally they are sent to the wards.

4920. Do you know whether, as a rule, they are pretty well employed, these private nurses, outside the hospital?—There are very few of them generally in the hospital.

4921. Now are those all certificated nurses?—There are very often probationers sent out to private cases.

4922. That is to say, that nurses are sent out to nurse private patients who are not certificated nurses?—They are.

4923. Do the nurses in the wards have to perform any cleaning duties?—Yes; they do everything; they do not scrub the wards, but they sweep the wards and dust them, and clean the tins very often, and brass things.

4924. And the crockery?—And the crockery.

4925. Supposing a nurse breaks the crockery, what then; is she answerable for it?—No, the sister is answerable. The sister, I believe, has a certain sum of money, known as crockery money, with which she replaces any broken crockery.

Chairman—continued.

4926. Then the nurses do not do any of the cleaning of the fire-places, or anything of that sort?—They do not clean the fire-places.

4927. What sort of light have you in the wards?—Gas and lamps. They have to clean the lamps, and to clean and polish inkstands, and that kind of thing; the night nurses do that.

4928. When do they do this; during the time they are supposed to be looking after the patients?—Yes, they do it in the middle of the night. As a rule, the probationer, if there is a probationer in the ward, does it, cleans all the lamps and the inkstands used in the ward.

4929. Then are there any books allowed in the wards for night nurses?—They may take books in, but it is hardly ever that anyone has time for reading any book in the ward.

4930. They are not provided by the administration?—No, not that I know of. There is a library that nurses can get books from; there used to be one in the chaplain's room always; and there is a medical library for nurses from which you can borrow books.

4931. What is the supervision at night; is there a night superintendent?—There are two; two sisters who each take half the hospital, and are supposed to visit it, and do visit it, three times every night.

4932. Each ward three times?—Each ward three times.

4933. And when you were a nurse in your ward you continually saw this sister?—She came three times during every night.

4934. At regular hours?—No, not at regular hours.

4935. Do you consider the London Hospital to be overcrowded?—I consider that the wards are very often overcrowded. I see from the report that there are 776 beds, and the average number of patients last year I see was 622; the year before 640. This, of course, shows that the hospital itself was not overcrowded, but in many cases the wards were overcrowded.

4936. Are there particular wards for accidents?—There are particular wards for men's accidents and surgical cases, and for women's accidents and surgical cases, and children's too. The accidents and surgical cases, as a rule, are in the same ward.

4937. There are a very large number of accidents in that part of London we heard the other day; so that it might occur, might it not, that your ward might be one week very much overcrowded, owing to a very large number of accidents coming in, and another week it might not be full?—No, not necessarily always full, but it might be very much overcrowded if your surgeon was taking in; but, as a rule, the surgical wards are not so overcrowded as the medical wards.

4938. Do you yourself understand the system on which patients are taken in?—I believe I do. There are five visiting surgeons and five visiting physicians; the physician's take-in goes on for a week, so that in the course of five weeks each physician has taken in to his beds.

4939. He fills up his own ward first, and then fills up others; is that so?—No. I think they hardly

Chairman—continued.

hardly ever fill up any other with a new patient. Sometimes a convalescent is sent in to lodge, as it is called.

4940. Then as regards the linen in the wards, is there a sufficiency of linen and towels, and so forth?—No; there certainly is not a sufficiency of linen in many of the wards. The patients are not provided with towels at all; they provide their own. There is one round towel generally in a ward; this is hung up and used for drying their hands on, as a rule.

4941. But a great many patients possibly may not be able to get out of their beds; what do they do, because they cannot get to this towel that is hung up?—No, they provide their own towel; if they have none you must find something for them; if they cannot provide it you get the round towel and use it for them when they wash themselves or when you wash them.

4942. Supposing there is no towel, have you ever seen a case of drying a patient with a sheet?—I have heard of it; the nurse told me she had been obliged to do it, but I have never done it myself.

4943. Possibly this round towel might be used by 25 people?—Hardly as many as 25, although it is used very often by many of them, because some of them would be certain to provide their own towels.

4944. How often is that round towel changed?—In some wards once a week; in others twice a week.

Lord Archbishop of Canterbury.

4945. Have the night nurses for their day 12 hours on, and 12 hours off, viz., from 9.20 in the morning to 9.20 in the evening; have they the whole of that time for recreation and rest?—The work of the night nurses is 12 hours; but when they go off duty at 9.20 in the morning they have to do their own rooms; at 10 o'clock they go to dinner; then they have their time for recreation; then they go to bed. They have that time for recreation except on two nights in the week, when there is a lecture on one night and the class they have to attend on the other.

4946. They are not called upon to do any more hospital duty till 9.20 in the evening?—No.

4947. How would the authorities know whether anything went wrong; when the probationers complained of being so uncomfortable how was that complaint to come to the authorities, only through the sister, or was she absolute authority; could she alter it?—The matron was the absolute authority in the hospital, and the committee of course.

4948. But about the meals; you said, I think, that the probationers complained to the home sister?—Yes.

4949. Could she alter it, or would any complaint made to her have to go further?—I should imagine it had to go further, but I do not know how far her power went in that matter. I should think that she had a certain amount of power over what she ordered, and the manner in which it was sent up.

4950. Was it supposed, amongst the probationers, that there was any reason why she should not use the power that she had or forward complaints that were made to her?—I know we often said, and I know I often heard it said, that if she complained too much it would not be liked.

Lord Archbishop of Canterbury—continued.

4951. But she did what she could within her own power?—I do not know; there was no alteration made during the whole time I was there.

4952. Was the food of the patients more satisfactory than that of the nurses?—The food of the patients was under quite a different regulation; it was on the whole good.

4953. Well cooked?—Yes, it was certainly well cooked on the whole.

4954. And sufficient in quantity?—And sufficient in quantity.

4955. Do you think it was ever too luxurious, as has sometimes been said in reference to some hospital?—No, certainly not in the London Hospital; there is no tendency to luxuries as there is in some hospitals, I mean chicken and that kind of thing; they are never allowed that; the doctors cannot order it. They have agreed to the rules I know.

4956. The patients are not allowed chicken under any circumstances, you said?—I believe not; I never saw it given.

4957. Did you see fish often?—Yes, they had fish.

4958. Freely?—When it was ordered; if fish diet was ordered for them they had it.

4959. Sick children, had they grapes?—I think visitors gave them some, but they were never ordered by the hospital; they never got them from the hospital.

4960. Does each doctor daily order what diet the patient is to have?—He orders it, and until further orders that diet is given to the patient.

4961. Is it written down?—It is written down on the patient's board, and there is a card stuck over their bed showing what diet they are having.

4962. And that is changed as often as the physicians or the surgeons desire that it should be changed?—Yes.

4963. Do you think that the patient always got the diet that was ordered?—The patient, I think, always got the diet that was ordered; but when nurses were ill I have known that that was not the case.

4964. The diet for the nurses is on a totally different system. If a nurse were ill was she attended to in her own room?—No; she was attended to in the nurse's sick room, a room in the nurses home for nurses who were ill to be sent to.

4965. Was that a room with beds?—Yes, with seven beds.

4966. Was there a day-room for sick nurses as well?—No; when they were well enough they were permitted to go into the ordinary sitting room.

4967. But when nurses were ill in the sick room, you think their diet was not supplied to them satisfactorily?—No, certainly not.

4968. It would not come from the hospital, but from the nursing home?—Yes.

4969. And it would be under the same control as the ordiarny meals of the probationers?—Yes.

4970. You

Lord Archbishop of Canterbury—continued.

4970. You think that was not good?—No, it was not good.

4971. Did the surgeon or physician order that they should have particular diet?—In some cases they did; in others they did not.

4972. Was it supplied when they did order it?—I have known it not supplied.

Earl *Cathcart.*

4973. But as regards the patients, you do not mean that they have special sorts of fare at all, but they have prescribed for them what is known as full diet, or half diet?—Yes, or if it was fish diet, or chop diet, or pudding or vegetables; any of those things were put down.

4974. I understood you to say just now that in one ward there were 19 patients and only 15 beds?—No; I said 19 patients in a ward, in which there was supposed to be 15 beds; four extra beds were put in for the purpose; but I have known more patients than that in wards.

4975. Did you ever know two patients to be put into the same bed?—Never.

4976. Did you ever know two children to be put into the same cot?—Never, permanently.

4977. You mentioned the acting staff nurse; now what service in the hospital might such an acting staff nurse have before she was so employed?—Sometimes they have only three or four months, sometimes six, sometimes eight months.

4978. You mentioned just now the evils of being weak-handed as regards nurses; would you kindly specify what some of those evils are; for instance, mixing the medicines; did you ever know medicines to be mixed, that is to say, that one patient gets the medicine intended for another?—I have known such a thing done; but that of course was carelessness on the part of the nurse, because each patient's medicine is put in his own locker.

4979. But still, the mixing of medicines is sometimes caused by hurry and overwork?—Yes, I have known that done.

4980. But it would have a very bad effect indeed on the patient, would it not, if medicine was given to a patient which had been prescribed for another patient under totally different circumstances?—Fortunately in that case it was not so; it was not a medicine which would do any harm.

4981. But that was more good luck than anything else?—Yes, that was good luck.

4982. Then as to the clumsy attendance that you spoke of; is that the result of hurry?—That is the result of hurry and inexperience.

4983. Then the hurried dressing causes pain, does it not?—Yes.

4984. And have you known pain so caused and complained of in consequence of hurried dressing?—I have known the patients say, "Do not be in such a hurry, nurse, you hurt me."

4985. Do many of the probationers break down during the first few months of their service in the hospital?—A good many do.

4986. In how many months; probably in the first three months?—During the first three months, not many I should say; after that they begin to break down more.

4987. And how long do you give a nurse to be acclimatised; how long does it take her to get so accustomed to it that she can go on without feeling any ill effects?—Sometimes after they have been there nearly two years they seem to get more accustomed to it, but sometimes, on the contrary, they get worse and worse.

Earl *Cathcart*—continued.

4988. You will pardon my asking you if you intend to go on nursing again in a hospital?—I am not sure; I have not made up my mind on that subject.

4989. But have you an inclination that way in case your strength is restored, as I hope it may be?—I should like to do so very much indeed.

4990. May I ask whether you are doing any nursing now?—I am not.

4991. Have you ever in your experience known an occasion for calling in men nurses into the ward?—You mean having a male attendant?

4992. A male attendant?—Yes, I have known a male attendant sent to a man who was in the padded room; and a male attendant is occasionally sent for in other cases; a policeman watches a suicide case, and a male attendant is sometimes sent for in a case of delirium tremens, I believe, but I was never in a ward where that took place.

4993. So far as you know, are the male attendants men of satisfactory character and capacity?—The only man I had knowledge of was very ignorant; he said he had never had charge of a case of the kind before; and a nurse, who at one time had had charge of this ward, said that she had great trouble with a male attendant who was there.

4994. Was he a man out of the streets, or a man out of the hospital?—I do not know where he came from.

4995. When the male attendant is there, is the nurse always present as well; the male attendant merely came to restrain the patient, I suppose?—If the patient is in a common ward, of course the nurse of the ward is in charge of all the other patients in that ward, and is, to a certain degree, responsible also for the patient who is in the charge of the male attendant.

4996. Is it within your knowledge that very great art on the part of a male attendant is required in restraining refractory patients?—I cannot tell that, as I only had experience of one case for three days.

4997. Did none of the ladies and gentlemen who visit the hospital come into your room at the dinner hour to ask if the dinner was satisfactory?—I have never seen one come in for that purpose; I have known a member of the committee come in; I have never myself seen one come in, but I have been told that they came in

4998. You have never known such an expression as this, "Well, nurses, are you well satisfied with your dinner; are you getting on nicely?" used by members of the committee of the hospital, or ladies or gentlemen visiting the hospital?—I am told that members of the committee have come in and have asked if this was the dinner, and asked one nurse if she had had enough. The nurse next her told me that she said she had had enough, but she added that she herself would have liked to have got up and said she had had

Earl *Cathcart*—continued.

no dinner; but having only been in the hospital a few weeks, she did not like to do so.

4999. Then the ladies or gentlemen do not take much pains to find out whether the nurses are well cared for in this matter?—I have never known a lady or gentleman who visited the hospital come into the nurses' dining room.

5000. Nor any of the medical gentlemen of eminence connected with the hospital come into the nurses' room at the dinner time?—No, I never heard of it.

5001. So far as you saw, were the probationers nice and well-conducted people, such people as you would like to associate with?—Yes.

5002. So far as regards their moral character and education, I mean?—Yes. Some were uneducated; of course there were all kinds of social degrees in the hospital, but on the whole I should say they were nice women.

5003. And they were a happy family, and got on well together?—Most of them got on very well together.

5004. You had not disputes among yourselves in the rooms which you had in common?—No, not as a rule.

5005. Now you mentioned very filthy towels, that one towel was sometimes used a week by all the patients in a ward, sometimes for half a week. Now in these days when the bacillus is rampant, is there no danger of conveying infection from one patient to another by using these towels in common?—I should think it was a very dangerous thing to do.

Earl of *Arran*.

5006. I think you mentioned that the patients always received the dietary that was ordered by the physician, but that in the case of the nurses it was not so?—Yes.

5007. Now would not a nurse who had nursed the sick be taught by her own experience how necessary it was that she should receive the diet ordered for her, and see to it for herself if she did not get it?—I do not see how she could see to it for herself.

5008. The next time the physician visited her could she not complain?—In the nurses' sick room it is only the house physician, as a rule, who visits.

5009. But even to him she could make a complaint, could she not?—She could; I never knew one who did.

Lord *Zouche of Haryngworth*.

5010. In your opinion was there much waste of the food supplied to patients or nurses?—I think there is a great deal of waste of the food supplied to the nurses, because very often they do not eat what is put on their plates; the plates are very often sent away with the food uneaten.

5011. What becomes of it?—I do not know what becomes of it.

5012. Have you any experience of milk and such things being thrown away?—I think that the system of giving each a patient a certain amount of milk certainly wastes a great deal of the milk, but I do not know of other things to which that applies.

Earl of *Lauderdale*.

5013. I did not quite understand the method by which you were admitted to the hospital. You said you got an introduction through Mrs Hutchinson some years ago?—No, I wrote to the matron, and asked if I might be admitted as a paying probationer, and the regulations of the hospital were then sent to me, in one of which it says that you must give two references, to whom the matron writes for a reference. One of my references was the clergyman of my parish; one was Mrs. Hutchinson.

5014. The matron is the authority that finally admits you to the hospital, I presume?—I presume so.

5015. Was there no means of carry your complaint as far as this matron; could you not make your complaint direct to her, she being the person who engaged you, in a sense?—Well, I suppose I might have gone to her of course, but I think most of us thought that it would be no use.

5016. But did any nurse ever make a complaint in writing?—I wrote last autumn when I was ill; when I had left the hospital I addressed the matron; when I left I wrote and gave as one of my reasons for not coming back the various complaints I had to make.

5017. Have you received any reply?—I received a reply from the matron saying that she regretted that that was the result of my comparatively short hospital experience, and that the matter should receive her attention.

5018. Is that all you have heard from her?—Yes.

5019. Have you ever heard of a nurse making a complaint when she was actually in the hospital, in writing?—I do not know of any nurse who wrote the complaint to the matron while she was in the hospital.

Lord *Thring*.

5020. With respect to the classes of nurses, I understand that the classes are as follows: probationer nurse, staff nurse, sister, matron?—Probationer, staff nurse, sister, matron.

5021. Then is there nothing between the probationer and the staff nurse?—No.

5022. What I understand you to charge against the nursing is that the probationers were employed as staff nurses before they had been sufficiently trained?—Exactly so.

5023. Then with regard to the food of the nurses, I understood you to say that you got nothing to eat between, I think, seven o'clock in the morning and one o'clock in the afternoon?—Unless you ate anything in the ward.

5024. But you were not supplied with any meal between those hours?—You were not supplied with any meal between those hours.

5025. Were you supplied with any food?—You kept your bread and your butter and your tea in the ward.

5026. Which you might use as you liked?—Which you might use as you like.

5027. Then between one o'clock and nine o'clock you would again have nothing supplied you, except what you kept in your ward?—Exactly.

5028. Do you or do you not consider that a proper mode of feeding nurses?—No, I consider that meals in the ward ought not to exist at all.

5029. Then

Lord *Thring*—continued.

5029. Then with respect to the insufficient nursing, I understand you to charge, not only that the nurses were not experienced, but that their number was not sufficient?—Yes.

5030. What number do you consider would be the proper number to a certain number of beds; in other words, how many beds can a nurse attend to, in your opinion, properly?—It differs so much; it depends upon the character of the cases she has in the beds; sometimes 13 patients may not give you so much trouble as eight patients of a different character of cases.

5031. The nurses ought to be distributed according to the nature of the ailments, in your opinion. I mean can you give me any idea of the average number of beds, or how many patients a nurse ough to superintend?—I have never studied the subject enough, and I do not feel competent enough to tell you how many; of course I can tell you how many there are in the hospital, and that it is impossible to do the work with that number; I do not feel competent to go further than that.

5032. Are the patients at all classified with a view to the nursing, so that if they should require more nursing they shall have it?—Sometimes a special nurse is sent to a tracheotomy case for instance, or a case that requires constant watching.

5033. That is scarcely an answer to my question. You say that certain sets of patients or certain diseases require more attendance than patients, or than other diseases, and that seems reasonable. I want to know whether you consider that in the London Hospital patients are classified with a view to the nursing that they require?—The patients are classified in this way: surgical and accident cases in one ward; medical in another, and so on.

5034, Do you consider that classification a good one?—I have never thought of that.

5035. At all events, you say that when you were in the London Hospital the nursing was very insufficient, both as regards the competency and the numbers of the nurses?—Just so.

5036. Then with regard to over work, I understand that a nurse works 12 hours with an interval of two hours?—No, a day nurse is on duty from seven in the morning till 20 minutes after nine at night; she has half-an-hour to do her room, two hours off duty, and half-an-hour for dinner; that makes a total of 12 hours or 11½ hours work,

5037. Do you consider that too much for a nurse?—Yes, much too much work; they are always complaining of being over-worked.

5038. With respect to menial duties, do you mean that she works as a housemaid?—No; she merely makes her bed, and dusts her room.

5039. Not scrubs it?—No.

5040. Have you no menial servants to scrub the room?—There are servants in the home who do that part of the work.

5041. Then I understand you to say that the nurses clean the wards in some respects?—They sweep and dust the ward, and they sweep out the sister's room, and make her bed, and do everything that is required for her.

5042. Then the nurse not only sweeps the ward, but also cleans the sister's room?—Yes.

5043. In other words, the nurses perform the duties of housemaids to a certain extent?—Certainly.

5044. And do you consider that a proper mode of employing nurses?—Of course it makes the work of the nurses a great deal harder, and takes them away from their nursing duties sometimes.

5045. In fact they are doing menial work or non-nursing work, I may call it, when their time ought to be fully employed by nursing work; they are employed in cleaning the room, in other words, when they ought to be employed in nursing patients?—Yes, certainly; if they had not that to do, they could give much more time to the patients.

5046. What holidays have the nurses?—A day once in a month, from 10 in the morning to 10 in the evening, and a week once in six months.

5047. But no more?—No more.

5078. Then with regard to the early hours, I understand you to say that the children are roused at four o'clock?—All the children at four, but the babies have very often been washed before that time.

5049. And then the adult patients?—The helpless adult patients are very often washed at 4 o'clock in the morning; sometimes they are begun then, but they are all roused up for breakfast by 6 o'clock. But I know this is the case in many other hospitals besides the London.

5050. But then the facts are that all the patients in the hospital really are roused always during what is commonly called the night?—Yes, certainly.

5051. And 6 o'clock being the latest hour?—Six o'clock being the hour for breakfast; they must all have their breakfast then; all of them must have been washed before then.

5052. What time are the lights turned down in the wards?—The lights are turned down at 8 o'clock.

5053. Then in the summer they go to bed at 8 o'clock, and have their breakfast at 6 o'clock?—Yes.

5054. And in the winter the same?—Yes; but of course the house physicians and house surgeons pay their visits much later than 8 o'clock, so that a patient may be roused from his or her sleep at 11 or 12 in the night.

5055. Do you consider that a desirable mode of dealing with patients?—It causes them great suffering very often, and makes them restless for a great part of the night.

5056. Then with respect to the complaints, I understand that the matron is head of the whole of the nursing system in the hospital?—Yes; she has the management of all the nurses.

5057. Has she the complete management of the whole of the nurses?—Yes.

5058. Can you tell me whether a complaint from the matron goes to the committee, or whether it goes to a permanent officer, such as the treasurer?—I do not know where the complaints go from her.

5059. You do not know whether she is subject to any permanent officer?—No; I do not know.

Lord *Thring*—continued.

In the report it says, that, subject to the approval of the house committee, she can dismiss or engage nurses.

5060. As a matter of fact, I understand you to say that although the food was bad, and the nursing deficient, and the various causes of complaint arose, no complaints were practically attended to?—No complaints were practically attended to.

Earl *Spencer.*

5061. In speaking of the night nurses, I am not sure whether you said that they are ever taken to day duty, or that they always remain at night duty?—A regular probationer is three months on day duty and then three months on night duty.

5062. Then for three months are they continuously on night duty, or have they off nights?—They have the same as the day nurses, about one day in a month.

5063. With regard to cooking or taking meals in a ward, I suppose you would like to see the nurses relieved when the time for the meal in the ward came round?—Yes.

5064. Did you mean in your evidence to say that the night nurses sometimes cooked even bacon in the ward?—Very often.

5065. Naturally, that causes a smell through the ward?—Yes.

5066. And is bad for the patients?—It is bad for the patients, certainly, and it is a disagreeable thing to do in a ward.

5067. Where do the nurses keep their butter, and whatever else in the way of food they have to keep?—Generally, they keep them in a cupboard in the ward, or in the ice-box in the ward; but, of course, you must carry it about with you. Either you take it into your room, or leave it in the ward, or leave it in the cupboard; there is no special custom as to that.

Lord *Clifford of Chudleigh.*

5068. The nurses have two meat meals in the day, dinner and supper?—Dinner and supper; there is not always meat for supper.

5069. Not always?—No, certainly not.

5070. Your complaint is, therefore, that there is not sufficient meat given you, and also that it is badly cooked?—My complaint is that on night duty there is not sufficient food. On day duty there is certainly not sufficient supplied for supper; there would be sufficient at the other meals if it were eatable, but all the food is badly cooked and badly served.

5071. You said that most of the paying probationers left at the end of their three months; is that from their own desire, or is it frequently because the matron, or whoever the authority is, thinks that they are not making sufficient progress to be worth keeping for a longer time?—Sometimes it is for the one reason, sometimes for the other. Sometimes probationers come as paying probationers, with the hope of being taken on as regular probationer; they are told that they will probably be taken on as regular probationers if a vacancy occurs; and sometimes they receive the same answer at the end of the three months. I have known a case where a girl who wished to be trained made application,

Lord *Clifford of Chudleigh*—continued.

and she received this answer: that she could enter as a paying probationer; that there was no vacancy for a regular probationer; but probably at the end of the three months there would be a vacancy. At the end of the three months, when she asked if there was a vacancy, she was told, No, but that if she wished to go on paying, probably there would be one at the end of the six months. At the end of the six months she was told she must go unless she stayed on as a paying probationer. Paying probationers and regular probationers are entrusted with the same duties.

5072. Then you can be a paying probationer more than three months under those conditions?—You renew your agreement every three months, if you wish to continue it.

5073. And when you are a probationer nurse, do you make any agreement to stay for a certain time?—Yes; you must sign a paper to say you will stay two years.

Lord *Monkswell.*

5074. I understand that uncertificated probationers are sometimes in charge of a ward; do I understand that they are ever left in charge of a whole ward consisting of several divisions, and partitioned off from the rest of the hospital?—Sisters are sometimes made of probationers who have not yet received a certificate; I mean that they put probationers to sisters' duty, taking charge of a whole ward, say, of four divisions, when they have not been in the hospital two years, sometimes when they have only been there a little over a year, and when they have not received a certificate.

5075. Is every staff nurse bound to be certificated?—She cannot go away from the hospital and represent herself as a staff nurse unless she is certificated.

5076. But does she get staff pay in the hospital without being certificated?—No; she does not get staff pay, but she takes staff duty.

5077. Do the probationer sisters get the pay of regular sisters?—No; they only get the same pay as probationers, though they do the sisters' duties.

5078. Those, as I understand, are higher duties than those of the staff nurses. Are the sisters all certificated. They are not all certificated, because you have mentioned that probationers sometimes act as sisters?—They are not all certificated.

5079. Do the sisters get higher pay than the nurses?—No; they get exactly the same.

5080. Whereas, a staff nurse, to get the pay of a staff nurse, must be certificated; a person can be called a sister without being certificated, and get staff nurse pay?—No, only probationer's pay; all are probationers under two years, but they are frequently put in charge of divisions of wards as staff nurses before they have been there a year; and they are frequently given sisters' duties (which are higher, as you say), coming over all the nurses in all the divisions of the ward before they have been there two years.

5081. Then that sister may be over a staff nurse; she may be an uncertificated probationer, but

Lord *Monkswell*—continued.

but over a staff nurse who is certificated?—Yes, she may be.

5082. And sometimes is?—And sometimes is.

5083. So that an uncertificated probationer may be in charge of the whole of a ward, containing several divisions, blocked off from the rest of the hospital?—Yes.

5084. I understand that there are two hours overlapping of the duties between the day and night nurses, because the night nurses keep on till 9.20 in the morning, and the day nurses come at 7 in the morning; why is that?—The day nurses, when they come on duty at seven, begin by making the patient's beds, sweeping the wards, cleaning the various things required, such as jugs and basins, and the surgeons' tables and antiseptic bowls, and dusting the wards; and the night nurses are going on with their work, doing the 8 o'clock dressing, and attending to the sick.

5085. You say that what goes wrong is not generally brought before the authorities; do not the patients complain when they go out; do they not write letters of complaint?—They do not write to the sisters, or we do not hear of it if they do. I cannot say anything about that. I know they complain sometimes when they are in.

5086. To whom do they complain?—To the nurses.

5087. Not to the doctor?—No, they hardly ever complain to the doctor, because I have heard them say it would get the nurse into trouble.

5088. So that out of friendliness towards the nurses they do not say anything to the doctor?—Another thing is, that I am sure they think some of the things are necessary, for instance, rising so early in the morning; they think that that is the proper time, according to the rules, when the washing should be done.

5089. I suppose, at night, in any difficulty, the sister would be applied to?—You would send for her; you would get somebody to go for her.

Chairman.

5090. Does that sister sleep near the ward?—The day-sister sleeps near the ward; she has a room partitioned off near the ward; but then you do not apply to the day sister; you send for the night sister.

5091. She might be somewhere else?—And then we should have to send somebody to look for her.

5092. Have you formed any theory why the hospital authorities should give you bad food, and why the nursing should be insufficient; is it on the score of economy?—Of course it is more economical to nurse in a hospital with probationers, especially if some of them are paying fees to the hospital; it is more economical to nurse the hospital with them than it is with staff nurses and sisters certificated. But I cannot tell you their reasons; I only conclude that that is a reason.

5093. Have any of the evils that you complain of been redressed, to your knowledge, since you went away?—The drains, I hear, are being put to rights, but the food, they say, is exactly the same, and they say that the nurses are just as much overworked; that they are just as few, and that lately uncertificated probationers have been

Chairman—continued.

made sisters, that uncertificated probationers are in charge of the wards, and that the nurses are no better looked after.

5094. So that you believe the state of things that is now in existence is the same state of things that was in existence when you were there?—I believe so.

5095. I understand you that the sisters do nursing work?—The sisters superintend, and of course give help in cases where they can.

5096. Did you ever find the food so wanting in quantity that you provided food for yourself?—I often did, and so did many of the other nurses.

5097. But you paid 13 guineas for three months, practically for board and lodging?—For my first three months I paid 13 guineas.

5098. And when you made that contract, as it were, you supposed you would get a proper quantity of food in return?—I do not know that I thought about that to begin with, but one naturally concludes so.

5099. And into the bargain you expected to be taught nursing?—Yes.

5100. But there being this insufficiency of skilled nurses, do you consider that all people who go to learn nursing as paying probationers are able to get taught it?—No; I consider that sisters have neither time nor opportunity to give sufficient training, especially to those who are acting as probationers; the staff nurses must refer to them on certain matters; but the system of training paying probationers does not exist.

5101. Were all the nurses lodged in the home?—In the home, except the private nurses and a few other nurses, I believe, because the home was full. They have a few houses in Philpot-street, about five minutes' walk from the hospital.

5102. But that is rather, perhaps, an extraordinary case?—That is not the rule; the rule is that they are lodged in the nursing home.

5103. Now, in the nursing home, do the nurses have separate rooms, or is it on the barrack system, or cubicles, or what?—They have separate rooms.

5104. Now, in case of complaints about the food being insufficient, has it ever been suggested to you that the housekeeper fed the nurses, as it were, by contract, so much a head?—Yes; one of the nurses told me that she had been told that so much a head was allowed for the nurses and so much a head was allowed for the sisters, but that was not told direct to me; it was told me by a nurse who had been told so.

5105. But you cannot verify that statement?—I could not verify that statement, but I believe it to be perfectly true; she said she had been told on good authority.

5106. Is it the quality or the quantity of the food you complain of most, or both?—I complain of the quality most, but of the quantity on night duty.

Lord *Saye and Sele.*

5107. Was the meat Australian meat?—I do not know what it was; it was very coarse meat, as a rule.

Chairman.

5108. I think you told the Committee it was improperly cooked?—Yes.

5109. As regards the food of the patients, you say you never saw a man complain at the hospital; did the patients know that the responsibility lies with the physicians and surgeons; it lies with them, does it not, because they order what diet the patient is to have?—The physician and surgeon order what is allowed within the limits of the hospital diet; I believe they all agreed upon what was to be the hospital diet.

5110. At any rate, supposing that a surgeon or physician considered that some change of diet, it might be that certain wine was required, beyond the regulations, or that chicken or game was required beyond the regulations, supposing he thought it was necessary, I presume he would order it?—I have been told that he cannot order such things; that they would not be given; but I believe that all the physicians and surgeons, the visiting ones, have agreed as to what is the necessary hospital diet.

5111. Is there any recreation-room for nurses at the London Hospital?—There is a sitting-room.

5112. When the nurses are ill they are looked after in the home?—Yes, as a rule; sometimes they are brought into the wards.

5113. In the Home for Nurses, are there any nurses who come to nurse the nurses?—Sometimes one person comes and sometimes another; the responsibility is divided between a good many people, at least it was when I was there.

5114. But I mean, are they skilled nurses?—They are the probationers who come under the home sister. She comes for some things; then the probationer in one of the wards near comes for some other things. The home sister has had no training as a nurse.

5115. She is a housekeeper, I understand you to say?—Yes, and is supposed to look after the nurses.

5116. What are house physicians?—They are the physicians who are under the visiting physicians.

5117. Do you know whether those are qualified medical men?—I do not know if they have always passed the examination which should qualify them or not; I do not know what is necessary to make a man that. Of course they are very young, as a rule.

5118. Has the London Hospital got any convalescent home attached to it?—There is a convalescent home at Woodford. Mrs. Gladstone's Convalescent Home at Woodford, I believe, is attached entirely to the London Hospital.

5119. The patients are sent there?—The patients are sent there very often.

5120. When the nurses are recovering, are they ever sent there?—Not to Woodford; I never heard of one being sent there.

5121. But supposing a nurse was very ill, would she be sent away to Eastbourne or Bournemouth, or some other place at the seaside?—I do not know what would take place then. They went away to their friends generally.

5122. You do not know of any of them having been sent to the convalescent home?—I do not know of any cases; there may have been cases.

Chairman—continued.

5123. Now, in the case of these male attendants you were asked about just now, supposing that a patient came in with delirium tremens, or in some very violent state, he would be sent to the padded room?—That depends, of course. If the accident is very bad they are put in the accident ward.

5124. But I mean in the case of somebody who goes to the special ward, the padded room, he would have a male attendant to look after him to restrain him?—Sometimes, not always, to begin with.

5125. But in the case of a male attendant being present, is there, or is there not, always a nurse as well as a male attendant?—The padded room opens out of one of those small wards that I spoke of, and there is, of course, always a nurse in charge of those wards; and, you see, she is not supposed to go into the padded room; the male attendant does that; but she has to see that the male attendant has what he requires for the patient.

5126. Then the nurse is the responsible person?—Yes, I should consider so, certainly. I was told when the male attendant was sent that I was to see to this, that, or the other, and so I concluded that I was responsible.

5127. At any rate, the patient, so far you know, is not left entirely to the nursing of the male attendant; there is a nurse there, or thereabout?—There is a nurse there, or thereabout.

Earl *Cathcart.*

5128. In case a patient is delirious from fever, would you put such a patient as that in the padded room?—No; the patient would be in the ward.

5129. May I ask you about a question that has been rather lost sight of so far, that is as to the quality of the bread; is the bread good?—Not always.

5130. Stodgy?—Yes, stodgy.

5131. Did you ever hear complaints of the bread from the patients?—I have known the patients complain that the bread was very spongy.

5132. But the same contractor supplies the nurses and the patients with bread, I suppose?—I do not know.

5133. The bread looks the same, does it not?—It is not the same size of loaves; it does not look the same.

5134. But sometimes it is not a good quality?—Sometimes, as a rule, it is good.

5135. The bread is not made in the establishment; it is only made in the establishment of one hospital, I believe, Guy's; you do not know where the bread is made?—No.

Earl of *Arran.*

5136. Although the nurses have not thought it well to complain of the quality of the diet, have you ever known them leave in consequence of it, say, at the end of their three months?—They did not give that as the sole reason of their leaving, but I have heard a nurse say that she could not stay because the work was so much, and the food was so bad.

5137. In

Chairman.

5137. In regard to the nurses who go out as private nurses, those are withdrawn from the staff of the hospital?—With regard to probationers who go out to private cases, they are withdrawn from the staff of the hospital.

5138. But all the nurses in the nursing home who go out are trained in the London Hospital, are they not?—Yes; but the private staff of nurses do not live in the nursing home; they live in these houses in Philpot-street, near the London Hospital. There are a certain number of certificated nurses on the private staff; but in addition to those, very often probationers are sent out. There is a private staff, but probationers are very often sent out as well.

5139. Then does it amount to this: that the best probationers are withdrawn from the service of the hospital to go into the private nursing department?—Very often; and very often a good probationer who has been in charge of a ward is withdrawn from that ward and sent out to nurse a private case. Of course that withdraws some of the best and most experienced probationers from the nursing staff of the hospital.

5140. Do you know whether or not the private nursing establishment is a paying concern?—I see in the report that there are 1,200*l.* (I believe that is the sum) brought in by the private nursing, and also 1,700*l.* from the training school, that is to say, from the paying probationers.

5141. At any rate it is your opinion that the hospital suffers very much from the withdrawal of the good probationers to this private nursing department?—It is a very bad plan; and I have heard a sister say that she considers it is the ruin of the hospital. Of course it means a very large profit for the hospital; for those probationers will be receiving 20*l.* a year, and for their services the public are paying 30*s.* or two guineas a week.

5142. Do you consider that the people who send to the hospital for these nurses are aware that they are probationers and not certificated nurses?—I do not know; but of course in the advertisements it is advertised that thoroughly trained nurses are supplied.

5143. And in many cases they are not certificated nurses?—They are not certificated; they are probationers.

Chairman—continued.

5144. You will answer this question which I am about to ask you, if you know. Do you know whether the nurses in the private nursing establishment get any percentage of this gain that they procure to the hospital?—I never heard of one doing so; but I am not aware whether they do or do not.

Lord *Thring.*

5145. When is a person certificated?—At the end of two years.

5146. Not before?—Not before.

5147. They cannot receive a certificate before two years?—They cannot receive a certificate before two years.

5148. And who gives the certificate?—The matron gives the certificate.

5149. On her own knowledge, or on the recommendation of the doctors?—I believe it entirely depends upon her.

5150. But it is after two years' training?—It is after two years' training.

Earl of *Lauderdale.*

5151. There is no intermediate certificate of any description?—There is no intermediate certificate.

Earl of *Kimberley.*

5152. I observe the advertisement is, "London Hospital: Thoroughly trained nurses may be had immediately for all private cases. Apply to the matron." Do you consider that that advertisement misleads the public?—It must mislead them; for a thoroughly trained nurse means a nurse who has finished her training.

5153. The advertisement is not very far short of fraudulent; money is received on false pretences?—Yes.

Earl *Spencer.*

5154. What is the shortest time after they have been in the hospital that these probationers go out nursing in private cases?—I am afraid I do not know much about that; I only know I heard that So-and-so had gone out in one case, and I know she had only been in the hospital a year, the one I am thinking of; but there may have been cases of less time; I do not know of such, but I know that this one was only a year.

The Witness is directed to withdraw.

Miss MARY RAYMOND, is called in; and, having been sworn, is Examined as follows:

Chairman.

5155. You were a paying probationer at the free London Hospital?—Yes, for three months; I then became a regular probationer.

5156. How long was your service in the hospital?—Two years.

5157. And you are now a certificated nurse?—Yes.

5158. Why did you leave at the end of the two years?—I did not wish to keep on for a third year; it was too hard work.

5159. Are you nursing anywhere now?—No; I am at home for the present.

Chairman—continued.

5160. Have you been in the room whilst the former witness gave evidence, Miss Yatman?—Yes.

5161. Do you agree with and corroborate what she said?—Certainly; everything.

5162. Are there any other particular points you wish to raise in addition to what she said?—Nurses have not got sufficient protection when they are dismissed; they are dismissed unjustly often.

5163. Who dismisses them?—The matron.

Chairman—continued.

5164. Has she the full power?—I believe so; I cannot tell.

5165. Is any notice required; I mean, do you get a month's warning, or anything of that sort?—No. Sometimes a nurse is told to go in a week's time, and sometimes in a fortnight's time.

5166. Is any reason given, such as misbehaviour, or merely that her services are no longer required?—I know a case of a nurse who was told to go; she had failed in her examination, was told she was slow; she had been in the hospital a whole year.

5167. Have you any chance of appealing to anybody?—No; only to the matron.

5168. And as soon as the matron tells you to go, you must go?—Yes.

5169. Do you know of any cases which appear to you to be unjust?—A nurse has been told to go away, because she had applied outside for medical advice.

5170. Is that contrary to the rules of the hospital?—There are no rules about that at all.

5171. But, in the opinion of the matron, it was wrong for her to apply for outside advice?—Yes.

5172. What chances have the nurses of medical advice in the hospital?—If they do not feel well, they have to tell the sister that they are unable to go on with their work, and the sister tells the matron, who gives an order for the nurse to see the house physician.

5173. The house physician being a very young man?—Yes; he has just finished his student's course.

5174. Now, are the nurses required to work on in a bad state of health ever?—They do, because they do not like to apply and to say that they are ill. They are liable to get dismissed, and they are anxious to go on till they get a certificate.

5175. Are they frightened of making this application for medical advice for the same reason?—In many cases.

5176. Would it be too strong to say that in many cases they work till they drop?—I know of a nurse who went on working until she was quite unfit; she was so ill that she could hardly breathe, and then she excused herself from supper; the home sister went to her room, found that she had high fever; and sent for the house physician, who ordered her at once to be warded; 10 days after that she was dead.

5177. Did she make any application to be relieved of duty?—It was only then that they found that she was so ill.

5178. But you do not know whether or not she made any direct application to the matron to be relieved?-- No, I do not.

5179. I understand you to say that you agree with all that Miss Yatman said as regards the wards being overcrowded?—Yes.

5180. And the insufficient quantity and bad quality of the food; and do you also agree that nurses of slight experience have too large a share in responsible nursing work?—Yes, certainly.

5181. And that the nursing staff is inadequate for the requirements of the hospital?—They are overworked.

Chairman—continued.

5182. Certain operations take place at night, do they not?—Yes, in the surgical ward; sometimes two or three in one night.

5183. Then, are inexperienced probationers ever employed in looking after these cases and assisting, or is there always a staff nurse for that?—No; the probationers taking staff duty take the responsibility of the night work, and have to attend to the operations and the patients afterwards.

5184. And to give any assistance that may be required?—Yes.

5185. Then are they sometimes, in your judgment, so inexperienced as to be almost useless for that purpose?—The sister is always there to assist in the case of every operation, and then of course she sees that everything goes right at the operation; but, after the operation, the nurse is entirely responsible for the patient, and very often she is not fit to do it.

5186. Might this occur: that the night sister might be in another part of the hospital?—Yes.

5187. And in that other part of the hospital there might also be another operation; then she cannot be in two places at once; who would take her place then; the probationer?—The probationer has to do it, who is taking staff duty in the ward.

5188. I do not quite understand why the operation should take place at night; is it owing to some sudden requirement?—Sometimes if the patient has come in in the afternoon or the evening, he requires immediate attention; at other times, perhaps, the surgeon has not had time to attend to him in the day.

5189. Would that remark apply to the setting of a leg?—Yes, a fractured leg is often set at night if the patient comes in in the afternoon or evening.

5190. That comes under the head of operations, does it?—Sometimes; if an anæsthetic is given then it is called an operation.

5191. Do you know any particular case where anæsthetics have been given where great damage has occurred owing to the want of sufficient attendance?—I have been in one of the wards myself when anæsthetics were given in three cases one night; and while the surgeon was in the adjoining division we heard a patient fall out of bed in the next ward, who was still under the influence of chloroform, and there was no nurse to look after him.

5192. You were in attendance on the surgeon in the other part of the ward?—Yes; for night duty there is only one nurse taking duty between the two divisons.

5193. And the patient then fell out of bed under the influence of chloroform, and there was nobody there to assist him or to pick him up?—No; the surgeon and I had to go into the ward to see what was the matter, and we found him on the floor; we put him into bed.

5194. At the same time you had to leave the patient on whom he was engaged?—Yes.

5795. What happened then?—He went on when he came back.

5196. The patient was all right when you came back?—Yes; this patient I have spoken of was so restless all night that at last we had to tie

Chairman—continued.

tie him in bed so as to get on with the ward work and attend to the patients in the two wards.

5197. Could you not have sent for any extra assistance?—I had mentioned it to the night sister, but no one was sent.

5198. Then the really responsible person, the night sister, knew of this state of things?—Yes; I suppose she had no one to spare to send.

5199. That was a male patient in the surgical ward?—Yes.

5200. In a very urgent case like that, do they ever send a male assistant to assist?—He did not want a male assistant; a nurse could have managed him very well; but she, having to attend to the two wards, it was really necessary to leave him alone.

5201. He required to be looked after?—Yes.

5202. And if they had had a male attendant it would have been better than to have no one at all to look after him?—Yes; but in cases like that male assistants are never sent, because the patients in those cases are never violent, only restless.

5203. All that this man required was watching?—Yes.

5204. You can speak strongly as to the overcrowding of the hospital?—In the medical wards they are sometimes very overcrowded.

5205. Which is the most overcrowded, the medical or the surgical?—The medical; sometimes as many as six extra beds put up besides cots.

5206. How many extra cots?—I have known three cots.

5207. That means nine extra patients to look after?—Yes.

5208. And the children sometimes require a great deal of looking after?—Yes; and they cry at night, keeping the patients awake.

5209. Then is there no extra assistance sent?—Then, instead of two nurses between the two divisions, there are sometimes three: two probationers and one staff-nurse responsible for the whole lot of patients.

5210. Then some assistance is sent in those exceptional cases?—In those exceptional cases another probationer is sometimes sent.

5211. You complain of the injustice of dismissal?—Yes.

5212. And generally you corroborate everything that was said by the former witness?—Yes.

Earl *Cathcart.*

5213. Would you kindly specify what sort of operations take place at night?—Limbs are very often set, and often dressings done under chloroform, abscesses are opened, extensions applied, &c.

5214. But not capital operations, such as amputations, and so on?—Not in the wards themselves; they are taken to the theatre.

5215. Is that ever done at night?—Sometimes; urgent cases are obliged to be done at night.

5216. That is done in the theatre?—Yes.

5217. By gaslight?—Yes, by gaslight.

5218. When the man fell out of bed, was he any the worse for it, the man who had been under the influence of chloroform?—He complained of headache and pain in his shoulders and limbs.

Chairman—continued.

5219. You mentioned a male attendant; have you seen much of male attendants in the hospital?—Only in the case of one patient, a patient with delirium tremens.

5220. Has that occurred often?—In the accident ward the delirium tremens cases are rather frequent, and then they have male attendants if they get very violent.

5221. Because the delirium tremens often follows on the accident?—Very often.

5222. Were these men that you saw in that way men of a satisfactory character?—One of them was very rough; the patient often complained of his hurting him very much; and certainly the patient under his care often seemed more excited after his being with him than he was after others had been with him.

5223. Can you say what he did to show in what way he was rough; was it want of skill?—I think so; want of tact and skill.

5224. In other words, want of knowledge altogether?—Yes.

5225. And where was this man got from?—I could not tell you.

5226. He did not belong to the hospital?—They are sent from the receiving room; when a male attendant is required, the sister sends a note to the receiving room, and they send out for the male attendant; I do not know where he comes from.

5227. Perhaps into the street, but you do not know?—I do not know.

5228. But with regard to this man you have mentioned, who, you said was rough, you had not seen him about the hospital before?—No; I do not think I had, but I have seen him since.

5229. How have you seen him since?—In charge of patients. The nurses used to say that he was rather rough with the patients.

5230. He was frequently called in?—Yes.

5231. But he was not a man on the establishment of the hospital?—I could not tell you whether he was or not.

5332. Then, in your judgment, if male attendants are wanted, they should be skilled?—Yes, certainly. A patient fell under my care with delirium tremens who had a trained male nurse who had been trained at an asylum, and he managed the patient splendidly, and did him a great deal of good.

5233. A great deal of tact and skill is required in the management of such a patient on the part of the male attendant?—Yes, certainly, some skill.

Earl of *Arran.*

5234. I suppose that if an extra probationer was given when a ward was overcrowded, she must be taken from some other ward?—Yes.

5235. Then during that time that ward would be denuded of her services; would be without her services; the ward to which she properly belonged?—Yes; she would have been moved because she was not considered to be wanted there; but very often three nurses even, in an overcrowded ward, are not sufficient, because, in a place like that, all the patients are so ill that they are all more or less helpless, and they require attention.

5236. So that, in your opinion, the staff of the

Earl of *Arran*—continued.

hospital is not sufficient to allow of one probationer being removed from one ward to go into another?—No; and very often a nurse is taken from one ward for two hours to give a hand to another very crowded ward, because they are so short of nurses in the hospital, that the ward where there is the pressure cannot be allowed to have her longer.

Earl of *Lauderdale.*

5237. How long have you been in the London Hospital?—Two years.

5238. And have you ever had any reason to make a complaint personally as regards the food?—I have never complained about the food, but I have often suffered from it.

5239. You have never complained yourself?—Not to the authorities.

5240. To anyone?—To the sisters we often have, and I used to get a supply from home like a good many of the nurses.

Lord *Thring.*

5241. Do you happen to have your certificate with you?—Yes. (*Handing it to Lord Thring*).

5242. This is what it states: "This is to certify that Mary Raymond was received as a probationer on the 3rd day of March 1888, and has completed her full term of two years' training in the medical and surgical wards of this hospital, both on day and night duty. During this time, her work has been good and her conduct has been good." That is signed by the chairman, the house governor, and the matron; and then it goes on to say, "Mary Raymond has attended lectures on elementary physiology and medical nursing, and passed a very satisfactory examination. (signed.) *James Anderson* M.D., Physician. Also lectures on elementary anatomy and surgical nursing, and passed a very satisfactory examination. (signed.) *Frederick Treves*, Surgeon. Dated the 30th day of May 1890. The name of Mary Raymond has been entered in the London Hospital Register, and further particulars concerning her can be obtained at any time on application to the matron"?—Yes.

5243. We are told that the hospital nurses perform menial duties, does that include cleaning out the bedrooms and lavatories and slops?—Yes.

5244. With regard to the minor operations that are performed at night, why are they performed at night?—Because the house surgeon often has not time to perform them during the day; or else because the patient has come in late.

5245. I do not mean with regard to the accidents, but with regard to these minor operations. They are performed at night, as I gather, for the convenience of the surgeons?—Yes, in a great many instances.

5246. Then I understand that when a night nurse takes her day's holiday once in the month, that comes immediately after the nursing at night?—Yes.

5247. Before she has had time to sleep?—Yes; she goes off duty at 20 minutes past 9, and her day off counts from 10 to 10 that same day.

Lord *Thring*—continued.

5248. Do you consider that a convenient way of giving a holiday?—She is generally very tired and unable to do anything. I am afraid many of them spend it at home, lying down; they are quite unfit for anything else.

5249. Do you know anything about a nurse, a Miss Edwards, who died; do you know anything about her death, or the cause of it?—I have just spoken about that nurse; she went on duty, and kept on duty too long.

5250. That was the nurse whom you were mentioning before?—Yes.

5251. Do you recollect that at one time there was a great deal of sewer gas in the hospital, which caused blood poisoning, as we were told?—A good many nurses suffered from sore throat and sore fingers, and they complained, too, of the smells.

5252. Do you recollect when that was?—Before Christmas, I think.

5253. Before last Christmas?—Yes.

5254. And then, in your opinion, were the drains out of order before last Christmas?—Yes.

5255. In what month was it; December, or October, or November, do you recollect?—I cannot tell you the exact time.

5256. Before the last Christmas of all?—Yes.

5257. And you are sure, as far as you can judge, that the drains were out of order?—Yes.

5258. Why do you think that the drains were out of order?—We experienced it when going round by the wards and the lavatories, and all that sort of thing.

5259. You mean that you noticed that particular smell which is peculiar to sewer gas?—Yes.

Earl *Spencer.*

5260. Do you attribute Miss Edwards' death to bad drainage?—To overwork and underfeeding; she said she was quite unable to eat the food given to her.

5261. Do you think that she made proper representations to the authorities?—I do not know that she made any.

5262. Then the blame to be attached to the hospital was in consequence of their giving insufficient food?—Yes; she said she could not eat the food as it was served and as it was cooked.

5263. Could you at all say how many children in a ward one nurse could properly attend to?—I could hardly say; it depends on what the cases are; some cases require so much more attention than others.

5264. Have you ever known it happen in the children's ward that there were too many children for the nurses in attendance?—On night duty there certainly are too many children for the number of nurses.

5265. What sort of number have you there seen under one nurse or two nurses?—At present in the accident ward there are 56 cots and only three nurses.

5266. And that you say is insufficient?—Quite insufficient, because they have to do the entire ward work as well as the nursings do.

5267. Have

Earl *Spencer*—continued.

5267. Have you seen any inconvenience arise from the necessity of washing the children early?—It makes the children very fretful sometimes; and very often of course they have to be done over again; it makes double work in that way.

5268. Why do they wash the children earlier than adults; is it that there are so many more of them to be washed and that they cannot help themselves?—There are so many of them, and they all have to be washed.

5269. Whereas in the case of the adults some of them can help themselves?—Yes.

5270. And therefore it is a longer process washing the children?—Yes.

5271. And therefore they have to begin washing the children earlier in the morning than the adults?—Yes; of course there is the breakfast to be given to the children too; some of them have to be fed.

Earl of *Kimberley*.

5272. But what is the reason why they could not wash them at a later hour?—Because they would not be able to get off duty by 9.20 and do all they have to do.

5273. Why should not the day nurses who come on at seven help them?—The day nurses have their work regulated for them, and it would hinder them in that work if they had to wash the children.

5274. In short it comes to this, does it not, that owing to an insufficiency of attendance, the washing is performed at the wrong time?—Yes, the washing of the children goes on right up to half-past six or seven.

5275. But I understand you to say that you think inconvenience arises from commencing so early, and that if there were more attendants you might begin later?—Yes, certainly.

Chairman.

5276. You said, if I understood you rightly, that you complained amongst yourselves about the food?—Yes.

5277. And did I understand you to say that you had made complaints to the sisters?—Yes, we have made complaints to the sisters.

5278. And that was the only authority that you could reach?—Yes; you are not supposed to go to the office; if there was anything the matter, we always complained to the sister; and if we wanted the matron to have a message, we generally sent it to her by the sister, unless it was something extremely private, and then we should ask for an interview.

5279. So that you did complain to the only authority within reach?—Yes.

Earl *Cathcart*.

5280. Which is most faulty in your opinion, the cooking or the quality of the food?—I think a little of both.

5281. Do you have a separate kitchen from that of the patients?—Yes.

Earl *Cathcart*—continued.

5282. And the cooking for the patients was fairly good you say?—Yes.

5283. Do you intend to go on nursing, may I ask?—I hope so.

5284. In a hospital?—Yes.

Chairman.

5285. Did you say that you have left of your own will, or have you been dismissed?—No, I was not dismissed, I had finished my two years' training.

5286. And now you have your certificate?—Yes.

5287. Will you have any difficulty, do you think, in getting into any other hospital, having left this one?—I do not know; I may have some difficulty in London, because they generally take their old probationers as nurses.

Earl *Spencer*.

5288. You are quite sure that one of the nurses was dismissed because she consulted an outside doctor?—Yes.

Earl of *Lauderdale*.

5289. With regard to this washing beginning so early in the morning, I think I understood the witness before you to say that lights were put out in the wards at eight in the evening?—Yes.

5290. Is there any necessity for its being so early; would the patients suffer if it were put off an hour or an hour and-a-half later; would that be injurious to the patients?—I do not think it would be injurious to the patients, but it would give more work to the nurses.

5291. I mean, if instead of beginning the washing at four they began at six?—But the morning work being late does not affect the evening work; the morning work has to be got through in time for the doctor to come round by 10, and the day nurses have to finish their work at the appointed time.

5292. In point of fact, it comes to this then: that if you begun two hours later in the morning you would not be ready for the doctor at 10?—No; the night nurses could not go off duty till a later hour than they now do if they began later.

Lord *Zouche of Haryngworth*.

5293. Is there any reason why the doctors should come as early as 10?—I do not think they would be able to get through their wards unless they did.

5294. You do not think it is avoidable, this rousing the patients so early; or do you think it could be arranged otherwise?—Yes, if there were more nurses.

Earl *Cathcart*.

5295. Would it in your opinion be desirable that the nurses should, like policemen, take a week and week about, as night and day nurses; would that be a better arrangement?—I think it would be more tiring to be only one week on night duty and then change.

Earl of *Kimberley.*

5296. Your evidence I think comes to this: that there is more work to be done than can be done at the proper hours, with the staff, whether medical or surgical?—Yes, certainly more than can be done with the present number of nurses.

Earl *Spencer.*

5297. Have you ever known the hospital nursing suffer because some of the probationers went out as private nurses?—It leaves more inexperienced nurses in the hospital.

5298. But have you ever known cases where the hospital nursing has suffered in consequence of their being taken away for this purpose?—No, I do not think I have.

The Witness is directed to withdraw.

Miss VIOLET DICKINSON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

5299. You entered the London Hospital in 1888?—Yes.

5300. And for three months you were a paying probationer?—Yes.

5301. And then you renewed your agreement for another three months?—Yes.

5302. You became a regular probationer for the second three months?—No, a paying probationer.

5303. Was it usual to resume your probationership for a second term?—Yes, a good many of them did.

5304. Why was it resumed; because you considered that you had not made a sufficient advance in nursing, or what?—No, simply because I wished to go in for nursing.

5305. But I understood from another witness just now that you paid money for the first three months, and then afterwards you became regular probationers, and you were paid; that you did not continue as paying probationers after the three months?—Not unless you wished.

5306. You might continue for another term?—Yes, and leave at the end of the three months.

5307. Have you heard the evidence given by Miss Yatman and Miss Raymond?—Yes.

5308. Do you agree with that evidence?—Yes.

5309. For instance, as to the inadequacy of the nursing staff?—Yes.

5310. And as to the improper use of inexperienced probationers?—Yes.

5311. And the bad quality and the insufficient quantity of the food?—Yes, certainly.

5312. And the overworking of nurses, and the neglect of sick nurses?—Yes.

5313. And also as to the overcrowding of the wards of the hospital?—Yes, they were often very much overcrowded.

5314. Now do you know of any instances in which harm has been done to patients or recovery has been retarded by the scanty amount of nursing?—I do not know of any serious results. I only know that they were often very uncomfortable and badly attended to, because the nurse had not time to attend to them properly.

5315. Discomfort in fact was caused to the patients?—Yes.

5316. And great inconvenience to the nursing staff?—Yes.

5317. But actual cases you do not know of?—No.

Chairman—continued.

5318. Have you ever made any complaints of the kind?—No; I never imagined that it would do any good.

5319. You have not complained, then, to the sister?—No.

5320. And have you further had any experience as to the suffering of the nursing in the hospital by the withdrawal of the probationers to the private nursing establishment?—I remember one case in which a nurse was sent out, and consequently the nurses left in the ward were short of one nurse.

5321. How long was it before that nurse's place was filled?—I do not remember.

5322. A few days at any rate?—A few days.

5323. And nobody else was sent on to the ward in her place?—No.

5324. Now do the physicians and surgeons ever complain about the inadequacy of the nursing?—The probationers would not know if they did; because they would complain to the sister.

Earl *Spencer.*

5325. Have you known any cases where there have been dismissals of nurses that were, in your opinion, unjust?—I have heard nurses complain of being sent away without knowing the reason.

5326. Do you know the particulars of a case yourself?—I know one of a nurse who had been dismissed; she told me she did not know why she had been dismissed.

5327. Was no reason given to her?—She told me none.

5328. Was she reputed to be a good nurse among her fellows?—Yes, as far as I know.

5329. But have you any particular cases where, from want of nurses, there has been serious detriment to the patients?—No, not in my own experience.

5330. Do you consider the nursing hours too long?—Yes; at least I consider the work much too hard.

5331. They work too hard you say; is that from an insufficient number of nurses, or from the particular work given to them not being what they could properly carry out?—They have more work than they can possibly do in the time given them to do it in.

5332. If there were more nurses there would be no complaint on that head?—Of course the work would be so much the lighter.

5333. You spoke, I think, of overcrowding in the wards sometimes?—Yes.

5334. Does

Earl *Spencer*—continued.

5334. Does the over-crushing of the ward cause inconvenience, because the nurses cannot attend to so large a number, and is there danger also from there being too many in the room?—It is impossible for the nurses to attend properly to any extra patients; and I think it is also very bad for the beds to be so crowded.

5335. There is not a sufficient quantity of air in the room at such times?—I should think certainly not.

5336. Is it often the case that this over-crowding takes place?—Yes, I think it is very usual.

5337. What is the cause of that; is it that patients want to come to a particular surgeon or physician; or what other cause is there?—It is arranged by the hospitals; I do not think it has anything to do with the patients.

5338. Who is responsible for filling up the wards and putting in extra beds?—I suppose the committee.

Chairman.

5339. You do not know who has the admission to the hospital?—No.

5340. Have you had any experience of the out-patient department?—No, none.

Earl *Cathcart.*

5341. I understand that you do not so much object to the half-day shifts; that is to say, to dividing the day into two portions, but your objection is, that you were too weak-handed for the work you had to do?—Yes.

5342. You would not like to divide the day into three shifts; that would not be so convenient?—I think if there were more nurses the work would go through very well.

5343. Have you any practical acquaintance with bread-making?—No.

5344. How was the bread at the hospital?—It was stodgy.

5345. Frequently?—Yes.

5346. And was there consequent waste?—Yes, a great deal of it was wasted.

5347. Was there an unlimited supply of bread at your table, or was there an allowance?—No, we could have as much as we wanted.

Lord *Zouche of Haryngworth.*

5348. Do you agree with what has been said about the badness of the food?—Yes.

5349. You never made any complaint, however, to the authorities?—No; the authorities provided the food.

5350. But why did you not send in a complaint, if it was so bad, either to the matron or to the proper person?—I suppose we all felt that it would be bad for ourselves if we were to make a complaint; and we were provided with food from home.

5351. Do you know whether there were any of your nurses who did make any complaint to the authorities about these things?—No, not at the time.

5352. Although they spoke of it afterwards?—Yes.

Lord *Thring.*

5353. Do you know anything about the drains of the hospital being foul, so as to emit sewer gas?—I know that there often were very bad smells.

5354. Can you mention the last time when you noticed that?—I left the hospital a year ago.

5355. But when you were there there were bad smells?—Yes.

5356. Constantly?—Yes, constantly.

5357. More than a year ago?—Just a year ago.

5358. Did the nurses suffer from throat diseases or other complaints in consequence?—They often had bad throats.

5359. And, in your judgment, do you attribute that to the bad drainage?—I heard it attributed by other people to bad drainage.

5360. As to the admission to the hospital, has not each doctor a certain number of beds to which he admits patients during a week or some other specified time?—I do not know if he has a certain number of beds.

5361. You do not know about the admission?—No.

The Witness is directed to withdraw.

Miss JANET D. PAGE is called in; and, having been sworn, is Examined, as follows:

Chairman.

5362. YOU have been a Nurse or a Probationer Nurse at the London Hospital, have you not?—Yes; I was at the London Hospital 12 months, from May 1888 to May 1889.

5363. Were you a paying probationer?—No, a regular probationer.

5364. Receiving 12 *l.* for the first year, I think?—Yes.

5365. Have you heard the evidence that has been given here by the other ladies?—Yes.

5366. Do you agree with what Miss Yatman said?—Yes, I agree with everything she said.

5367. As to the food?—As to the food.

5368. As to the overcrowding of the hospital?—Yes.

Chairman—continued.

5369. As to the inexperience of nurses?—Yes.

5370. As to the insufficiency of the nursing staff?—Yes.

5371. What experience had you when you were in charge of a ward; I mean, when you were put first in charge of a ward?—The first three weeks I was in a medical ward, and there was a staff nurse there, and I was her probationer; but one day the staff nurse was off duty and I was left alone. I am not quite sure of the number of patients I had; it was 12 or 14; but one man was dying of heart disease, and I was alone all that day from 10 o'clock in the morning until 9.20 at night.

Chairman—continued.

5372. And did the authorities, the sister or the matron, know that you were so short-handed as all that?—Yes, the sister, of course, knew it.

5373. And the sister also knew what amount of experience you had had?—Yes.

5374. And notwithstanding that you had had only three weeks' experience in the ward, you were left in charge?—Yes; of course I had been in a hospital before I went to that hospital.

5375. You had had previous experience?—Yes.

5376. What hospital had you been at previously?—The Highgate Infirmary.

5377. And how long had you been there?—Three years.

5378. You were a thoroughly experienced nurse, therefore?—Yes.

5379. You complain of being left short-handed?—Yes; I was very short-handed; it was very difficult to attend to this one dying patient and to the rest of the patients also.

5380. Would that one dying patient have been sufficient occupation for a nurse?—Almost.

5381. Did you ask for any assistance?—No, I did not.

5382. But if you considered that you were short-handed, why did you not ask for assistance?—The nurse in the next division said that she could lend me her probationer for a little while if I liked; and she did come in and help me to make one bed.

5383. You were in charge, then, of one of these divisions of a ward?—Yes.

5384. With an open arch between the two divisions?—Yes.

5385. Then have you also had experience of good probationers being withdrawn for the private nursing establishment?—I have heard of that; I have not worked in a ward where one has been withdrawn, but I have heard of its being done.

5386. Would you think that, in the case of a good probationer being withdrawn, the patients of the ward must necessarily suffer?—Yes; it would make a great difference, because so many of the probationers are quite new.

5387. Might a nurse in that hospital find herself in this position, that she might be a qualified staff nurse, and she might have two or three probationers who had only been in the hospital a week or so?—A staff nurse seldom had more than one probationer with her; sometimes there were two.

5388. Have you any idea what would be the minimum experience such probationers would have?—They have none before they come to the hospital.

5389. Therefore she might be in this position, possibly, that she might have the assistance of two probationers, neither of whom might have been more than a week, or two or three days, perhaps, in the hospital?—She might have had; but then, of course, there would be the sister of the ward to refer to.

5390. She does no nursing, does she; she only superintends?—She superintends. Sometimes, if the nurses are much pressed, she helps in the nursing.

5391. You cannot, I understand you to say, speak too strongly as to the insufficiency of the nursing?—I think the nurses are very insufficient in number.

Chairman—continued.

5392. Were you the lady who was dismissed for applying to an outside physician?—Yes.

5393. Are there any rules laid down about that?—There are no written rules that I know of. I know it is the custom for nurses to see certain physicians at the hospital, the house physicians. There are two visiting physicians appointed for the nurses, and their house physicians see the nurses first, and then, if they think it necessary, the visiting physician sees them.

5394. Who is the senior medical officer who lives in the hospital; I do not mean what is his name, but what is he; is he a man of a good many years' experience; or is there none?—There is not one; not a senior.

5395. Nothing but the house physicians and surgeons who have just qualified?—I suppose they are qualified.

5396. But, I mean, those are the only persons there are; there is no resident with a great number of years' professional experience?—No.

5397. And those juniors only can refer to their seniors who come from time to time?—Yes.

5398. Have you had any instances of probationers, that is, uncertificated nurses, being sent out to nurse private cases in answer to the advertisement?—Yes; I know they have been sent, and I know one who had not been a year in the hospital. I do not know exactly how long she had been in it; she was speaking to me about it.

5399. And she was sent as a duly certificated nurse, was she?—I suppose so.

5400. As a thoroughly trained nurse, at all events?—I suppose a trained nurse was sent for; I really do not know.

5401. At least, in answer to that advertisement, an application was made to the private nursing establishment, and there not being a thoroughly trained nurse, the probationer was sent?—Yes.

5402. Do you think that is fair on the public?—No, I do not.

Earl *Spencer.*

5403. When you were ill, and sent for the outside medical man, had you first consulted one of those gentlemen residing in the hospital?—I had seen one of the house physicians, Mr. Fenwick; I saw him once; he gave me some medicine, which he said would do me good, but it did not, and after a fortnight I went to an outside doctor.

5404. You had a fortnight's experience of the medicine?—Yes; I took it a fortnight.

5405. Were you seriously ill at the time?—Yes; Dr. Anderson said so when he saw me.

5406. Dr. Anderson was the outside physician whom you saw, was he?—Yes.

5407. You were laid up at the nursing home, I suppose?—In the ward.

5408. In the sick ward for nurses?—When I went to Dr. Anderson I was on duty, and he said I was not to go on duty again.

5409. Were

Earl *Spencer*—continued.

5409. Were you on duty when you consulted the house physician?—Yes.

5410. And did he allow you to continue on duty?—Yes; he did not say I was to go off duty, and so I continued on duty.

5411. And who was it gave you your dismissal?—The matron.

5412. And did she distinctly tell you that it was because you had consulted an outside medical man?—When she asked me what Dr. Anderson had said, I told her that he had said I should not be able to go on duty for three weeks or a month; and the matron said, "You will not go on duty again at all."

5413. And you implied from that that she gave you your dismissal because you had consulted Dr. Anderson instead of the medical man who belonged to the hospital?—I suppose so.

5414. There could have been no other reason?—None that I know of.

5415. Do you consult one of the senior medical medical men as well as the junior physician?—No, I did not.

5416. Do you feel, yourself, that you were unable to keep on duty before Dr. Anderson told you that you must leave off?—I felt very ill.

5417. And I suppose when a nurse is so ill that she cannot do duty, she goes to the home or to the special ward for nurses?—To the nurses' sick-room.

5418. And did you go to that sick-room after Dr. Anderson told you to go off duty?—No; Dr. Anderson ordered me to one of the wards.

5419. One of the wards at the hospital?—Yes.

5420. But he had no control himself, I suppose, of a ward?—No, he had no bed; he borrowed a bed from another doctor.

5421. And did you remain there till you recovered?—Yes, I remained there till I was able to go away.

5422. Were you never at duty again as nurse?—Yes; I had a month's holiday, and then I took charge of a small convalescent home.

5423. But you did not do duty again in the London Hospital?—Not in the London Hospital.

5424. You never went back to duty in the London Hospital after being in the ward?—No.

5425. Are you a nurse still now?—I am not nursing at present.

Earl of *Kimberley*.

5426. Do you know at all what reason is given for the rule, if rule it be, that a nurse shall not consult anyone outside the hospital?—No, I do not know at all; of course I went to Dr. Anderson as a private patient; I think many nurses do the same.

Chairman.

5427. You say you have known that occur frequently before?—Yes, I have known many nurses go to their own doctor.

Earl of *Kimberley*.

5428. You were taken into the hospital afterwards as a patient, you said?—Yes.

Earl *Spencer*.

5429. Was Dr. Anderson in any way connected with the hospital?—He is one of the visiting physicians, or assisting visiting physician, of the out-patients.

5430. Then it was not because he was an entirely outside physician that you were dismissed for going to him, but that he had not charge of the nurses; is that the reason?—He told me had had charge of the sisters when they were ill, and he is a lecturer at the hospital.

Chairman.

5431. You were ill and were warded, I understand?—Yes, ill and warded.

Lord *Clifford of Chudleigh*.

5432. Did you make any appeal against the decision of the matron, or is there no appeal from her?—Dr. Anderson did when I told him.

5433. Did he tell you then the result of his appeal?—No, I left, I think, before it was settled; and I have not seen him since.

Earl *Cathcart*.

5434. Is it not possible that Dr. Anderson had said, "this lady is delicate, and you should take this opportunity of getting rid of her"?—I asked him if he thought I should be fit to work again, and he said, yes, certainly.

5435. When the man with heart complaint was dying, did the chaplain come and go; was the chaplain about?—I do not think the chaplain came that day; I do not remember.

5436. Did you put screens round this poor man?—No, he did not die until I went off duty.

5437. You do not put screens round till they come very nearly to the last?—No.

5438. Unless there was something especially painful, and then you would put screens round?—Yes.

5439. You have had some experience in the Highgate Infirmary of the bread and the cooking of the meat for the nurses, how do they compare as between Highgate Infirmary and the London Hospital?—The cooking was not always good at Highgate, but it was much better; of course there are much fewer nurses there than there are at the London Hospital; I think they only have about 20 altogether at the Highgate Infirmary.

5440. And how was the bread?—I think they baked their own bread.

5441. And it probably was good?—It was good, I believe.

5442. Is it a Poor Law infirmary?—Yes.

5443. And the meat?—The meat was good.

5444. And the nursing?—We were pressed at times.

5445. But were you more pressed at Highgate than you were at the London Hospital?—Oh, no.

5446. Then, in fact, the infirmary was more comfortable for the nurses and for the patients than the hospital?—It was very much lighter for the nurses.

5447. And for the patients?—I think that the patients were very happy and comfortable.

5448. But, as compared with the London Hospital, were they more comfortable at the infirmary than they were at the London Hospital?

Earl *Cathcart*—continued.

pital?—I never heard patients complain much at the London Hospital.

5449. How were your meals managed at the infirmary?—Breakfast was at seven in the dining-room.

5450. Generally speaking, I mean as regards comfort, were you more comfortable at the infirmary than in the hospital?—Yes, it was much more home-like.

5451. In fact, you were better fed and made more comfortable there as a nurse?—Yes.

5452. Do you mean to go on as a nurse in a hospital?—Yes.

5453. You like the employment?—I like the work very much.

Lord *Zouche of Haryngworth.*

5454. Before you were taken ill and consulted Dr. Anderson, had you made any complaints to the matron about your food or the want of comfort, or anything of that sort?—No.

5455. You never made any complaint?—No I never made any complaint.

Earl of *Lauderdale.*

5456. Did you ever find as the result of the arrangements being so bad as you say they were, that there was any difficulty in their procuring the proper number of nurses that they required?—There always seemed to be a great number of nurses there, but they were all so new; they were the paying probationers, and they often went at the end of the three months.

Earl of *Lauderdale*—continued.

5457. There is no difficulty in the hospital getting paying probationers, however?—I think not.

Lord *Thring.*

5457. When you complained of your health to Mr. Fenwick, he sent you back to your work?—He did not tell me to go off duty.

5459. And then directly you consulted Dr. Anderson, he told you to go off duty?—Yes; that was a fortnight after.

5460. In your opinion, during that fortnight were you fit for duty?—No.

5461. Was the hospital during time, at any period, in an unsanitary state from drains?—I did smell drains occasionally.

5462. Do you think it was injurious to the health of the residents in the hospital?—I think so.

5463. When was that?—In 1888.

Chairman.

5464. You were a year at this London Hospital;—Yes.

5465. And from your observation can you say that there great discontent amongst the nursing staff?—They used to complain very much about the quality of the food.

5466. I think I asked you the question before whether you corroborated everything that was said by Miss Yatman, and you answered, Yes?—Yes.

The Witness is directed to withdraw.

The REV. HENRY TRISTRAM VALENTINE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

5467. YOU are Vicar of St. Pauls, Walden, in the county of Hertford?—Yes.

5468. You have been chaplain to the London Hospital, have you not?—Yes.

5469. From what date to what date?—From Christmas 1885 to December 1889.

5470. And are you now a governor of the hospital?—I am.

5471. Could you tell us what the duties of the chaplain are?—To have the spiritual care, I suppose, of all the people within the hospital, precisely as in a parish. Very little of the duties is laid down; there are standing orders as to the duty; to perform service a certain number of times, and to visit certain people under certain conditions, and the rest is left to one's own self.

5472. And to take services in some wards some days and in others on other days?—The rule is, that there should be four services in the wards in a week.

5473. Did you reside inside the hospital?—Latterly in a house in the grounds, not inside.

5474. What is the earliest hour in the morning you were supposed to be in the hospital?—There was no supposition.

5475. It was left entirely to yourself?—As far as I remember, entirely.

5476. Did you do anything in the way of making inquiries as to the circumstances of the

Chairman—continued.

patients?—I do not quite understand in what respect you mean.

5477. It was not part of your duty to ascertain the circumstances of any of the patients in the hospital?—Their outside circumstance, do you mean.

5478. Yes?—Sometimes.

5479. For instance, as to dealing with the Samaritan Fund?—I was on the committee of the Samaritan Fund.

5480. And was it part of your duty to make what inquiries you could, or was it left to other officers to do that?—The secretary of the Samaritan Society generally had it left to him.

5481. Is that Samaritan Society within the London Hospital, or is it an outside society?—It is within the London Hospital, but it is really quite separate from the London Hospital; it has a separate committee and officers, and is distinct from the London Hospital entirely.

5482. And most of the inquiries were then made, I understand you to say, by the secretary of that society?—All applications were made to him for help, for tea and sugar; when the patients said they were not provided with them, the secretary was generally applied to. If a sister thought there was a hard case and had not been able to get it, she might apply to me if I was passing through the ward.

5483. You

Chairman—continued.

5483. You have heard the evidence that has been given here by four ladies, Miss Yatman, Miss Raymond, Miss Dickinson, and Miss Page; do you agree with their evidence?—Substantially.

5484. From your observation when you were in the London Hospital?—Yes; from my observation.

5485. Have you taken any steps, since you have been a governor of the hospital, in reference to any of the matters complained of?—Yes.

5486. What steps?—I wrote to the chairman of the house committee, and my letter was laid before the board.

5487. Perhaps you will read it?—I will.

5488. This action was taken after you had ceased to be an official of the London Hospital?—It was; it was taken in April of this year. This is what I wrote to the chairman of the house committee on the 14th of April 1890: "I have lately been merely waiting to find time to write to you on a subject which I feel strongly about, and which is of great importance to the London Hospital, *i.e.*, the treatment of the nursing staff. As I have just had my attention called to an article in last Friday's 'New York Herald,' certain material for which I am convinced proceeded from the London Hospital, I will not delay writing to you, though I have not time to write at the length I had intended. The 'New York Herald' may be insignificant, but a small spark kindles a great flame, and there is much inflammable material at the London Hospital. The points which I wish to bring before you are these: (1.) No probationer should have her apprenticeship cancelled until after the case has been submitted to the committee, and they or a sub-committee have carefully investigated the case. (2.) Much greater care needs to be taken of the nurses in sickness. (3.) The number of probationers, who only stay for three months, should be reduced, thus increasing the full term probationers, and consequently the efficiency of the staff. At present both the patients and the nurses suffer unnecessarily. (4.) Since you advertise to send thoroughly trained nurses to private patients, you should not send probationers who have no certificate, and who, as a matter of fact, sometimes have received barely 12 months' training. I do trust your committee will not pooh-pooh my letter. I have thought much on this subject, and I say unhesitatingly, if public attention fastens on your system, unless there has been great alteration since I left, as practised in my time, the hospital and its reputation must suffer. I am sorry that haste necessitates a lack of explanation. But let me add that I have names, dates, &c., amply to justify what I have said, and make me feel that I cannot let the matter drop." Shall I read the answer?

5489. If you please?—"London Hospital, Whitechapel-road, E., April 16 1890. Dear Mr. Valentine,—I laid your letter before the house committee, and can assure you that all the points mentioned therein have their serious attention. At the same time I cannot but think that there is very little, if any, cause for just complaint as regards the treatment of the nurses and probationers at the London Hospital. I have myself heard, from sources quite private and distinct from the hospital, that

Chairman—continued.

our nurses are very well satisfied with their treatment. In fact, the large numbers that apply to be admitted as probationers is itself a witness to this fact. Should you, however, care when in London to see me personally about this, I shall be only too pleased to see you at my office, 25, Ashom-street, at any time you may appoint, and can promise you that any individual case or cause of complaint shall be thoroughly investigated." To which I replied on the 17th, the following day: "I thank you for your courteous reply to my letter. As you think there is very little, if any, cause for just complaint as regards the treatment of the nurses and probationers, I will (instead of dealing with your reasons for so thinking, which I could do), give you a few instances to account for my decided disagreement with you. These names occur to me of women unfairly treated: Howes, Dormay, Black, Hume, Page. They will suffice for examples; and if you will look back over your books, you will find these and other women leaving, or being dismissed your service, for reasons which would not have borne the strain of the investigation I ask for the future. It is a very serious thing to cancel an apprenticeship, necessary sometimes, no doubt, and then in the interest of the public, it should be made difficult indeed for the woman to get other nursing work; but a gross injustice is done to a woman if, for insufficient cause, you send her away with no certificate; she cannot get good work, and to gain a certificate must begin all over again, and will, indeed, be likely to find it difficult to do even that in a first class hospital, on account of having been dismissed from yours, and, at the very least, is thrown back, and has lost the time she spent in your service. (2.) With regard to the care of nurses in sickness. It was notorious in my time that the nurses in the sick-room had not sufficient attention. You may suppose that Drs. Fenwick and Sutton see all but quite the trivial cases, but such is not the fact. Your young men do their best, I do not doubt, but they have not the knowledge and skill which you have at your command, and which should not be grudged the nurses. I have known a nurse sent away to strangers as convalescent, with a temperature of 103 degrees, to be seriously ill, and bring discredit on you. I have known another to be sent with scarlatina, which was discovered immediately by a general practitioner. Another case I will give you is that of the probationer, Page, mentioned above, seen more than once by the house physician, never by Doctor Fenwick, his senior, dismissed for going to an outside doctor (as I can prove), and yet by the doctor sent to bed and kept there for three weeks. Up to that time she was kept on duty in an exhausted state. (Please remember I am speaking of what I know, and can meet any answers). One more case let me give you. I do not, and, of course, cannot say that her life could have been saved, but I do emphatically say that more could have been done at the outset for Nurse Sable, who died last summer. (3.) The large number of probationers who come for short terms. I can say from considerable experience that many of these women are of but little use and some

Chairman—continued.

almost worse than useless, and that for a nurse in say, a heavy medical ward, to be left with an utterly incompetent help (?), is to do an injustice to patients, who cannot receive the attention they require, and to nurses, who, if conscientious, are overworked. It is an unnecessary, because unfair way of making money. (4). I may leave it to you to say whether it is commercially honest to advertise 'thoroughly trained nurses,' an article which (upon demand, in good faith) you do not supply, though you charge the public for it. I am sure, from your last letter, that you will take in good part what I have said, and remember that I have studied the subject under exceptionally good circumstances." To which Mr. Ind replied: "15, Stanhope-gardens, Queen's-gate, April 26th. Dear Mr. Valentine. I must apologise for not having answered your letter of the 17th sooner; but I waited until last Tuesday, so that I might have the opportunity of laying it before the committee. The committee beg to thank for your letter, and I can assure you that the facts mentioned therein have their careful consideration." To which I replied on the 28th: "Thank you for your reply to my letter. You and your committee have not had the opportunities of seeing behind the scenes that I have, or the abuses I deplore would, I am sure, not have occurred. Hoping to hear from you that you have established the safeguards I have suggested, I am, &c." To which I have had no answer, and on going as a governor to the next court, I heard nothing of the matter.

5490. There is one thing I do not quite understand on page 3 of that correspondence. You say that a nurse "has been sent away to strangers;" do you mean as a private nurse?—No, simply to people only nominally friends, who could take her in. She was one of a pretty numerous class, who have not friends, and she told me herself that these people were practically strangers to her.

5491. And she ought to have been detained in the ward of a hospital?—Yes; at such a temperature as that she ought to have been in bed.

5492. As a governor of the hospital, might you have taken any steps to make inquiry as to what was done?—I took no further steps. The only person I questioned on the subject was the house governor, and he could give me no satisfactory answer; he said it was not within his province.

5493. Have you ever raised these questions when they came before you as chaplain of the hospital?—Not officially in that way.

5494. But should you not think it was rather your duty to do so; to call attention to them?—I think one officer had better not interfere with another. I brought it before the chairman unofficially; not the whole case.

5495. You brought the fact before the committee unofficially, by communicating to the chairman that there were these cases going on?—Yes.

5496. And therefore the chairman knew thoroughly well that there was some ground of complaint somewhere?—Perfectly.

5497. It is possible that there may be nothing in the complaint; but he knew there was some

Chairman—continued.

discontent somewhere?—Yes; in the case of Miss Page. I did bring it unofficially (and of that I hold proof) to the notice of the chairman and one of the members of the house committee. A question was asked, and the answer I am prepared to hand in.

5498. But before you come to that case, you said that you communicated this to the house governor, and he said it was not within his province?—I asked the house governor whether anything had been done.

5499. And he said it was not within his province?—Yes; the house governor has nothing to do with the nursing of the hospital except on paper.

5500. Could you tell us what the house governor is?—The house governor is supposed to be the master of the house; he is precisely in the position of the master of the house.

5501. He has everything under his control?—Everything.

5502. And yet he has nothing to do with the nursing?—No.

Lord *Thring.*

5503. Can you explain that?—He says that it has been taken out of his hands. I have pressed him constantly on the matter. He said the committee had overridden the bye-laws or standing orders of the institution.

Chairman.

5504. Then in addition to the house governor, is there any secretary to whom you could have applied?—I do not think it would have been at all within the secretary's province. The house governor is the master of the house, to whom everybody is responsible, except the chaplain and the secretary.

5505. And at the same time, though he is master of the whole house, as far as I understand from you, the nursing he has got nothing to do with?—Precisely. He signs documents.

5506. Do you know who can take care of these nurses if they feel themselves aggrieved?—My whole case is that nobody will take care of them; that is why I brought it forward.

Earl of *Kimberley.*

5507. But if it is not in the province of the house governor is there anybody whose duty it is to attend to the treatment of the nurses?—The house governor is answerable for everything within the hospital, with the exception of the chaplain and the secretary; the matron is responsible under the house governor for everything connected with the nursing; the sisters are responsible under the matron for everything in their respective wards; and the staff-nurses again are responsible to the sisters, and the probationers to the staff-nurses.

5508. But I understand you to say that the house governor denied this, and said he had nothing to do with this?—Yes, in fact; but he does not deny what is in the standing orders.

5509. Then you do not know whether there is anyone to take the responsibility in the matter?—I should say the matron had the responsibility in her own hands entirely.

5510. Did

Earl of *Kimberley*—continued.

5510. Did you ask the matron whether anything had been done?—On this point I did not.

Lord *Clifford of Chudleigh.*

5511. Did I understand you to say that the house governor had been over-ruled by the committee?—I had that on his own words; he has not told me that anything in particular has been passed in committee, but he considers it futile to speak.

5512. And the rule giving him authority in the matter he consider a dead letter?—Yes.

Chairman.

5513. Do you know what the constitution of the hospital is?—I have the whole thing here. It works under a charter. I do not understand it.

Earl *Spencer.*

5514. The matron seems to be supreme, with no appeal from her decision; is that so?—Theoretically there is an appeal to the house committee, which I was assured by this committee-man I have spoken of, had been made stronger since I represented the case of Miss Page to the committee.

5515. But you named a certain number of nurses that had been dismissed; did none of them appeal to the committee?—Some of them, I believe, did, but I cannot tell you certainly on that point. They are generally women who have no one to help them; and I should like to point out, because it has often been considered strange, that as to one of the cases that I mentioned, a gentleman offered to take up the case, in fact, one of the members of the committee, and she said, "No, let me go quietly; I am dependent for my future upon the matron of your hospital. I have no one else to whom I can go for any kind of certificate or character."

5516. Then, is the matron in charge not only of the nurses in the hospital, but in charge of the nurses' home as well?—She is Queen of the Nurses in every respect.

5517. At the home as well as in the hospital?—At the home also. It is a subordinate of hers, who is called sometimes the home sister, sometimes assistant-matron, who rules as housekeeper in the home.

5518. Has the matron anything to do with the feeding of the nurses?—That I cannot say. I believe the housekeeper has that.

5519. The housekeeper is a distinct person from the matron?—She is a sub-matron.

5520. But is the housekeeper under the matron?—Yes; the home sister, as she is called. The feeding arrangements have been altered once, if not twice. The last alteration was that they passed from the housekeeper of the hospital, who was under the house governor, into the hands of the housekeeper of the home.

5521. And the housekeeper of the home is under the matron?—Yes, under the matron.

5522. And the home is not in any way under the house governor?—Theoretically; he sees that there are a sufficient number of fire escapes and so on.

5523. But not as to the administration and management of it?—No, not at all.

Chairman.

5524. Who does look after that?—It comes up to the matron.

Earl *Spencer.*

5525. Have you known the house committee interfere or intervene in any important matter connected with the administration of the hospital?—Yes, I think so. I should think that would be considered an important one, the case of Miss Page that I brought up.

5526. But in that case they did not intervene?—Not directly, but indirectly they intervened.

5527. How did they intervene indirectly?—It was at the moment when the committee-man of whom I have spoken, had the case in hand, that the matron of the hospital asked to have the whole control of the probationers left in her hands; and in consequence of that case, and others that were then brought up, the committee said, "No, we will not give you this control, and in the event in future of your dismissing a probationer, you must give us notice of it on the following committee meeting day." A committee-man pointed out to them at once that that was of no avail, because it necessitated the probationer taking the first step, which as a matter of fact she dare not do, and never will do.

5528. You wanted the matron only to have a power of something like suspension?—Quite so. It is laid down that she has that power of suspension with the house governor; she, acting with the house governor, may suspend until the following Tuesday committee meeting.

5529. Then this modification of the rule, which you consider insufficient, was made in consequence of the dismissal of Miss Page?—So I am told by this member of the house committee.

5530. You have no doubt that Miss Page was dismissed because she consulted Dr. Anderson, instead of the ordinary hospital physician?—In the face of the report sent in by the matron, I have no doubt.

5531. Can you hand in that report?—Yes.

5532. Might I ask you another question before you read it. In what position is Dr. Anderson?—He is, I think, the junior, or very nearly the junior visiting physician at the hospital.

5533. Why was it irregular that he should be consulted by one of the nurses?—The matron, by the permission or the order of the house committee, had arranged that two doctors, Dr. Sutton and Dr. Fenwick, should see any of the probationers or nurses who were sick; that they should be under their control and so should be seen by their house physicians; no doubt a very good rule; the only thing in this case was that Dr. Fenwick had never seen the probationer Page at all.

Earl of *Kimberley.*

5534. You said that it is a very good rule; why?—There must be someone for them to see, and it is a good thing to have certain men appointed.

5535. But whilst it is of course quite right and necessary that there should be some medical officer assigned for them to see what possible reason can there be for their not seeing anybody privately if they wish?—I think it is simple

Earl of *Kimberley*—continued.

tyranny to say that a person may not spend two guineas on consulting a herbalist if she likes.

Chairman.

5536. Here is the standing order at page 119. "The matron shall be appointed by the house committee. In the absence of the house committee she shall be under the control of the house governor. She shall be responsible for the selection and medical examination of candidates for employment on the nursing staff, and she shall be empowered to engage on trial all sisters, nurses, and probationers; such sisters, if found to be eligible candidates, she shall recommend and introduce to the house committee for appointment on the staff." Now, does that mean that the actual appointment of these nurses lay with the house committee on the recommendation of the matron?—Yes.

5537. Then, again, as to dismissal: "In the event of serious misconduct on the part of any sister, nurse, or probationer, she shall bring the facts to the notice of the house governor; and, if deemed necessary, she shall (with his concurrence) suspend the person in question till the next meeting of the house committee, to whom she shall report in writing the circumstances leading to such suspension, unless it be previously cancelled." Therefore the house committee, and not the matron, had the dismissal of the nurses according to that rule?—Perfectly.

5538. What I want to get is this; whether these standing orders have been allowed to lapse and the matron to have the dismissal in her own hands?—Practically, certainly.

5539. The matron dismisses, and it is not left to the committee?—The woman was gone before they asked this question which gave rise to the matron's answer.

5540. And you were unable to ascertain whether any notice has been taken of that assumption of a duty which did not belong to her by the matron?—I do not know at all.

5541. You do not know what is the result of your bringing it to the notice of the committee then?—No.

5542. Now, would you read the matron's report as to Miss Page?—"Gentlemen,—In reference to your inquiry respecting probationer Page, she left, as duly reported, having after repeated trials proved unsuitable for further training. This was the more disappointing, as she had had some previous experience at a workhouse infirmary, and this usually aids probationers to make some progress. She gave me a good deal of trouble during the few months she was with us, partly, though, I fear, not entirely, caused by her very bad health. She may have tried to improve, but she never appeared to do so, and when her deficiencies were pointed out she always declared that she could not do any better, and at last I came to the conclusion that this was the case, and that she really lacked the capacity for the work. The last work she did here was in the operation ward on night duty, the lightest in the building, and it was the complaints concerning her carelessness or incapacity here which made me realize that it was useless to try to continue training her. After this she gave us a good deal of trouble. As you are

Chairman—continued.

aware, Dr. Fenwick and Dr. Sutton acceded to your request, that they and their respective house physicians should take entire charge of the nurses' health. Probationer Page was under the actual care of the former for not sleeping well, and both the day and night sister of the ward told me that she looked ill, and should see him again as she had done about three days previously. As it was a fine morning, and she asked for an extra long pass to go and see a friend, I said, 'Let her go out if she likes, and see the doctor before she goes to bed;' but unluckily it was not a friend she wanted to see but another member of the staff; and, being already under the care of one, this led to difficulties. She was warded under the other physician, of necessity apart from any other sick nurses I had hoped that as she was not actually warded under Dr. Fenwick, though taking his medicine, he might not have known of it, but he had done so before seeing the next set of probationers, and spoke seriously to me on the subject. I assured him that it was not laxity of discipline, as he supposed; that the two sisters who had been most kind to probationer Page were hurt and surprised themselves at the want of confidence she had shown in them, and would never have dreamt of encouraging it, but that as she was leaving as unsuitable for the work, I thought it better to let her rest and get well quietly before rejoining he friends. Soon after she left, it happened that I had an inquiry from a married niece of Mr. Jonathan Hutchinson for a delicate woman with a slight knowledge of nursing for a light post, and knowing Miss Page was in that neighbourhood, I felt justified in recommending her for it. I heard later from the lady that they had engaged her, though it was characteristic of Miss Page to ignore our efforts to help her, as indeed she did all the uniform kindness she received while she was with us." That, of course, I took in hand and made inquiries upon all the different points.

Earl of *Kimberley.*

5543. Do I understand rightly, that in point of fact, the matron dismissed this nurse contrary to rules, because she ought to have suspended her only, and reported it to the committee?—Certainly.

5544. Therefore her conduct was entirely irregular, quite apart from the merits of the case?—Yes.

Earl *Cathcart.*

5545. What is the name of the matron?—Miss Lükes.

5546. Has she been there a very long time?—I think eight years; perhaps more.

5547. Is she in the social position of a lady of position at all?—I have no knowledge.

5548. I think it would be only fair to say that I judge from your manner that you had no very great confidence in this lady?—Well, I am simply giving you facts.

5549. I will not press you on the point; only it is obvious. Then the house governor; is he lay or medical?—Lay.

5550. Did you leave merely because of your promotion to a living?—Merely.

5551. There

Earl *Cathcart*—continued.

5551. There was no sort of unpleasantness in regard to your leaving?—Before I left, yes.

5552. There was an unpleasantness, then?—Yes.

5553. What was the nature of the unpleasantness?—It was simply a matter of doctrine, in which I thought that the jurisdiction should rest with the bishop of the diocese, and not with the house committee.

5554. It was an ecclesiastical matter?—It was an ecclesiastical matter which had been threshed out.

5555. And had you and the matron a difference on that ecclesiastical subject?—No, I never had any conversation with the matron at all on it.

5556. And did the committee suggest that in consequence of your ideas of doctrine you had better leave the hospital?—No; but in consequence of my saying that I thought in matters of doctrine I should be under the bishop.

5557. What did the committee say?—They said no; I must be under it.

5558. And to that you objected?—To that I replied I could not.

5559. And the bishop was the Bishop of London?—The Bishop of London.

5560. And the committee said that under those circumstances you had better resign?—They did.

5561. In so many words?—In so many words. The governors did not support them.

5562. About one other matter which I think you said was a trifling one; but the poor feel these trifling matters; that is, tea and sugar; from your experience would you provide the tea and sugar for the poor patients?—Certainly, if possible.

5563. Have you heard complaints of the tea being all mixed up together, made in a hotch-potch?—I have heard so.

5564. And nobody knows what the flavour is?—The pot goes round, and collects a spoonful of everybody's tea.

Lord *Thring*.

5565. With respect to the organisation of the hospital, who are the governors, and are they highest authority?—Nominally; I think.

5566. How many are there?—I think 4,000. Any one who has ever given 30 guineas becomes one. Take such a firm as Buxton, for instance, who subscribe many hundreds a year, and at times have given thousands; they can nominate a governor for every 30 guineas.

5567. Who are the governing body?—The house committee.

5568. Who are the house committee elected by?—Nominally, by the governors. They are elected annually; but they are put up by the house committee themselves; the governors, except in very special circumstances, such as that unfortunate disagreement between myself and the house committee, very seldom interfere at all.

5569. How did they interfere practically when you appealed from the committee to the governors; did they have a meeting?—It was brought on at the quarterly court; the committee asked the governors to uphold them.

Earl *Thring*—continued.

5570. The governors have quarterly courts?—The governors have quarterly courts.

5571. And, practically, they very seldom overrule the committee?—Almost never, in my experience.

5572. But in your case they did?—They did.

5573. Then, with respect to the house governor, I understand you to say that the house governor admitted his technical liability with regard to the dismissal of nurses?—Yes.

5574. But said that practically he was so overruled by the committee; that it was no use talking to him?—Yes.

5575. When you became a governor yourself you became one of the 4,000?—One of the 4,000.

5576. You were not on the committee?—No.

5577. Therefore you had no right in any way to go to the committee and speak to them whatever?—None.

5578. And therefore you wrote to them?—And therefore I wrote to them.

5579. Then, with respect to that letter, the report by the matron; when was that report made and to whom?—It was made to the house committee.

5580. Consequent upon what?—Consequent upon the member of the house committee, of whom I have spoken, asking why the probationer Page was dismissed.

5581. With respect to the allegations made against Miss Page by the matron, I understand from Miss Page's evidence that the matron simply said to Miss Page that she was dismissed?—Yes, quite so.

5582. Was any evidence to your knowledge given of the allegations made by the matron against Miss Page?—To my knowledge, none; I made all inquiries and could find no evidence.

Earl of *Lauderdale*.

5583. Is every member of the committee a governor?—I think certainly.

5584. And the governors assemble once a quarter?—Once a quarter.

5585. And do the committee sit with the governors when they assemble as governors?—Yes.

5586. The committee sit as governors and as a house committee as well; at both meetings?—Yes.

5587. Then did you ever attend one of those meetings?—Those governor's meetings, yes; I have attended them ever since.

5588. And did you ever bring any of these abuses before them?—Never.

5589. Why was that?—Because the first one I attended for the purpose of bringing it forward, and it was largely attended only by Hebrew shopkeepers in the neighbourhood, who had some little Jewish matter that they wanted to thresh out, and that that took up the time or nearly so.

5590. And also the committee I presume were there?—Very few of the members of the committee; I have often known it a difficulty to get a quorum for a governors' meeting, even with the help of the committee.

Earl *Spencer.*

5591. Do you get a quorum for a committee?—I think so; I suppose the quorum for that is much smaller; but I have never sat on a committee, so I cannot tell.

Chairman.

5592. You had nothing whatever to do as chaplain with the deliberations of the committee?—Nothing whatever.

5593. Beyond this that you reported to them as to the number of services that you held, and so on?—Yes, weekly.

5594. Then, are these quarterly meetings of governors absolutely a farce?—Absolutely a farce. I felt it would be an ungentlemanly act to bring the thing on in that court, and it was much better to write to the chairman.

5595. Is the Press allowed to attend?—It is.

5596. Does it come?—It comes if it thinks there is likely to be anything of general interest.

5597. Have you ever seen any report of a quarterly court?—In an East End newspaper I have.

5598. In a West End newspaper, have you?—I think I have never seen a report of a governors' court in a West End paper.

Earl of *Kimberley.*

5599. I want to ask you upon another subject: how is it determined what patients the chaplain visits; of course, they must be of varying religious opinions?—I always took it that I visited the Church people and such Nonconformists as liked one's ministrations.

5600. Could you tell us what was done in order to afford religious instruction to those who were not attended by you?—There was a Hebrew Rabbi and a Roman Catholic priest; but any of the clergy came in and out freely, whether Nonconformist or Church of England clergy. That was in my department, and I always gave them free admission.

Chairman.

5601. Have you a certain number of wards set aside entirely for Jewish patients?—Two; but they do not hold all the Jews, or anything like it.

5602. What is the salary of the chaplain?—£. 300 a year and a house.

5603. And gas and coal, and so on?—No; 300 *l.* a year and a house.

5604. Had you an assistant?—Latterly; not when I went there.

5605. Do you know what his salary was?—£. 170 in all, and nothing else.

5606. Did you take down everybody's religious denomination when they went into the hospital?—No.

5607. Then is it possible, say in the case of a Roman Catholic, that some long time might elapse before it might be discovered?—No; the priest, a Roman Catholic priest, visited very regularly the ward. Very regularly they went round and attended only to their own people.

5608. Were there stated hours for the Roman Catholic priest to visit?—I think not; but I am not sure; he came always at regular times. He was always sent for in the case of a dying person.

Earl of *Arran.*

5609. Did I understand you to say that Dr. Fenwick had not seen Miss Page?—I was informed that Dr. Fenwick had not seen Miss Page. His son was attending for him as house physician at the time, and he saw her.

5610. But was it not practically the same thing?—I think not at all.

5611. That is the whole point, is it not?—That is the whole point. It was Mr. Fenwick who saw her.

The Witness is directed to withdraw.

MISS JANET PAGE, having been re-called; is further Examined, as follows:

Lord *Thring.*

5612. You have heard the report from the matron, made with relation to you, read to the Committee. She says at the commencement of that report that you left, "having after repeated trials proved unsuitable for further training"; did the matron ever tell you that you had proved unsuitable for further training?—Never but once; just a week before the time I left.

5613. During the time you were under training did she make any complaint of that sort?—Never.

5614. During the few months you were with them did the matron ever accuse you of giving "a good deal of trouble"?—I never saw the matron to speak to but that once I have spoken of.

5615. Was it ever intimated to you from the matron or any other person on her behalf that you had given a good deal of trouble?—Never.

Lord *Thring*—continued.

5616. Were you aware in your own mind that they thought you were giving trouble?—I do not understand in what way; what trouble?

5617. Was your health very bad during the whole time you were there?—My health was very good before I went to the London Hospital. I think I was ill twice; once for three days, and once for a fortnight.

5618. And that was the only time during your stay that you were ill, except the last?—Except the last.

5619. Was it ever intimated to you by or on behalf of the matron of the hospital that your illness was a cause of disappointment at the hospital?—No, not until the last illness.

5620. Were these "deficiencies" pointed out to you by or on behalf of the matron?—I never heard anyone do so except once, and that was just before I left.

5621. That was immediately before this last illness?

Lord *Thring*—continued.

illness?—Immediately before it; that was the only time.

5622. Did the sister ever find fault with you?—No, never.

5623. Never during the whole time?—Except that once.

5624. Did you ever complain that you "could not do any better"?—No.

5625. To anyone whatever during the time?—Never.

5626. You are perfectly certain?—I am perfectly certain.

5627. She never told you that you "lacked the capacity for the work"?—Never, till just before I went away.

5628. There is an allegation that in the operation ward complaints were made of you, in respect of "carelessness or incapacity"?—I had charge of the operation rooms, three in number, and they were very heavy special cases in two; they each had a special nurse, of course, but I had to wait on them; and there were four patients in the other ward where I was, so really I had three wards.

5629. Were any complaints made of your carelessness?—This is the one complaint in this ward. A surgeon came up one night, I do not known the time, but late one night, and said he would do a dressing, and told me to get the things ready. I had to go up to another ward to fetch the dressing, and as I was going, I met a night sister coming into the operation ward, and she said, "I am going to give this hypodermic injection," so I went back with her to hold the lamp. I had just finished, and was going up to fetch the dressing, when I met the surgeon coming in to do this dressing, and of course the things were not ready; and that was all.

5630. Did he complain?—No, he did not say a word; and I asked the day sister if he said anything to her, and she said, "Not anything."

5631. Did the sister say anything to you?—No.

5632. You could not tell if any complaint ever was made about carelessness on your part?—No. I asked the night sister if she complained, and she said "No," and I asked the day sister, and she said "No."

5633. And the surgeon said nothing, you tell me?—The surgeon said nothing.

5634. And those were all the people who could have complained?—Yes.

5635. Did the two sisters referred to in the letter express any surprise at the want of confidence shown by you?—I only spoke to the day sister about it, and she thought I was very wise to do as I had done.

5636. And you deny that either of the sisters were "hurt or surprised" at the want of confidence you had shown in them?—I deny it altogether.

5837. Did this lady, Miss Lückes, procure you another situation?—No, it was through a friend, Miss Yatman, that I obtained it.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 3° Julii, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
LORD SAYE AND SELE.
Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

The REV. HENRY TRISTRAM VALENTINE, is re-called; and further Examined, as follows:

Chairman.

5638. UPON the statement and evidence which you gave on the last occasion of the sitting of the Committee, I wish to ask you this question: did you prepare that statement and evidence in conjunction with Miss Yatman?—No; my correspondence was written before I knew anything of Miss Yatman's action.

5639. That is to say, the correspondence with Mr. Ind that you read to us?—Yes.

5640. In which the principal points are these, as stated in one of your letters to Mr. Ind: "First, that no probationer should have her apprenticeship cancelled until after the case has been submitted to the committee, and they or a sub-committee have carefully investigated the case. Second, that much greater care needs to be taken of the nurses in sickness. Third, that the number of probationers, who only stay for three months, should be reduced, thus increasing the full term probationers, and consequently the efficiency of the staff. At present both the patients and the nurses suffer unnecessarily. Fourth, that since you advertise to send thoroughly trained nurses to private patients, you should not send probationers who have no certificate, and who, as a matter of fact, sometimes have received barely 12 months' training. I do trust your committee will not pooh-pooh my letter; I have thought much on this subject, and I say unhesitatingly, if public attention fastens on your system, unless there has been great alteration since I left, as practised in my time, the hospital and its reputation must suffer." Did you write that letter without communication with Miss Yatman?—I did.

5461. So that it was not written with a view to corroborate any evidence that might possibly be given before this Committee?—Not at all; I had no knowledge of it.

Chairman—continued.

5642. Quite independently?—Quite independently.

5643. You stated in the course of your evidence the other day that you left the service of the London Hospital owing to a matter of doctrine?—No; owing to having preferment.

5643. But Lord Cathcart asked you this question at 5550: "Did you leave merely because of your promotion to a living? (*A.*) Merely. (*Q.*) There was no sort of unpleasantness in regard to your leaving? (*A.*) Before I left; yes." Then in 5553, "What was the nature of the unpleasantness? (*A.*) It was simply a matter of doctrine, in which I thought that the jurisdiction should rest with the Bishop of the diocese, and not with the house committee." That finally led to your resignation; and was that the only matter that induced you to resign?—I should not have resigned had I not had preferment offered to me which I was disposed to take.

Earl *Cathcart.*

5645. Will you kindly say whether this was the communication which you made to the committee; in fact, whether this was your ultimatum at the time that the committee said that they would not re-elect you. I want you to say Yes or No whether these were your own words. The words imputed to you, as officially communicated, are these (this is in reply, I suppose, to the committee): "As you have desired my emphatic assurance that neither I nor the assistant chaplain have ever asked or will ask for confession, I have, I do, and as long as I am minister here I shall, because I must invite private confession." Were those your words?—Those were my words.

Chairman.

5646. And thereupon, after that, you resigned?—I resigned on account of preferment when the governors of the hospital had repudiated the action of the house committee. The house committee, after that, by the pressure of 28 incumbents in the neighbourhood, had an investigation into my conduct by the Bishop of Bedford and Mr. Kitto. I have the result of that investigation with me, and shall be glad to be allowed to hand it in. In consequence of that a member of the house committee (his name I will mention, if you like) said that on the strength of that no further action could have been taken had I chosen to stay on.

5647. Will you please read the statement containing the result of this investigation?—"To the House Committee of the London Hospital: Gentlemen, In pursuance of the request contained in the resolution of the house committee of September the 17th, inviting us to 'make a friendly inquiry into the whole practice of the chaplain and the circumstances leading to the action of the house committee,' we have attended at the hospital, have gone carefully through the minutes of the committee, and have had interviews with the chaplain, the matron, and several of the sisters and nurses. We find that the circumstances were brought under the notice of the house committee on 12th March, when the following resolution was passed: 'As it is believed outside the hospital that confession is invited by the chaplain, and as the London Hospital is a public institution, we request that the chaplain would send us an emphatic assurance that neither he nor the assistant chaplain ask, or ever have asked, or will ask, for private confessions.' We thought it important to ascertain from what source this information came, but we have not been able either to discover what were the reports which led to the action of the committee or to test their accuracy. It is to be presumed that the action of the committee in asking for Mr. Valentine's resignation, and informing the court of their intention not to nominate him for re-election, arose from Mr. Valentine's answer to the inquiry contained in the committee's resolution of 12th March, which answer the committee afterwards characterised as 'not satisfactory.' In that letter the chaplain asserts his right to 'invite' confession, and also states that he has never 'pressed' or 'urged' it. We have no reason to doubt that this is a strictly accurate representation of Mr. Valentine's practice. No doubt there has been amongst the nursing staff in the hospital an impression that he wished the nurses to come to confession; but there is no evidence to show that he has required confession, or has refused to administer the Holy Communion without it, or has in any such way exercised pressure upon the nurses. There has been, so far as we have been able to ascertain, no complaint whatever from the patients upon this subject. (Signed) *R. C. Bedford. J. F. Kitto.*"

Lord *Thring.*

5648. Then, how long was it after that that you resigned?—I resigned, I think, the same day that that came out, thinking that the house committee on that report (I knew it was in hand) would be so certain to apologise as openly as they had brought accusations; that, trusting them in that way (as I should not have done) I sent in my resignation; and they suppressed that report, and it was never brought to the light of day.

Lord *Thring*—continued.

5649. And you had already got the offer of preferment?—I had received the offer of the preferment some weeks before, and I waited for that report.

Chairman.

5650. Have you had an opportunity of studying the contract with the probationers at the London Hospital. There is some contract, is there not, between the hospital and the probationers?—That is what I complain of, that practically there is no contract on the side of the hospital.

5651. What is the contract on the side of the probationer?—She signs an agreement to stay in the service of the hospital for two years.

5652. Have you a copy of that contract?—I have.

5653. Perhaps you will just read it?—I have a copy of the Standing Orders for Probationers. Section 46, paragraph 11, is the matter I want to comment upon: "They will be liable to be suspended from duty at any time by the matron, with the approval of the house governor, in case of misconduct or culpable negligence. Such suspension, unless withdrawn, will be reported to the house committee, with a view to their decision as to discharge or otherwise."

5654. Do you know of cases where that standing order has been dispensed with?—I wish to be allowed, if you will permit me, to give you in detail the one case which, amongst others, I took pains to work up, because your Lordships have already had before you the report of the matron upon it, and it is a case which proves my point more than any other.

5655. What case do you allude to?—The case of Probationer Page. I will ask your Lordships to notice in that report (which is now in print), that practically Miss Page was dismissed for inefficiency and ill-health. Now I have two points in my evidence: One is, that inefficient women are put to responsible work; the other is, that probationers are dismissed without proper trial. I will therefore ask your Lordships to follow me through the work of Miss Page in the hospital during 12 months. If the matron's report be true, that she was inefficient, and that she suffered too much from her health, my point is proved that inefficient women are put to responsible work. For, mark you, she was taken after one month's trial, and at the end of four months from the time that she entered, merely as an apprentice to learn her business, she is given staff duty. I will just call your attention to two bits of work which were given to her during that first four months of her training in the London Hospital. She was employed as a special nurse. I should like to explain what a special nurse is. When a case is particularly dangerous, one nurse is told off to attend to it, and it alone; it may require care at any moment. During that first four months she had a case of tracheotomy,

Chairman—continued.

tracheotomy, and she had a still more critical case of ovariotomy. Apparently her inefficiency did not show itself during that first four months, because we find at the end of that four months this apprentice is put to what is practically staff duty. I will not lay too much stress upon that, because, though it is a practical charge of 11 beds in Queen Ward, the children's ward (the children, of course, requiring as skilful nursing, perhaps more so, as the adults), and though she may be nominally under a nurse, it is well known that a nurse in that ward being given what is known, in technical terms in the hospital, as a "side," is independent of any one but the sister, and for three months, which is the usual period, she was permitted to nurse a "side" in Queen Ward. She has at this point of the narrative been seven months in the hospital with only two days off from ill-health. It is a very usual thing for nurses to have what is called hospital sore-throat, when they first enter. Whether it was that or what it was that incapacited her for two days, I cannot tell. At the end of that seven months, when her inefficiency would surely be showing itself very palpably, she is sent on night duty; and instead of being put to cure this inefficiency under the management of a well-trained nurse, she is given staff duty in an important ward of the hospital. There she remained for two months, making nine months of her training, and she then fell ill. She was away for some time and returned for two weeks, as what is called Home Probationer, which is really a person who helps the housekeeper in the home, and has nothing or practically nothing to do with the nursing. That I imagine had been given her as she was ill. Now then, of course, the matron knew really how inefficient she was. She had come very nearly to the time when she had made up her mind that this probationer must have her apprenticeship cancelled. She is put to take care of the operation wards. I need not tell you that the operation wards have the most critical cases in them. They are small wards with one or two beds, generally only one bed, in each of them. An incapable nurse is put to have charge over those wards. It was there that her time closed. Therefore, granting that this report is perfectly true, you have before you this undoubted fact, that the matron of the London Hospital, who is responsible for the nursing, kept a nurse whom she tells you, in so many words, in the printed report before you, she had found, after repeated trials, unsuitable for further training. It was when she was in these wards that she again fell ill, and I need not trouble your Lordship with the remainder of what passed, because that has been before you, I think, in evidence. She saw the house physician, in short, was not contented with his treatment, and went to an outside physician, or rather a member of the staff; she went to him as a private patient with two guineas in her hand, and he said that she was unfit for work, and sent her to bed at once, where he kept her for three weeks or a month. She remained that month. The matron sent up word to her at once that she would leave the hospital as soon as she was well enough. Now, I should like your

Chairman—continued.

Lordships to find from the Governor and the Committee (of course, I cannot speak to that), whether paragraph 11 of Section 46 of the Standing Orders of the London Hospital was complied with, and under which head this probationer was dismissed, whether it was for misconduct or culpable negligence. I may say that with regard to the one case of so-called misconduct, I took the trouble to examine the day sister in whose ward she was, and the day sister assured me that she had no complaint against her, it was a matter for the night sister; but, as it seemed probable the day sister was meant by the matron when she said that "Those who had been most kind to her were hurt and surprised at the want of confidence she had shown in them," and, as this sister was the last one she had worked under, I thought her opinion was important, and as I knew she would be on the high seas in a few weeks, I asked the member of the committee into whose hands I put this to write to her. He wrote, and though I did not see her reply, he assured me that it was as I have stated, that she had given perfect satisfaction in that ward. Whether he has kept that letter or not, I do not know.

5656. Is that a member of the house committee, the lay committee?—Yes.

5657. Who is that?—Sir Edmund Hay Currie. Now if I may, I will here just emphasize the fact, that it is my contention that except under very special circumstances, probationers who are taken in hand to be trained, and who are to be handed over to this very important work of nursing as thoroughly trained, should not too soon be left to their own devices. Here we have a nurse who, though she had had other experience, was at the end of four months, when she gave herself as an untrained person, put to this important work; though the matron herself said she found her unsuitable for training, she was, during more than half of her first year's training, doing staff work. Even granted that she was slightly inefficient, I cannot see how the house governor and the house committee can have found that there was any case of sufficient misconduct or culpable negligence to authorise them to act as they did. As a matter of fact, they knew nothing of her being dismissed until Sir Edmund Hay Currie put the question, hardly knowing that such a person had been in the hospital, or had left it. But with regard to that first point, if she was so inefficient, then my point is proved, that inefficient women nurse in the London Hospital. If it is untrue (*i.e.* the matron's report), I need say no more to your Lordship, because the report collapses, and here is at least one instance of an apprenticeship cancelled improperly. On the point of the one-sidedness of probationers' apprenticeship contract, it appears that a sister or staff nurse may be placed in great difficulty by sudden and arbitrary dismissal (and to this I could testify), but an apprentice may be professionally ruined.

5658. And therefore you say that the staff-nurses and the probationers' apprentices are absolutely without any protection; that is your opinion?—They have been without sufficient protection, certainly.

5659. In

Earl *Cadogan.*

5659. In practice, you mean, but that is not according to the standing orders?—No, not according to the standing orders; they are all that could be desired.

Lord *Monkswell.*

5660. You are aware that the matron said that the work in the operation ward was the lightest work in the hospital; do you agree with that?—The matron is a better judge I think very likely on that point than I am. I only spoke of it as the most responsible work. These cases which I have given, ovariotomy, and so on, require the most careful and experienced nurses.

5661. It may be light work, but at all events it requires a nurse of great experience?—It requires a nurse of great experience.

Earl *Cathcart.*

5662. Is it part of your duty to have a service for the nurses specially in the hospital; is there any special service for the nurses?—I do not know whether you would call the Sunday services specially for them.

5663. No, not exactly that; but in the hospital with which I am connected, they have a regular service in the morning for the nurses?—As I told your Lordships, that was left very much to the chaplain. I had a sort of family prayer for the nurses every morning, but there was no rule on the subject.

5664. That is what I wanted to ascertain; and where was that service held?—In the chapel.

Earl of *Lauderdale.*

5665. With regard to your being nominated for re-election, does that nomination and re-election take place every year?—Every year.

5666. You were re-elected every year; you were not engaged, as it were, for a certain number of years?—They said not; I understood at the time that I was engaged for five years; but there was some disagreement, and the standing orders have since been altered.

5667. Then if you had not resigned the committee could themselves not have re-elected you?—The Governors would have had to re-elect me.

Earl *Spencer.*

5668. In your answer to No. 5489, you state this in a letter which I believe you addressed to the general committee: "I have known a nurse sent away to strangers as convalescent, with a temperature of 103 degrees, to be seriously ill, and bring discredit on you." Now could you specify that case, because it is rather material; it is an important charge, and of course it is only general as it is stated here; will you give the name?—I could give the name.

5669. We had better have the name?—I am afraid it is of very little value to you; the name is Powell.

5670. When did the case occur?—That I am afraid I cannot tell you exactly; I have made no note of it.

5671. Then you go on to say: "I have known another to be sent with scarlatina, which was discovered immediately by a general practitioner." Could you give us the particulars of that case?—I could; I am not quite certain of the name, but I think it was Lawson. I did not know the nurse's names well; they were all "nurse" to me; Lawson I should give the name as.

5672. But if you could not give the name of the nurse, you could perhaps give the name of the person to whom the nurse was sent, and from whom you got the information?—I got it from the nurse herself; but she is in England, and can be communicated with; I think her name is Lawson.

2273. Perhaps you would verify that to make sure, and then let the Chairman know, as it is an important charge?—I will.

Chairman.

5674. Do you desire to add anything?—Yes Some noble Lord asked me the other day what my action was when at the hospital, as though I had taken no action; and I said it was unofficial. I find that my first action was taken about January or February 1887. I had then been a year in the hospital, and therefore began to trust my senses in the matter; and it was in connection with a sister and afterwards a nurse who were dismissed in a manner which appeared to me to be quite contrary to common justice. I saw the Chairman on several occasions and spoke very strongly. After that I spoke from time to time as injustices arose, and on one occasion I was prepared to give up my appointment had the case been settled differently. I suppose that I spoke to the Chairman some six or seven times.

5675. Who was the Chairman?—Mr. Carr Gomm. After that I began to speak to the members of the Committee. I have mentioned Sir Edmund Hay Currie's name, and therefore I can repeat it now; and it was he who took the first action on my representation in the case of Miss Page in the end of July or the beginning of August 1889. Other members I spoke to also. I should like now to pass on to the questions put on the status of house physicians or surgeons, and to point out why I complain of the nurses being left to their charge. They vary, of course, in age, but they are mostly newly qualified or quite young practitioners. I would say emphatically that one cannot speak too highly of some of them, but they are to a great extent untried. They vary very much, I think your Lordships will see too, having had some of the nurses before you, and seen their social position and their age, that it is natural that under many circumstances ladies should not care to consult these lads, for they are nothing more than lads, many of them, upon their cases, especially if upon demand they cannot see their seniors, to whom they are responsible, if they are wrongly treated or insufficiently treated, as in the case of Miss Page. And as it may be found by-and-bye that nurses have been exceedingly well nursed, I wish to say that for my own part I only accuse what I call "first aid" and "sick room" attentions. The sick room is a place set apart in the Home, which is supposed to be for people

Chairman—continued.

people who are very slightly ill; it is there that the troubles begin which in one or two cases have ended at least seriously.

5676. How have you acquired this knowledge about the sick-room; from visiting?—It was my business to visit every part of the hospital, and I visited the sick-room from time to time. It may be said, of course, that nurses are likely to malinger, I do not believe it; but still, granting that they are given to malingering, a more practised doctor would discover it more quickly than one of these young men; and it is a matter of fact that nurses are or have been worked when they were in an unfit state to work; and you would have to do nothing more than to go to the chapel on Sunday and look at the faces of the nurses, and it requires no practised medical skill to see that many of them are being worked when they are unfit for it.

5677. I do not quite understand what you mean by the nurses and probationers being left to the charge of the house physicians and surgeons; do you mean merely to consult them when they are ill?—If a nurse complains of being unwell she sees the house physician that evening, and if the house physician thinks that her case is not serious, she merely sees the house physician.

5678. You merely mean in regard to medical advice for themselves?—Yes, for themselves. Then I should like to say something further on a point which was not made at all clear. Question after question was put to the nurses as to why they were silent on the subject of abuses. I think I am in a position to answer that question, for the very simple reason that they are afraid to say anything. They are in precisely the same position that a lad at school is with regard to his head master, and they are cowed into submission. That is so, certainly, in many instances; and it has been shown, I hope already, or it can be very clearly shown, that they do work when unfit. There is just one other point, quite apart from controversy, that I should like to touch upon. The sisters have not been mentioned, and I think that it is relevant to the matter before the Committee to say that I do not think that it is right for sisters to sleep month after month in a ward, with never a night, nothing arranged at least for a night, in pure air. I do not know whether your Lordships understand this, that they sleep practically in the ward. They have a match-boarding or a lath-and-plaster arrangement to separate them for privacy; but shut their doors and open their windows as they will, I can say emphatically that through the cracks and crevices of their rooms will ooze in the smell and often the stench of gangrene or cancer; and I have felt strongly that they should be allowed to sleep in pure air at least once a month. At present they are asked, it is true, by the kindness of members of the house committee to visit them; but that is simply of course at the will of the members of the house committee; and there are many sisters who, at the time when they most need rest, from the circumstances of their social position, or from the fact of their being very tired, would rather go on in that state than go to perfect strangers, when a day, a night above all, amongst their friends in pure air would be a great help. As the matron has two or three qualified trained assistants if it is absolutely necessary that in the absence of the sister some one should sleep in the ward, it seems quite practicable that either she or one of her trained assistants might take the place for that night.

Chairman—continued.

5679. How do you know that there are cases of gangrene and cancer in the wards?—I used to take great interest in the cases.

5680. You made inquiry to see what the cases were?—I visited the patients.

5681. And ascertained from what they were suffering?—Yes; one picks up a little medical knowledge after four years' residence in a hospital. I have one case in my mind at the present time.

5682. You are quite satisfied such cases did exist?—I am certain; I could give a case of a man in the Mellish ward, who lay there for days and days, to the great hurt of all the patients. It was impossible, I suppose, to prevent it; but for many days the whole ward was unfit really to live in.

5683. And are these sisters' rooms separated just by a partition from the wards?—No; they are practically built in the wards; but the doors, of course, are constantly opening, and every time the door is opened there goes in a rush of hospital stench.

5684. You say that perhaps it is impossible to provide other accommodation for these very serious cases; do you think it is perhaps equally impossible to provide other accommodation for sisters owing to the stress of the hospital?—I think the sisters are obliged to sleep in the ward in case of any emergency arising. There are only two night-sisters, and once in the month a sister has her night off, so that the hospital is, once a month, left in charge of one night sister.

5685. But on these off-nights, where do they sleep?—Those are night sisters who have off-nights. They go away; they do not sleep in the wards at all, the night superintendents; and that is their way of taking a holiday, one night off.

5686. And the day sisters always sleep in these places?—Always sleep in these places.

5687. They get no night off at all?—No night off is arranged for them.

Earl *Cadogan.*

5688. You said that the nurses were afraid to make complaints; is it within your knowledge that any nurse has suffered either in her position or in her prospects, from having made any reasonable complaints as to the management of the hospital in any way?—I am afraid there is not a case within my knowledge of any nurse having made a complaint.

5689. You think that they are afraid that they would sustain some injury if they did?—I am convinced that they feel sure that they would get no redress, and that worse things would happen unto them.

5690. And you have heard so from the nurses themselves?—I have heard so from the nurses

Earl *Cadogan*—continued.

themselves. The nurses that your Lordships have examined would speak to that, if asked.

5691. But I may take it that you have never known the case of a nurse making a complaint?—I have known them when brought up before the matron and scolded, try to defend themselves.

5692. Is it within your knowledge that any nurse ever made a complaint, while you were at the hospital, upon the subject of these malpractices?—I cannot call one to mind; I am not prepared to say that I never knew one.

Earl *Spencer.*

5693. I think I understood you to say that, in your opinion, it was more in the first-aid that in cases of illness of nurses the medical treatment was not sufficient; is that so?—Yes.

5694. When they become seriously ill and go to the ward, or wherever the seriously ill nurses are, they are well attended to?—Yes, when they are recognised as being seriously ill by these young men.

5695. Where is the nurses' ward?—There is a room called the sick-room in the nurses' home to which they are sent.

5696. But I understood just now that the sick-room is only for first-aid cases?—Yes.

5697. After the first-aid is over, and when the illness is serious, where are they sent?—They are generally sent to what is called the day room, a small sitting room for the nurses, in one of the wards.

5698. Not in the Nurses' Home?—No, in the ward.

5699. And they then become patients in the hospital itself?—They then become patients in the hospital itself.

5700. And there you think there is no reason to complain?—None whatever.

Earl *Cathcart.*

5701. Your experience is so valuable that I want to ask you whether the patients, as a rule, in hospitals complain, whilst still in the hospital, of anything?—Yes.

5702. Complaints are made by the patients?—Yes.

5703. To whom?—I can only speak for myself; they complained to me.

5704. It has been said that the patients in the hospital do not, as a rule, complain till they go outside, but that is not your experience?—I think that they will complain to the Chaplain if they know him pretty well.

5705. Then, would you represent their complaints to the authorities if they were well founded?—Only in the unofficial way which I have mentioned.

5706. Another matter of some little importance, with regard to these day nurses; when they sleep close to the ward, are they ever disturbed at night in a case of great emergency, are they called up in consequence of that emergency?—I have never heard of one being so, but I should think they might be; I am not able to state; I should like to say one word on the subject of rousing patients; I should like to say here, simply in corroboration of Miss Yatman's evidence, that I have found the children's washing in full swing at a few minutes after 4 a.m. in mid-winter. I should like to say also, what probably Miss Yatman did not know (I think it was before she entered the hospital), that a patient, in a rather better social position than most of our patients are in, complained of being called at five in the morning. The patients, generally, are of a social position not likely to make them complain; they take all that is done for them, and they think it must be all right. This person did not, being a lady; and she complained of being aroused at five o'clock; and my recollection of that incident is that the matron expressed great surprise at an invariable custom of long standing. A night sister, whose name I am prepared to give, had told me that she for the whole time that she had been night sister, had been aware of it; she could not help knowing of it; and though she did not dare to call in question the matron's veracity, she did not, for a moment, suppose that the matron was not aware of their being called at that time. The matron, however, made very stringent rules to the effect, I believe, that they should never be called before six o'clock. But the order was as difficult to carry out as to make bricks without straw. The women were to finish their work by the same time, to get through the washing of the patients and do the work, and they could not do it. The result was, as I believe you will find on inquiry, that patients in what is called a heavy ward (that is to say, a ward where there are a great many incapable people), have been left dirty for the day and have not been washed, when they were not allowed to be called at the early hour, and they took their turn the next day. They could not get through the work, and the consequence is, I believe, that things have dropped back to the old groove, and they are called at earlier hours.

Earl *Cathcart*—continued.

Chairman.

5707. Is this from what you have noticed yourself, or where do you get that information about the washing?—I got it at the time. There was a great stir in the hospital about it.

5708. When was that?—That I tried to remember. I should say that it was more than two years ago; but more than that, I could not be sure of. It might be three years ago; it might be only two. No doubt the matron and sisters could tell you.

5709. Did you say that you would mention the name of the lady patient who complained of being roused at five o'clock?—No, I do not know whether she is dead or alive. I said I could give the name of the sister who said that all the time she had been night sister she had been aware of the custom.

5710. Is there anything else you wish to add?—I do not know whether you would like to hear my opinion on male attendants. A good many of the noble Lords seemed much interested in the question of male attendants.

5711. It is the result of your own personal observation that you propose to state to us?—It is my own personal observation that the house governor or whoever it rests with, never sends male

Chairman—continued.

male attendants, unless it is absolutely necessary. Experienced sisters hardly ever want them. A woman can manage a man except in very rare circumstances; even in delirium tremens I have seen a man managed perfectly by a woman; and the experienced sister will never have male attendants if they can help it: because in nine cases out of ten, the male attendants simply use brute force; they have got to see that the patient does not get out of bed, and they do see to that; they put their hands on him and hold him; and naturally they are not liked. I believe nobody in the hospital would use male attendants when it could be helped. Occasionally in delirium tremens, and so on they must be used. I have one other point to refer to. I do not think it has been sufficiently explained, namely, why I object to paying probationers. I do not object entirely to paying probationers *per se*, because I think you get from amongst them some of the very best nurses in the hospital. At the same time I would say that many of these women who only come for three months, come for quite improper reasons, because they are bored at home, and such reasons as that, and they never make good nurses at all. If it is of any interest to your Lordships, I could give an instance to show what I mean, and I think it is particularly in point. I had a complaint from a nurse in a ward because she was so terribly overworked, and she said herself, "I have nothing but these new probationers sent to me one after the other;" and she said, "That girl I carefully took and showed her the one thing I thought she could do, where to put the dirty linen. Three days after she came to me and said, 'I cannot

Chairman—continued.

get the dirty linen down the shoot.'" (It was big enough to take a carriage and four). "'Where have you been putting it?' I asked her. I went and found that this probationer had been shooting it down the dust shoot." That is an instance of the brilliant sort of women you have to do the work of a nurse in the London Hospital, and in whose hands patients are left. On paying their 13 guineas they can come for three months. If they stay over three months they are probably of the right sort, and some of the best nurses in the London Hospital have been paying probationers; but the fact is that too many of them, whether good or bad, only stay three months. However good they are, it must be clear to everyone that they are not efficient nurses at the end of three months; and they pass away at the end of three months, and the result is that where there should be two efficient nurses there is one efficient nurse, very often, herself often only a probationer, and one utterly inefficient woman. The result is that the efficient woman is overworked, and work how she will, the patients are under-nursed. Referring to the case of which I speak, a policeman said, "It is a cruel way in which these women are worked; they are simply murdering that nurse that works so hard for us," and she had had a relay of these brilliant specimen of probationers; and I think it will be in point when I tell you that the hardworking Whitechapel women constantly offer to help to get the nurses situations, because they say they can get them work that is much easier than that.

The Witness is directed to withdraw.

Miss ELLEN MARY YATMAN, is re-called; and further Examined, as follows:

Chairman.

5712. I BELIEVE you wish to supplement the evidence you gave on the last occasion?—Yes, I should like to bring out some of the points more clearly.

5713. In regard to the duties of the night nurse in the children's ward, what are those duties. You were, yourself, in the children's ward, were you not?—I was in the children's ward on night duty for two months. I had charge of one of the divisions in which there were 27 cots. The other division contained, I believe, the same number, or one less. I had charge of one ward; there was a nurse in the other ward, and a probationer who assisted in both wards. There were very often very bad cases in the ward, and operations were often done. One night I had four children who had anæsthetics given them, and who had minor operations performed. For a minor operation there is a great deal to prepare and to clear away; and great care must be taken after of the children, or of any patient who has had an anæsthetic; they must be carefully watched. Then the preparation for the operation must take some time, and all the things that have to be done afterwards, which can of course only be understood by those who have had to do them,

Chairman—continued.

or know what they are. Then all the children had to be washed, their breakfast given them, and their temperatures taken by 7 o'clock. The preparation for this work was always begun at 2 a.m. Before that, several surgeons would have been round, and one or more operations might have been performed; they frequently were. An operation would certainly last an hour or rather take an hour; I should not say that the operation lasted an hour, but the preparation, the clearing away and the operation itself would most certainly occupy a nurse's time for an hour. Then in any bad cases of burns (there were frequently burns and scalds in the children's ward) they must be watched, sometimes fed too, every two hours, given brandy and milk, perhaps, every two hours; other children would require medicine. In some cases, of course, the children were very fretful. In one case that I think I spoke of last time, the child had had its eye excised; the child had cried very much and had inflamed the eye, of course, and the only way to keep it quiet was to take it in one's arms. This I could never do after two a.m., so that the child must cry.

5714. What other work had the probationer to do besides to assist you and the nurse in the

Chairman—continued.

other ward?—She had to wash everything used by the children in the ward, in the shape of mugs or jugs; she had to polish six lamps and six inkstands; she had to keep up the four fires in the ward; she had to clean the bath with turpentine, to clean both lavatories, to comb the hair of every child in the ward every morning, and to see that their nails were cut and clean; and she always took from 7 o'clock till 9 o'clock doing their hair and nails; so that all the other work had to be got through before.

5715. You said that she had to keep up the four fires; where were the coal boxes; in the ward?—In the ward. She or the nurses had to keep the fires going, but it is of course an extra duty, not nursing.

5716. But with the amount of assistance, you considered it impossible to perform the work efficiently?—Certainly; it is quite impossible to perform the work efficiently; and of course it means that you are going the entire night; and that the children are roused at these unearthly hours.

5717. What more assistance would be required in order to be able to do the work efficiently?—I cannot tell you; I never had any extra assistance, except on one occasion, when a special nurse was sent for about two nights. I do not know what the ordinary rule is.

5718. Do the probationers get any holiday outside the hospital?—The probationers get one week's holiday at the end of every six months, outside the hospital, and I believe staff nurses have the same holiday.

Lord *Saye and Sele.*

5719. I think you said in your previous evidence that male attendants were sent to attend suicidal cases?—No; I said a policeman was always in attendance upon a suicidal case. That does not mean that the policeman attends to it; only that the policeman is there

5720. But male attendants do come in the wards to attend violent cases?—Sometimes they are sent for, for violent cases.

5721. Do you consider it necessary?—In some cases, certainly.

5722. But it must be obviously unnecessary, because at all the lunatic asylums in the country there is no such thing as a male attendant attending a female patient?—No, not a female patient, certainly; I am only speaking of a male patient. No male attendant is ever sent into a female ward. The policeman sits outside the door of the ward if it is a suicidal case.

Earl of *Kimberley.*

5723. What do you mean by a "suicidal case"; do you mean a case where a patient has attempted suicide outside the hospital, or has attempted it inside the hospital?—A patient who has attempted suicide outside the hospital.

Chairman.

5724. Is there anything more you would wish to say?—I should like to say that my action in this case has been in connection with no one at all; no body of people. I did not get it up with anybody in that way. It was merely my friends who suggested it, but I never had any connection with any movement that may have been made.

Earl of *Kimberley.*

5725. Do you know why a policeman attends in these suicidal cases?—I do not; no doubt there is a reason. I should like to corroborate the evidence that has been given to the Committee about the nurses being worked in an unfit state. I think I gave you a list of nurses that I knew myself, who were worked when ill in the hospital. They worked with poisoned hands and arms, but still they were constantly kept on duty with them; and it was of course a very serious thing for them to be kept on in this state in the same ward in which it was contracted.

Earl *Cadogan.*

5726. Had the nurse made any statement as to the condition she was in?—Yes, and her finger was bound up; her whole arm was tied up; the one that I am thinking of now, and required constant poulticing. This was known both to the sister and to the surgeon who attended the patient.

5727. And besides that they insisted on her working?—She was kept working in the ward.

Lord *Zouche of Haryngworth.*

5728. May I ask if, under those circumstances, she made no complaint to the authorities of being kept at her work with poisoned fingers or a poisoned arm?—One of them, at the end of several weeks, after having felt very ill, went into the office, saw the matron, and was allowed to go off duty. She told me she had said that she could not go on any longer. She had been ill for three weeks. She had been obliged to leave the ward where she was, and they had put her to nurse on a special case because she could not use her hand.

Earl of *Kimberley.*

5729. When was this?—Last year.

Earl of *Arran.*

5730. Are there many cases of the kind, do you think?—Many cases.

Lord *Zouche of Haryngworth.*

5731. In those cases are no complaints usually made to the authorities?—By "the authorities" will you tell me what you mean?

5732. Nobody seems to be particularly in authority; the matron or the house committee?—With regard to the house committee, I do not know whether one could get at it, except in writing. As to the matron, I suppose she could have seen her possibly; some of the nurses did; but in the cases I am thinking of they told the sisters. They had no redress. In one case the nurse was working a fortnight after she had seen the visiting physician. She was very ill, and yet he sent her back to be on duty. She had no redress unless she left the hospital.

Chairman.

5733. Can you give us the name of the nurse and the physician?—I think I asked that the name of the nurse should be considered privileged,

Chairman—continued.

leged, as I believe she is still in the hospital. If you wish me to do so, I can give it.

5734. It is a very serious case, and I think we must ask you for the name?—The name of the nurse was Miss Stocking, and of the physician, Dr. Fenwick.

Lord *Zouche of Haryngworth.*

5735. Do we understand that this is Mr. Fenwick, the house surgeon?—No, this was the visiting physician.

Chairman.

5736. Then there are some other names on this paper that you have give me?—Yes.

5737. One is thus described, "On duty for a week with poisoned hand and arm contracted in nursing a pyæmia case. Was kept on duty in the ward where it was contracted; afterwards sent on duty without change of air." This also is a serious case; I think we must have the name in that case, too?—Miss Furnace.

5738. Do you know if she saw any physician?—She must have seen a physician, because she was sent to the sick-room after having been on duty a week with this hand, and she was sent back again on duty after a few days without change of air. She had seen the house physician or house surgeon, but I cannot tell you which one she saw.

5739. Nor can you tell us whether he advised her to go for change of air?—If he had done so he would have told the sister who would have told the matron, and she would have sent her away.

5740. There is another case, "Sabel: Poisoned finger and sore throat, looked ill, did not wish to go to sick room. On duty till Friday, then put to bed in Currie day-room; died on Tuesday"?—Yes

5741. "Scott. Poisoned finger, contracted dressing empyæmia case. Was kept on duty three weeks feeling very ill. Sent away for one week"?—Yes, that was the one who applied.

Earl *Spencer.*

5742. Do you know cases where the sister in charge of a ward has pressed a nurse to stay when she knew that she was ill, because she had too little assistance, and was underhanded?—Certainly; I have been pressed myself to stay when I was ill, on two separate occasions, by night sisters They have said: "Do go on if you can; I have no one to put in your place." In one case I stayed, and in the other case I had to go off duty in the middle of the night.

Chairman.

5743. On the first occasion you were not well enough to stay, but you stayed and did the work?—Some of the work I could not do; I felt too ill to go on. I waited a little and then went on again.

5744. That was merely because such very little assistance could be got?—It was because the night sister told me she had no one to put in my place.

Earl *Spencer.*

5745. Are there any number of nurses kept in reserve for either day duty or night duty to supply the places of nurses taken ill?—There is no nurse not working. Of course they are sent from one ward, from which they are supposed to be able to be spared, to another, if there is need.

5746. But there are none absolutely in readiness as a reserve, and not employed?—No, certainly not.

Earl *Cathcart.*

5747. As to the nurses who are waiting for private employment, are they never put in the hospital if they are wanted?—They come into the hospital as a matter of course if they are there.

The Witness is directed to withdraw.

Miss ELIZA MARGERY HOMERSHAM, is called in; and, having been sworn, is Examined, as follows:

Chairman.

5748. You hold the post of lecturer for the National Health Society, do you not?—Yes.

5749. And for the Forsyth Technical College?—Yes.

5750. And you are a member of the General Council of the British Nurses' Association?—Yes.

5751. Were you a probationer at the London Hospital?—For three months I was a paying probationer, and for seven weeks I was a house, that is to say, an ordinary probationer.

5752. That makes a period of five months?—Yes.

5753. Why was your service in the hospital so short?—Because on applying for leave to the matron to attend my father on his death-bed, and who died three days afterwards, she refused to allow me to go, and said that the only way in

Chairman—continued.

which I could obtain an honourable release was by paying a second fee of 13 guineas, and so leave on the assumption that I had remained a paying probationer. When I refused to do so, she stigmatised my conduct as disgraceful and dishonourable, and told me that I was never to cross the door of the hospital again.

5754. But had you no chance of appealing at all?—I did appeal; that is to say I wrote the letter which your Lordships have before you, or my brother did, rather, on my behalf. I have copies here.

5755. Perhaps you will be kind enough to read the correspondence?—"4, Union Road, Tufnell Park, N., May 2nd, 1885. *To the Chairman of the Committee of the London Hospital.* Sir,—On Thursday my sister, a probationer, left your hospital without permission to attend

Chairman—continued.

our father, who is on his death-bed. Your matron declined to give her leave to come home to nurse him, and told us that the only way to obtain an 'honourable release' from her engagement to remain two years was to pay 13 *l.* 13 *s.*, on the assumption that she had continued a paying probationer, with the option of resigning. My sister has, accordingly, availed herself of the paragraph in the agreement which provides that a probationer leaving without permission will sacrifice all claim to a certificate, and any money which may be due to her, a course which your matron characterised as 'disgraceful' and 'dishonourable.' As we considered the principal advantage of the payment of 13 *l.* 13 *s.* a quarter was the occupation of a separate bedroom in Philpot-street, and we were not aware that, as night nurse, my sister would have to sleep during the day in a room occupied at night as a sleeping apartment by sewing women; my sister, to avoid entailing unnecessary expense upon me, gave up her room in Philpot-street. Had the demand been made by a private individual, I should have considered it as a cruel attempt at extortion; as it is, I cannot but think that the matron must have entirely misunderstood the wishes of your committee. The matron said that, after leaving the hospital under such circumstances, my sister would not be permitted to visit her friends in the institution. I shall be glad to hear that the demand was made under a misapprehension of your instructions, and request you to call upon your matron for an ample apology for the use of the expressions 'disgraceful' and 'dishonourable' with regard to the course which my sister, at my advice, thought fit to take. I am, Sir, your obedient Servant, W. C. Homersham, Junr. *P.S.*—I should add that, before electing to take my sister away without permission, I endeavoured to point out to the matron the equitable nature of the agreement, which contains a clear implication that, on adequate grounds, a probationer may leave *with* permission. And I should also add that under no circumstances would I counsel my sister to again submit herself to the authority of such an official." The reply from the chairman of the London Hospital is dated May 6th 1885: "Sir, I did not reply to your letter of the 2nd, until I had inquired into the circumstances of the case. The conduct of the matron appears to have been in strict accordance with the bye-laws of the hospital, and the wishes of the committee; but I regret to find that in your interview with her you did not address her as she should have been addressed, not only as a lady, but as official head of the department in which your sister was serving. I am, yours truly, F. C. Carr-Gomm, Chairman of the London Hospital." My brother replied on the 9th of May, as follows: "*To the Committee of the London Hospital.* Gentlemen,—Allow me to call your attention to the enclosed correspondence, which, if necessary, when complete I shall publish. Your Chairman's letter, though headed London Hospital, May 6th, is written on coloured paper, and was passed at Maidenhead on the 7th. My dear father's death was announced in the 'Times' on the 5th instant. Awaiting your official reply, I am. Gentlemen, your obedient servant, W. C. Homersham. *P.S.*—I am not a civil engineer; the letters, C.E., were used by my father whose last wishes were that under no circumstances should his child return to your hospital as a nurse." This letter was written to Mr. Carr-Gomm privately: "May 9th 1885, Sir,—I beg to acknowledge the receipt of your reply, headed London Hospital, May 6th, which is not satisfactory to me. I have forwarded a copy of the correspondence to the committee. I am, Sir, your obedient servant, W. C. Homersham (not C. E.). F. C. Carr-Gomm, Esq., Chairman of the London Hospital"; to which the Secretary replied as follows: "London Hospital, Whitechapel-road, E., 22nd May 1885. Dear Sir, With reference to your letter of the 9th May, forwarding copies of correspondence between yourself and the chairman of the house committee, relating to your sister, who was a probationer in the hospital, and who left without permission to attend her dying father, thereby breaking her engagement, I am directed to say that the house committee have made very careful inquiry into all the circumstances of the case, and they have received from the matron a full explanation of what passed. They are of opinion that you misunderstood the matron altogether, which is probably to be accounted for by the anxious condition of mind into which your father's illness had thrown you. Had it been asked for, leave of absence, for the purpose of Miss Homersham attending her father in his serious illness, would have been readily granted, as is frequently done in similar cases of urgency; but almost as a matter of course, objection was taken to the immediate cancelment of her engagement, in the manner proposed by you. After a close examination of the matter the house committee see nothing in the matron's conduct on the occasion which does not merit their sanction and approval. I am, dear Sir, yours faithfully, A. H. Haggard, Secretary." My brother replied to that letter as follows: "4, Union-road, Tufnel-park, London, N., 1st June 1885. *To the Governors of the London Hospital.* Gentlemen, I regret that it has become necessary for me to address you. On the 30th April, our father's life being despaired of, my sister applied to your matron for permission to come home to nurse him. This permission was refused, and the matron informed my sister that the only way by which she could go home to nurse her father was by being honourably released from her engagement to remain two years in the hospital by the payment of a sum of thirteen guineas. My sister thereupon, with the matron's permission, came to me, and I returned with her, when the matron told me that she could not allow my sister to come home for an indefinite time, nor as a temporary arrangement. She repeated to me her demand that my sister should be assumed to have continued as a paying probationer, with the option of resigning, and on my informing her that I should be compelled to take my sister away without her permission, she stigmatized that course as 'disgraceful' and 'dishonorable,' and told my sister that she would not be permitted

to

Chairman—continued.

to visit her friends in the institution. No one, except the matron and my sister, was present at the first interview, and only my sister, the matron, and myself at the other. On the 2nd of May, I wrote to the Chairman of the London Hospital on the subject. On the 3rd of May our father died. Mr. Carr-Gomm replied, in a letter which I received on the day of my father's funeral, that he 'had inquired into the circumstances of the case.' He made no direct reply to my charges, but stated that 'the conduct of the matron appeared to be in strict accordance with the bye-laws of the hospital, and the wishes of the Committee.' In conclusion, in a somewhat ambiguous phrase, he charged me with not addressing the matron 'as she should have been addressed, not only as a lady, but as official head of the department in which your sister was serving.' The letter was signed 'F. C. Carr-Gomm, Chairman of the London Hospital.' I would here observe that no single word was uttered during either interview by my sister or myself that we would wish to recall. On receipt of this unsatisfactory reply, I forwarded to the 'Committee of the London Hospital' a copy of the correspondence; and with regard to a phrase in the covering letter, I do desire to make an explanation. I stated that I should publish the correspondence when complete, if necessary. What I desire to explain is that I regret the sentence was not somewhat differently worded. I had no desire to secure a favourable consideration under threat of publication; but my experience of the sense of impartiality possessed by the chairman of the committee that I was addressing was not such as to create confidence, and I desired to point out that I appealed to the committee in the first instance as an act of courtesy and in the interests of the hospital, but that their decision, if unsatisfactory, would in no wise be regarded as final by me. On the evening of the 22nd I received a reply to my letter of the 9th May. The reply is written by your secretary, and I take it to be written at the direction of your house committee. In the first place, it not only ignores the distinct statement in my original letter that the matron refused my sister leave to come home, but asserts the contrary. It contains a suggestion that my mind was not composed during the interview. At the proper time and place I should be fully prepared to prove my mental capacity before, at, and after the discussion. According to my reading of the agreement, my sister had a legal right to leave as she did; certainly no penalty of disgrace or dishonour could attach to her action. As to the matron's construction of this agreement, I would point out that the promised 'uniform' is translated *the materials* for *three cotton gowns and three caps* (Miss Lückes in writing informs probationers that they must *provide themselves* with twelve fine white linen aprons. All 'making' is at the probationer's expense in time or money. 'A certain amount of washing' is found to relate to *one cotton dress* a week, and no other article whatsoever. The demand for 13 *l.* 13 *s.* appears to me totally unwarrantable. From your House Committee's letter it is evident that your matron's action

Chairman—continued.

was exceptional. I have carefully looked for a cause, but the only matter which occurs to our memory is that my sister complained, through the night sister, about the double occupation of their dormitory. I can find no other reason for exceptional treatment. With regard to my sister's complaint, no lady likes to think that her bed is occupied alternately by a stranger whose habits are different to her own. That my sister had a right to suppose that this double occupation is not officially sanctioned, except by your House Committee, the enclosed extract from the 'Daily News' account of the late visit of Her Royal Highness Princess Christian to the hospital would appear to confirm. '. . The party adjourned to the Sophia and Gloucester Wards, and afterwards inspected the Nursing Home. From the latter place a view is obtained of the new buildings now in course of erection, which will in the near future form a complete home for the accommodation of the nursing staff, most of the members of which have up to the present been obliged to sleep outside the walls of the institution. . . 'The following few facts as to the hospital, which is greatly in need of pecuniary help, may be interesting. "*Daily News*," 16*th April* 1885. Now, as I am informed, the nursing staff numbers upwards of one hundred and fifty members (say 150), and, with the exception of the twenty (say 20) probationers in Philpot-street, who each pay 13 *l.* 13 *s.* a quarter, not one single nurse sleeps, or did sleep during the whole time my sister was in the hospital, outside the walls of the institution. Trusting you will consider this letter, though it only touches the fringe of a great question, as written in no acrimonious spirit, and as more than a personal matter, I am, Gentlemen, your obedient servant, W. C. Homersham." To that letter the Secretary replied, as follows: "London Hospital, Whitechapel-road, E., 4th June 1885. Sir,—I am desired to say that your letter of the 1st of June was laid before the Court of Governors at the meeting yesterday, and that they have carefully considered in full detail the circumstances under which your sister left the service of this hospital. They unanimously resolved to approve the action of the House Committee in the matter. I am, Sir, your obedient servant, A. H. Hoggard, Secretary." The reply is: "4, Union-road, 6th June 1885. Dear Sir,—Your official reply to mine of the 1st instant came duly to hand. I am also obliged by the loan of the copy of the bye-laws, which I will return as soon as the purpose for which it is required is accomplished; this I anticipate will be about the end of July. I remain, Sir, your obedient servant, W. C. Homersham. The Secretary, London Hospital. *P.S.*—I noticed in the "Times" report of the meeting of the 3rd instant, that some formal business was transacted after the special proceedings, and that Mr. Carr-Gomm was in the chair." Then at the end of this paper I have had printed a copy of the agreement which I signed.

5756. We have got a copy of that already put in; you paid a sum of 13 *l.* 13 *s.* for the first three months?—For the first three months.

5757. And then, on your requesting leave to

Chairman—continued.

go away, the only method by which you could obtain the leave was, I understand, by paying another sum of 13 *l.* 13 *s.*?—The matron said that the only honourable course was to do so. She did not attempt to prevent my exit from the hospital.

5758. Your temporary absence from the hospital, do you mean?—No; she refused to give me permission to go away; she did not actually prevent me passing out of the gates of the hospital, but she asserted that I was never to cross the doors of the hospital again after I had fetched my clothes.

5759. If you had agreed to pay the extra 13 *l.* 13 *s.*, do you suppose that you would have had to leave?—I was told that the only way to leave honourably was to pay the 13 *l.* 13 *s.* It was not at all likely, going to my father's deathbed, that I should have returned to the work before the second term of three months was over. I had paid the 13 *l.* 13 *s.* on the 11th of December, and at the end of five weeks I found out that there were practically no advantages in being a paying probationer; and therefore I asked for an interview with the matron, was approved by the doctor, and practically became a house probationer about the middle of January, because I found it was very inconvenient having one's room in Philpot-street, and the work in the hospital; and I strongly objected to the accommodation for nurses in Philpot-street. Our rooms were not properly protected. On one occasion I was roused by a policeman, the front door having been left open; and he wanted someone to go over the house with him. I told the policeman that I thought the best thing he could do was to ask other people, certainly not me, and he went to the next room, where, I believe, one of the nurses did agree to go over the house with him. I also objected strongly to the fact that there was no better accommodation in Philpot-street. There was a bed in each room, but the supply of water was inadequate; there was a copper of water in the basement, from which the paying probationers had the opportunity of helping themselves to one can, supposing the fire of the copper had been lighted by the one servant, for it was left to her option.

5760. I should like to draw your attention to this: you say in the paper before me that when you had been only one fortnight in the hospital you were put in charge of a tracheotomy case, of a very special case?—As special nurse. Previous to that I had been put on as a special nurse between two cases of delirium tremens.

5761. You had no previous experience in nursing?—I had the previous experience of privately nursing among my own friends and relations, but no previous hospital experience.

5762. You were not absolutely inexperienced in the treatment of the sick?—I was not absolutely inexperienced in the treatment of the sick medically; but I had had no care of a surgical case of any kind.

5763. Were you entirely in charge of these delirium and tracheotomy cases?—I was special nurse; there was a head nurse in the ward, who had general charge of 16 or 18 or 20 beds.

5764. You were an assistant?—I was the special nurse, specially sent to the ward, and I

Chairman—continued.

was supposed to have sole charge of the special case or cases on which, as the hospital term is, I was set as special nurse.

5765. What were the hours of duty?—From 20 past 9 in the morning till 20 past 9 at night, with half-an-hour for dinner.

5766. And any time in the middle of the day?—None whatever; the two hours promised the probationers were from 20 past 7 in the morning till 20 past 9; in the middle of winter this was.

5767. So that from 20 past 9 in the morning till 20 past 9 in the evening you were in charge of these cases, with only that interval which you have mentioned?—Half-an-hour for dinner.

5768. And tea, what about that?—You took your tea sitting by your patient.

5769. Possibly delirious?—Christmas-day I spent in the hospital; I was special nurse on these two cases of delirium tremens.

5770. Then there were other cases, five cases in your ward?—No, that was afterwards, when I was in charge of the operation ward.

5771. How much experience had you had then in the hospital?—I had had three months' experience.

5772. What were those cases in your ward?—Amputation of the breast; amputation of the thigh; amputation of the lower part of the leg. There was a case of excision of the kidney; an operation for a new nose (a case of lupus); and a case of intestinal cancer, that came under my charge during the six and a-half weeks that I was in charge there.

5773. Had you any assistance there?—I had a special nurse for, I think, about a fortnight, on a case of excision of the kidney; and I had a special nurse for a few hours in the case of intestinal cancer. The patient died almost immediately after the operation; she died at midnight, the operation having been at two in the afternoon.

5774. You were brought in as a special nurse with a fortnight's experience in the hospital?—Yes.

5775. Had these other special nurses greater experience in the hospital?—I do not think so; I could not be sure.

5776. Do you consider that that work is too heavy, and of too responsible a nature, for anyone with only that amount of experience?—I know I felt the responsibility very keenly.

5777. Did you suffer seriously from it in health?—I had very good health in the hospital, and I was keenly interested in my work. I had good health while I was there.

5778. Do you corroborate what the witnesses have said as to the food?—Yes; I never trusted myself to the hospital food in the ordinary way; and to the circumstance that I took daily exercise in the open air I attribute the fact that I kept my health during the time I was there. I was only there five months.

5779. How did you manage to get your food?—I had two hours off daily, and my friends visited me several times a week, and invariably supplied me with food; and when I went out for my two hours' walk I always got a good meal outside the hospital.

5780. Have you any experience of nurses working when ill?—On one occasion I was sleeping

Chairman—continued.

sleeping in the bed next to a nurse who asked me to take an excuse down, and say she did not feel well enough to go on duty. I was told to take back the message that the matron said everybody was to go on duty that night; this nurse went on duty, and I subsequently heard from the night sister that on the visit of the house physician to the ward she was found to be covered with the rash of scarlet fever, and that he refused to allow her to be moved to the fever hospital, saying that the case had gone too far; and she was nursed in the nurses' sitting room in Rachel Ward. She had not recovered by the time I left the hospital.

5781. Can you tell us the name of that nurse?—Nurse Lambert.

5782. And when was this?—About March 1885.

5783. Can you give the name of the physician?—I do not know the name of the physician; I was on the surgical side.

5784. Were you ever on night duty?—Yes, I was on night duty in the operation ward; it was on night duty that I was in charge of the operation ward.

5785. Were you a paying probationer then?—No, I was not; it was during the seven weeks when I was a house probationer.

5786. Were you ever on night duty as paying probationer?—No; paying probationers did not go on night duty at that time unless they specially asked.

5787. As far as your experience goes, that rule was adhered to?—Yes.

5788. Did you ever hear of any objection being made to overcrowding in the wards?—I know that Sir Andrew Clark had a great objection to his ward being overcrowded, and when extra beds were put in it, they were wheeled out about half an hour before he arrived, and wheeled back again within half an hour of his departure.

5789. That you know?—That I assisted to do myself.

5790. Was the patient in the bed at the time that it was so wheeled out?—The patient was in the bed, and it was wheeled through the archway from Holland Ward to the Fitzgerald Ward; two or three beds.

Earl *Cadogan.*

5791. By whose orders?—I cannot say; I received my orders from the sister or from the staff nurse.

5792. You do not know who gave the orders to the sister?—No.

Chairman.

5793. Where did you wheel them to?—Into the next ward.

5794. Was there no other reason for wheeling them out, for a change, for instance?—What was said, was, that Sir Andrew Clark would have ordered them out if he had seen beds belonging to other physicians in his ward, because he, himself, would not take more than the number of patients that the beds would accommodate; and as far as I could tell from what I heard at the time, I believe that he felt strongly on the subject of overcrowding.

Chairman—continued.

5795. Then were they brought back again after he left?—Yes, about half an hour after his departure.

5796. Was this circumstance that you allege, one that happened often during the visits of Sir Andrew Clark?—Sir Andrew Clark came twice a week to visit in Holland Ward, and I was in the ward about six weeks, and this occurred three or four times. You see of course he paid his visit twice weekly. I was only the probationer in the adjoining ward, Fitzgerald Ward, for six weeks during that time.

5797. When these patients were wheeled out into the next ward who looked after them?—The nurse in that ward.

5798. Then did not Sir Andrew Clark see these patients at all?—No, he did not; the wards were like this (*describing their position*); Sir Andrew came in at this ward (*pointing*), and came straight through to his ward there (*pointing*); he did not go into that ward.

5799. Who did look after these patients; whom were they under?—They were under one of the physicians who had beds in the ward.

5800. A senior physician?—One of the visiting physicians. There were four physicians I think in that particular ward that I am alluding to, and the extra beds were put round where there seemed to be most accommodation; only Sir Andrew Clark objected to extra beds in his ward, and consequently when they were put up in his ward, they were moved out during his visit, I suppose in order that he should not see them or object to them.

Earl *Cadogan.*

5801. Did the physicians of the other ward make any remark at these patients being wheeled into that ward?—They did not visit during the days that Sir Andrew Clark visited. One physician came on Wednesday and Saturday, another on Monday and Thursday; I forget now which Sir Andrew Clark's days were, but we will suppose Monday and Thursday; then they would be moved out into the ward of the physician who visited on Tuesday and Friday.

Earl *Spencer.*

5802. Did they always take care that they did not move patients who were seen by Sir Andrew Clark?—They did not move Sir Andrew Clark's patients.

5803. There were other physicians who visited the ward?—There were four others. The using of the word "ward" in different senses causes confusion sometimes. We speak of wards and of blocks of wards; I am speaking now of Harrison Ward; Harrison Ward consists of a ward known as Harrison Ward, and three others, which are really the Harrison block, and Sir Andrew Clark had one ward, the Holland Ward in the Harrison block. Dr. Sutton, Dr. Gilbart Smith, and other doctors had beds in the other wards of that block.

Chairman.

5804. Have you ever had to make complaints of the food or of the treatment you received in the hospital?—I complained on one occasion to the matron of insulting language from a house surgeon,

Chairman—continued.

surgeon, who was not sober; and I was told that it was training in self-control; that I must listen respectfully to anything that the staff chose to say to me.

5805. What occurred after that; what was the result of your complaint?—I asked the matron to report the matter to the house committee, and she said that she could not do so, and that it was training in self-control for me.

5806. After that did you ever make another complaint?—I complained, not to the matron directly, but to the night sister with regard to the double occupation of our dormitory. Nine night nurses slept in the room, which is, I believe, now the sick room you hear spoken of as the nurses' home, and there was a tenth bed unoccupied in this room (I should say that the beds were two feet six inches wide), and it was supposed that during the night (of course we night nurses were in bed from one o'clock till nine at night) one of the two sewing women occupied the one vacant bed; but from personal observation, I had very little doubt that while one slept in the vacant bed, the other occupied one of the beds supposed to belong to the nurses.

Earl *Cadogan.*

5807. But you do not know that, as I understand you?—I think when nurses who do not use pomade or hair oil, find their pillow smelling very much of it, they have some reason to think that the pillow has been slept on by some one else.

Chairman.

5808. Did you hear anything of the result of that complaint?—I asked the night sister if I had not better speak to the matron myself, and she strongly advised me not to do so. It was the day that I applied to the matron for permission to go home and nurse my father.

5809. You mentioned a case just now in which you made a complaint of some abusive language used to you by one of the medical officers of the establishment, whom you considered not to be sober?—Yes.

5810. How long had you been in the hospital when this occurred?—Rather less than four months.

5811. Was this at night or in the day time?—At night.

5812. Very late?—It was about midnight.

5813. You were a night nurse then?—I was night nurse in the operation ward.

5814. Who was the doctor?—Shall I give his name?

5815. If you please?—Buksh.

5816. And after reporting it to the matron, what you have just stated is all the redress you got?—Yes.

5817. And you do not know whether that case was reported to higher quarters or not?—No, I have no knowledge of that.

Earl *Cadogan.*

5818. May I ask generally, with reference to your evidence, to what date does it apply?—From 11th December 1884 to April 1885.

5819. And none of the evidence that you have given us applies to any period since 1885?—None.

5820. Are you aware whether any of those complaints that were made by you have been repeated since you left?—I was forbidden by the matron to cross the doors of the institution after I left, and I have never done so; and what communication I have had with my friends has been merely informal; nothing that I could bring forward.

5821. I will not ask you for hearsay evidence; but you cannot tell us anything of your own knowledge since 1885?—I cannot.

5822. I want to ask you some questions on the subject of this correspondence which you have read to us. I confess I do not quite gather what the exact circumstances were of which complaint is made. I will call your attention to what is at the end of this correspondence; a "copy of the agreement signed by each probationer." The last paragraph of that agreement which the probationer signs says this: "In the event of my leaving contrary to the wishes of the authorities" (I omit the next clause of the sentence) "within two years from this date I am to lose my claim to a certificate of training, and forfeit any payment that may be due to me at the time." You told us that the matron informed you, on your asking leave to go, that the only way in which you could honourably leave would be by a further payment of 13 guineas. I do not quite understand the meaning of that sum of 13 guineas?—The 13 guineas is paid by the paying probationer for three months' training, and it is paid in advance.

5823. Were you a paying probationer then?—I was not a paying probationer at the time when I asked permission to leave; but I had been a paying probationer for the first three months that I was in the hospital.

5824. And for these three months you paid 13 guineas?—I had paid 13 guineas on the 11th of December.

5825. What was the date of your request to leave?—The 30th of April.

5826. That is to say, some weeks after you had ceased being a paying probationer?—Yes, seven or eight weeks.

5827. When you asked to leave, the matron told you, "The only way you can do it honourably is by paying 13 guineas." Will you explain why she made that demand?—She said that I must pay the 13 guineas. The 13 guineas is usually paid in advance; but why she should have made the demand I am quite at a loss to understand. She did make the demand, however; and feeling that it was better to have a third person at the interview, when she made the demand I asked permission to go and fetch my brother.

5828. The question I ask is this: You had paid the 13 guineas in advance already?—For the three months ending the 11th of March. Then I became a paid probationer, and I was to receive a salary of 12 *l.* a year; and the matron said that the only way in which I could go home at all was by paying another 13 guineas; the 13 guineas which would have been due, in fact, on the 11th of March had I elected to remain as a paying probationer for another three months.

5829. And

Earl *Cadogan*—continued.

5829. And then did you forfeit any payment that was due to you at the time?—There was a salary of about 30 *s.* or so due to me, a salary at the rate of 12 *l.* a year. I had served seven weeks, so that there was seven weeks' salary due to me.

5830. What would have occurred if you had agreed to the demand offered by the matron, and behaved in what she considered an honourable manner; can you tell me exactly what your financial position would have been?—I should have paid a forfeit of 13 guineas; I paid 13 guineas on the 11th of December for three months' training; it was paid in advance; as to why the demand for the second 13 guineas was made I know no more than that it was made.

5831. I mean supposing you had agreed to the suggestion of the matron, what would have been the exact financial position then; you would have paid 13 guineas?—I should have paid in all 26 guineas for less than five months, but I think I ought to say that I should not have reaped the advantages supposed to be gained by those who paid the 13 guineas, that is to say, I should not have had a bedroom to myself.

5832. My object in asking you these questions is quite apart from what the matron is reported to have said to you about honourable conduct; I want to know what the exact financial position would have been if you had gone away on leave and returned?—But I should not have returned; because it was not for a moment to be supposed that any one going away to her father's death-bed would have returned under a month; and by that time the three months for which the second 13 guineas was demanded would have elapsed; they would have elapsed upon the 11th of June.

5833. You said that you asked to have a witness at the interview?—No; I asked the matron to allow me to go and consult my brother, and to bring him back with me, and she readily agreed that I should do so. I left the hospital and went up to Chancery-lane and fetched my brother back; and he and the matron had the whole of the conversation during the second interview She repeated to him her demand for the 13 guineas, and he asked to see a copy of the agreement; and he asked again and again, first, that I should have a fortnight, and then that I should have a week. I would say that I pointed out to the matron that a week's holiday would have been due to me in another month, and I asked if it would not be possible to allow me to have that, if nothing else (at my first interview that was), and she said that it was quite impossible; and at the second interview my brother asked for a fortnight, and then for a week, and she distinctly refused both.

5834. Then the demand for 13 guineas was a demand made as if you had continued to be a paying probationer?—The demand for 13 guineas meant that I should leave the hospital, on the assumption that I had always been a paying probationer. How the matron arrived at that assumption I am quite at a loss to inform your Lordship.

5835. But she apparently wished you to justify the assumption, by placing yourself in that position?—She apparently did, but I declined to do so.

Earl *Spencer.*

5836. Did you understand from the matron that she considered that the position of a paying probationer and that of a paid probationer differed, that is to say, that a paying probationer might have leave, but that a paid probationer could not have leave?—Yes.

5837. And I suppose she meant you to commence being a paying probationer again from the date when she agreed that you might go?—She said that I could only go on the assumption that I had remained a paying probationer the whole time I was in the hospital, so that it would appear that she wished the payment to be, as it were, antedated.

Earl *Cadogan.*

5838. And it also would have taken away from you the status of a paid probationer, which I understand to be more advanced than that of a paying probationer?—I could not say that, because some ladies prefer to go on paying for the whole two years.

5839. But you cannot receive any payment till you have had a certain amount of experience?—One month's.

5840. Therefore it would appear at all events to the outside public that one who was able to earn knew more than one who paid for learning?—It might appear so to the outside public; but as a matter of fact many people that I have known have paid for the whole two years, while they have been rendering, of course, valuable service to the hospital.

Earl of *Kimberley.*

5841. Taking your position as a paid probationer, I suppose you had a right to terminate your agreement with the hospital as a paid probationer?—I and my brother took it so; that in the event of my leaving contrary to the wishes of the committee, all I did was to lose my certificate and to forfeit any payment that might be due to me.

5842. Was there no provision whatever as to the notice to be given, supposing you wished to terminate your engagement?—No provision whatever. These (*producing some rules*) are the rules forwarded to me at the time.

5843. Then I understand that when you agreed to be a paid probationer, you agreed for two years, according to the rule?—When I entered as a paying probationer the matron perfectly understood that I might apply to be a house probationer; a paying probationer merely enters for three months.

5844. When you entered as a paid probationer did you engage yourself for a definite period of two years?—I did, ante-dating from the time when I first entered.

5845. But I understand there was no power on the part of the probationer to terminate the agreement during the two years?—I read carefully the agreement before I signed it, and I maintained that I had a right to terminate the engagement, if necessary, without any stigma of dishonour.

Earl *Cadogan.*

5846. This "copy of agreement signed by each probationer," which is printed with your correspondence, refers to paid probationers?—Yes, the

Earl *Cadogan*—continued.

paying probationers sign no agreement whatever.

5847. And I understand that the matron construed the agreement as not giving you any right to terminate the engagement during those two years?—That is what she said.

5848. And then she proposed to you to evade the agreement by making pretences that you had been a paying probationer when you had not in fact been a paying probationer, and that upon payment of 13 guineas, as a kind of fine, you should receive back an honourable discharge?—Yes, exactly.

Lord *Lamington*.

5849. You said that you always had your own food; did you bring your food in with you?—Yes. I provided myself with everything that I could; with my own meat, butter, sugar, vegetables, and fruit.

5850. You could not cook it in the hospital, of course?—I generally got one good meal at a restaurant in the course of the day, and brought in what was necessary in the way of tinned food, and so on, for nights.

5851. And then as to your evidence with reference to the beds being changed when Sir Andrew Clark visited his ward, and being placed in another ward, were they placed in that ward simply because the hospital was over-crowded?—Yes.

5852. Then that other ward was still more overcrowded during that time?—Yes, it lasted only two hours.

Lord *Monkswell*.

5853. You told us as to your leave, that it was not to be supposed for a moment that you would return in less than a month Do not you think that the matron might have some reason to think that that was rather a long leave, considering that nurses were rather wanted in the hospital?—Had I been a paid nurse I should certainly have returned in less time; but if I had to be a paying probationer, and I was at liberty to stop at home as long as I pleased, I do not think that I should have left my widowed mother under a month.

5854. But I understand that you went to the matron to make your request for leave in the position of a paid probationer, not in that of a paying probationer?—But I asked for one week's holiday then.

5855. If you told the matron that it was not to be supposed that you would not come back in less than a month, it would have seemed rather absurd to ask for a weeks' holiday?—No, I did not tell the matron that; but what I say is, that when she told me that I could only go by becoming a paying probationer again, the result was that there would be very little time remaining out of the three months, supposing I was at home for a month. I never told the matron that I should not come back for a month. Had the matron given me a weeks' leave, and had my father not died, I should have returned at the end of the week.

5856. You say you had two hours off every day, but you say the full day was from 9.20 to 9.20?—It was from 9.20 to 9.20, without the two hours for special nurses, and from 7.20 to 9.20 or ordinary nurses, with the two hours.

Earl *Cathcart*.

5857. The beds of those patients who were wheeled into another ward, under the circumstances you have described, would be put in the fairway, would they not, in the passage, because you could not put the beds up against the wall?—I think two beds were wheeled closer together, and one was put between them and the next bed.

5858. But some of the beds were left in the passage, were left in the fairway, I suppose?—There was one put at the end of the ward.

5859. You have spoken of your brother, is he a professional gentleman?—He is in the Civil Service, at Somerset House; he is present here to-day if you like to see him.

Earl of *Arran*.

5860. In moving these beds they were not taken out of the ward into an outside passage; they were moved from one sub-division to another, as I understand?—There was an archway between the two wards, and they were wheeled through the archway.

Lord *Thring*.

5861. With respect to this agreement, which is signed by probationers, I see that the last clause of it is: "That in the event of my leaving contrary to the wishes of the authorities, or of my being discharged for misconduct within two years from this date, I am to lose my claim to a certificate of training, and forfeit any payment that may be due to me at the time." I presume you consider that if you did leave contrary to the wishes of the authorities, you had a right to leave, because you suffered that particular penalty?—Yes, exactly.

Lord *Zouche of Haryngworth*.

5862. About this question of Sir Andrew Clark's ward; is it a common thing for a physician to have a ward set apart for him?—Yes, either a ward, or so many beds in a ward.

5863. And then he has so many beds, and it is supposed that nobody interferes with them?—They are attended by himself and the house physician also on his behalf.

5864. And does not it occasionally create some confusion in arranging the beds if a physician can say, "This ward entirely belongs to me, and nobody else is to come into it"?—You mean that another doctor is not to come in to it?

5865. Yes?—Well, as a matter of fact, they do not do it?—I have known many cases where the beds of another physician have been put up, cases where an extra bed or two have been given to another physician, but it very seldom happens that a physician has a whole ward to himself, it more often happens that he has so many beds in a ward. Sir Andrew Clark, I think, had the whole of the beds in the ward which I am alluding to, at all events he had the greater number of them, and from what I was told he evidently had very strong opinions upon the subject of overcrowding; indeed I have myself heard him express those opinions very strongly in the various lectures he gave to students.

5866. You have spoken about taking daily exercise, for which you had always an opportunity, I suppose?—Yes, almost always.

5867. Do

Lord *Zouche of Haryngworth*—continued.

5867. Do you think those opportunities are sometimes neglected by other nurses, and that they make themselves ill by not taking a sufficiency of exercise?—I do not think that would be a fair way of putting it. I think that sometimes nurses are so absolutely run down that they are unable to take exercise themselves, and their pecuniary position is such that they cannot afford to drive. I think myself that in many cases they are so thoroughly overdone, and perhaps have so thoroughly expended their energies in the wards, that they have no energy left to look after themselves properly.

Earl of *Lauderdale.*

5868. Did you take any further action after this correspondence, which takes up to June the 6th, 1885?—I had some informal communication with a late member of the house committee; he was a personal friend, and a gentleman whom my parents greatly respected, and he begged me for the sake of the hospital, to carry the matter no further. He said that I could be reinstated if I wished it, but of course, as you see in one of the letters, I promised my father that I would not go back to the hospital, and I simply declined to make any promise whatever as to carrying the matter no further, and said that should such an opportunity ever arise, I certainly should take the opportunity of using the correspondence.

5869. And that is all that has occurred?—That is all that has occurred.

5870. You never took any action for the sake of obtaining any redress for these things, such as is suggested in the earlier part of the correspondence?—I appealed from the matron to the chairman of the hospital, from the chairman of the hospital to the committee of the hospital, and from the committee of the hospital to the governors of the hospital.

Lord *Thring.*

5871. I should like to ask you another question with respect to this very serious charge against this doctor; as to the particulars of that, can you give the exact date when it took place?—I have not the date with me, but I think I have it at home; it was about the middle of March.

5172. Perhaps you would furnish it to the Chairman?—If I have it among my notes, I will.

5873. Where did it take place?—In the corridor of the hospital. Would you wish me to repeat what he said?

5874. I would wish to know first was anybody near you?—No. He called me out of the ward, out of the presence of my patients, and addressed me.

5875. Have you any objection to say what he said?—No. I had been sent for by the matron to explain why I had not reported a case of burn, where the sister of the ward had burnt a patient under my charge, and I said to the matron that I had not done so because I had received distinct orders from the sister not to tell either the house surgeon or the night sister; and the matron exonerated me from blame in the matter; but the house surgeon on the following evening said that he had heard the statement I had made to the matron, and that he considered it was a malicious lie told to the matron for the purpose of screening the day nurse, whom he assumed to be a friend of mine.

Lord *Thring*—continued,

5876. He meant that it was a malicious lie of yours, did he?—That it was a malicious lie of mine.

5877. You understood him to mean that it was a malicious lie of yours?—He said it was a malicious lie of mine, my stating to the matron that the sister had told me not to report the matter to the house surgeon or to the night sister.

5878. Did you make any note of this statement, any written note?—I think I have a note of it.

5879. But do you recollect this: that you did at all events at the time make a note of it?—At the time I did certainly, and I believe I have a note of it now.

5880. And it was fixed in your memory on account of the insult?—Yes; and I went the next morning to the matron and complained of it.

5881. Do you think you could produce your written note of it?—If I have it, I will.

5882. What reason had you to think that the man was drunk?—From his general appearance, and from the fact that I had seen him the worse for drink on one or two previous occasions; and on a subsequent occasion he was so much intoxicated that the night sister had to assist him in undoing a dressing; when, after an hour and a-half he left the ward, she turned to the probationer assisting me and to myself, and requested that we would not mention Mr. Buksh's condition in the hospital, and we, both of us, promised we would not do so. I think it was a notorious thing in the hospital.

5883. What do you mean by "the worse for drink"; could he speak?—He could speak, but not very distinctly; his English was never of the very best.

5884. Why did you think he was the worse for drink?—I think one can hardly have hospital experience without knowing when a man is the worse for drink,

5885. You were satisfied in your own mind that he was either drunk or the worse for drink: could he walk straight?—With difficulty; occasionally he walked straight, and occasionally he did not.

5886. Does that doctor still remain at the hospital?—I believe not; I was told by the matron that he was nearly at the end of his three months, and that it was not at all likely he would go on again.

5887. Did he go on again?—I do not know; it was only a short time before I left the hospital that this occurred.

5888. You are perfectly satisfied with reference to the charge you have made that the facts are such as you state?—I am perfectly satisfied.

5889. You are perfectly satisfied in your own mind that the man was drunk?—He was the worse for drink; and as I said before, that was not a solitary occasion.

5890. I think you said that a night nurse was present, and that she asked you not to speak about

Lord *Thring*—continued.

about it?—On a subsequent occasion a nurse and myself were present. It was in this way; there was a case of excision of the kidney, which is, of course, a very critical case, and was in such a condition that the patient needed the services of the surgeon, and the sister summoned the surgeon and told him that the dressing was saturated.

5891. By "the surgeon," you mean this same doctor?—Yes; this was on a subsequent occasion. He argued that the dressing was not saturated.

5892. You were present?—I was present; and finally, as he expressed it, to satisfy the sister he did change the dressing after a fashion. He then wished to inject hyperdernically morphia, but the patient received a hint from myself to pretend to go to sleep, and the sister said that her hyperdermic syringe was out of order, and I carefully hid the ward syringe in my pocket, for I did not consider that he was in a fit condition to administer morphia to a patient.

5893. Is that sister here, do you know?—I do not think so; I have no knowledge of her whereabouts.

5894. Is she still at the hospital?—I believe not; I am not sure.

5895. What is her name?—Her name is Manley.

Earl *Cathcart.*

5896. You were close to the doctor?—I was in close attendance on him.

5897. Did he smell of drink?—Decidedly.

5898. About the burn; what was the nature of the burn?—This is only what I hear; I saw the burn afterwards; but what I was told was thrt the sister burnt the patient with a hot water-bottle. The burn was over the inside of the arm; it was a practice in the hospital to apply a hot water-bottle over the region of the heart when a patient was in a state of collapse.

5899. Was the bottle leaky, and did that cause the burn?—No, it was a tin one; and it was too full, and the water in it was too hot. The bottle ought to have been thickly surrounded with flannel.

Lord *Thring.*

5900. What was the date of this last transaction, the dressing?—I should say it was about the middle of April.

5901. Did you make any note of it?—I do not think so; you see I was only in the ward for a very short time; and I have a very good memory, and I think I can recall what actually occurred.

Earl *Cathcart.*

5902. Please let me understand: did the water joggle over or was the bottle overheated?—The bottle was overheated.

Lord *Thring.*

5903. Of course you mean it was accidentally done?—It was accidentally done; but the sister said it was not to be reported because she had had two or three previous cases of burns in the ward. I think perhaps I ought to tell your Lordships that the sister was subsequently discharged from the service of the hospital; on the whole matter being inquired into she was called upon either to resign or to receive her discharge.

5904. That is over the matter of the burn?—That is over the matter of the burn.

Earl of *Arran.*

5905. Did you feel justified in not carrying the matter further as to the intoxication of the doctor; in not bringing it to the knowledge of the hospital authorities, when it was so serious a thing?—The matron lays down in a book which I have here before me, very distinct orders with regard to what the probationers' duties are. This book is "Lectures on Nursing," by Miss Lückes herself; and it was one of the unwritten laws of the hospital that probationers shall make themselves fully acquainted with it. "Implicit obedience is the clear duty of a probationer, and you must not add to the difficulties of those whose duty it is to rule by questioning what they say. The responsibility does not rest with you. There may be excuses for ignorance on the part of the probationer, but be sure there can be none for disobedience."

Lord *Thring.*

5906. What do I understand you are reading from?—From the published edition of the matron's lectures to the probationers in the London Hospital.

Earl of *Kimberley.*

5907. Do you understand that that precludes you from making complaints?—If you will allow me, I will read another passage from the same book.

Earl *Cadogan.*

5908. Is that recognised as governing the rules and practice of the hospital?—The matron reads these lectures to the probationers herself.

5909. But does it govern the rules and practice of the hospital?—To the best of my belief it does.

Lord *Thring.*

5910. Who is it published by?—Kegan Paul and Company; and the lectures are read yearly to the probationers by the matron herself.

Earl of *Kimberley.*

5911. Whether these are among the hospital rules or not, I suppose if this book is published by the matron and put into your hands, it would be a very rash person who did not receive them as rules?—It would be a very rash person who did not.

5912. You said you would read the portion which bore upon your remark as to not making complaints?—"I am far from saying that you never have anything to grumble at, but I do emphatically say that, whatever your grievance may be, grumbling is not the way to mend it. Do not misunderstand me and think that I wish you to put up with everything you do not like without mentioning it. I mean, speak of it only to those who have the power to alter it. That would be complaining

Earl of *Kimberley*—continued.

complaining to some purpose, and is a very different thing from idly spreading a feeling of discontent that helps nobody. Try and remember as much as you can when you find things irksome to you, that those in authority are sincerely desirous of doing what is best for all; and if you cannot always see this, and do not agree with their view of the matter, whatever it may be, at least this conviction will render it less difficult for you to do your part." And I can assure you that I tried hard myself to avail myself of that conviction.

Earl *Spencer.*

5913. There is nothing there, is there, to prevent your complaining to the right person?—Who is the right person if not the matron? The matron is the supreme head of the probationers.

5914. In the case where you were told not to complain, was it not to complain to the matron? I was advised in a friendly way by the night sister not to complain to the matron; she said she had mentioned the matter to her, and it would be better for me not to do so.

Chairman.

7915. Is there anything more you wish to say?—I would like to point out to your Lordships that I did my very best to arrive at justice for my case and that I signally failed. The authority, whether tyrannical or otherwise, of the matron has been upheld by all those who are or who may be considered as her superior officers. I think I may say that we did our utmost to thrash the matter out, and, as your Lordships see, have failed.

Lord *Monkswell.*

7916. The matron did know, somehow, that you had brought this complaint against the doctor?—I spoke to her upon the matter, and it was the matron who declined to bring the matter before the house committee. You will understand that the matron is supreme head of the probationers.

Earl of *Kimberley.*

5917. Did the matron tell you that she had determined not to bring it before the house committee?—She said she should not think of doing so; that it was training in self-control for me,

Earl of *Kimberley*—continued.

and she intimated that it was a very valuable experience.

Earl *Spencer.*

5918. Did that refer to the case where you and a sister interfered about the syringe?—No; it referred to the occasion on which the doctor said my statement was a malicious lie.

5919. In the second case you did not go to the matron?—No, I had experience then how little use it was going to her.

Lord *Monkswell.*

5920. Did you tell the matron that you thought he was the worse for drink?—I told her that he was the worse for drink, and she seemed to think it was very probable that he was.

5921. You did not ask what would be a sufficient matter to bring a complaint about before the house committee?—No.

Chairman.

5922. Have you come forward spontaneously to give your evidence?—Spontaneously. I offered my evidence to the committee clerk. I came down here on Monday, and I was not asked by anybody to give my evidence; I volunteered my evidence; and I said I had a copy of the correspondence. I subsequently spoke to a gentleman who is interested in the matter, but I spontaneously offered my evidence; I was not asked by anybody.

5923. Is there any more evidence you wish to bring forward to corroborate what you say?—I would like you to examine my brother, if you like to do so. He is present here to day, and he was present at the second interview with the matron.

5924. I do not think that is necessary. We have the correspondence?—I would point out that the house committee say that they have made a full investigation into the matter, but they never addressed one single enquiry to either my brother or myself. There were three people present at the interview, the matron, my brother, and myself; and not one single enquiry of any kind was addressed to us; nor were we given any opportunity of appearing before any body of any kind.

The Witness is directed to withdraw.

MR. WILLIAM COLLETT HOMERSHAM, is called in; and, having been sworn, is Examined, as follows;

Chairman.

5925. Do you corroborate what was said by the last witness?—Exactly.

5926. I do not think we need examine you on the matter beyond getting the facts. There is one question about the interview that I should like to ask you. In one of these letters from Mr. Carr-Gomm, he says, in the second paragraph: "The conduct of the matron appears to have been in strict accordance with the bye-laws of the hospital, and the wishes of the committee; but I regret to find that in your interview with her you did not address her as she should have

Chairman—continued.

been addressed, not only as a lady, but as official head of the department in which your sister was serving." What do you take it that he there complains of?—I take it that what they complained of was this: the matron first thought I was going to pay the thirteen guineas, but I refused. I asked for leave for my sister, and the matron said I could not have it. Then I asked to see the agreement: she looked for it, but could not find the signed agreement, so she gave me a blank copy; I said that that agreement clearly implied that under sufficient circum-

Chairman—continued.

stances my sister would be allowed to leave if necessary; but my sister did not wish to leave, only to come home to my father who was dying. Then, after that I said that if necessary I must avail myself of the penal clause. She had leant back in her chair, and again refused leave of absence, saying: "These cancer cases are very tedious." My father was dying of cancer; I did not like her putting it in that way, but I said nothing about that; I then said that I should avail myself of the penal clause; she said that if my sister did anything of the sort, it was disgraceful and dishonourable; I then stood up and said, "Well Miss Lückes, that closes the interview," and as I was about to leave the room, and my sister with me, she called out "Nurse, I wish to say something to you" I then said, "anything you have to say to my sister you must say in my presence, and speaking as one lady to another." She then took up her little dog, which she had on her lap, gathered up her train, and went out of the room, and as she went out of the room she said, "Nurse, you can fetch your clothes to-morrow, and you will never cross the doors of this institution again." I had told my sister that I thought there must be some misapprehension about the 13 guineas; I could not understand why the matron wanted the payment; I could not imagine such a demand to be possible.

Chairman—continued.

The Witness is directed to withdraw.

Miss MARY RAYMOND, is re-called; and further Examined, as follows:

Lord *Thring*.

5927. WERE you dismissed during the first year of your stay at the hospital?—Yes, I was told to go.

5928. When was that; after what period of your stay?—I had just returned from my holiday, after my year's holiday.

5929. What ground was alleged for your dismissal?—Everything in general.

5930. What was there especially; was there no special ground stated?—I could not find any.

5931. You were simply dismissed?—Yes, told to go.

5932. What was told to you?—I was told that I was incompetent.

5933. What happened then; you were dismissed by the matron, I presume?—Yes, dismissed by the matron.

5934. As far as you know, nobody else was consulted as to your dismissal?—No, I got ready to go, and I should have gone if my friend had not taken it up.

5935. What did your friend do?—He corresponded with the matron, and asked the reason of my dismissal.

5936. And what was the end of the correspondence; what was the matron's answer?—She said the same thing as to me, everything in general; that I was quite unfit to become a nurse.

5937. After that what was the result of that correspondence?—That my friend wrote again; my father was too ill to take up the case, that is the reason why I was going away without making a to-do about it; but my friend took it up on his behalf, and entered into correspondence with the matron, and received a rude reply in reply to what he had written.

5938. And what did he reply?—He wrote back and said that he would call the committee, or at least consult the committee about my dismissal. Thereupon she wrote a letter back, and I remained.

5939. How long did you remain?—I completed the full term of two years.

5940. And then at the end of that time you received the certificate of competency, which you have shown us?—Yes.

Lord *Thring*—continued.

5941. Therefore, though you were dismissed in the first year for incompetency, you received a certificate of competency at the end of the second year?—Yes, I was put in charge of a ward, after being there six months.

5942. But the matron dismissed you as incompetent?—Yes, the matron dismissed me as incompetent then.

5943. And then at the end of the second year you got a certificate of competency?—Yes.

5944. What was the period during which you were away from the hospital under this sentence of dismissal?—I did not go away at all; I was told to go, and I got ready to go, but by the advice of my friend I remained.

Chairman.

5945. Have you got the correspondence?—Not with me. I daresay I can find it.

5946. If you can find it will you send it to me?—Yes.

Lord *Zouche of Haryngworth.*

5947. But I suppose this correspondence must have occupied some little time?—I think only five letters passed.

5948. And during the whole of that time, you remained at the hospital as if nothing had happened?—Yes.

Earl of *Lauderdale.*

5949. Did you continue to do your duties during the period of that correspondence?—Yes, I did.

Lord *Thring.*

5950. What was the exact date of the correspondence, do you know; can you tell me the date when the matron said that she discharged you on the ground of incompetency?—I think it was in April, but I can easily find the date from my book.

5951. Did you make a note of it at the time?—No.

5952. What year was this in?—In 1889.

5953. Is the friend who assisted you here?—No, he is not.

5954. What relation is he to you?—No relation at all; he is a clergyman.

5955. The

Lord *Thring*—continued.

5955. The clergyman of your parish?—No, he had been a clergyman in a parish where I had been a district visitor.

5956. And therefore, of course, he knew you well?—Yes.

5957. And he took it up from kindness?—Yes, from kindness, because I had no friends to appeal for me, my father being so ill.

Earl of *Lauderdale.*

5958. How did he hear of it?—My sister wrote and told him.

5959. Were you sent away at once?—I understood that I was to go at once. There was no time stated for my going at all.

5960. How was it you remained on till the clergyman intervened?—Because I was advised to remain.

5961. Were you able to remain after dismissal? No, but I was told that as no time was stated, I had better remain while the correspondence went on.

Lord *Thring.*

5962. You were allowed to do your duties during the whole of the time?—Yes, and I was told to go back to my ward after the interview at which I was discharged.

5963. And could your friend come if the Committee wished it?—I think so; I am almost sure he could.

Earl *Cadogan.*

5964. Who told you to go back to your ward?—The matron herself.

Earl of *Lauderdale.*

5965. Then you heard nothing more after you were told to go back to your ward?—No; she told me to go back to my ward for the present, and that I should lose it in the result.

5966. And you heard nothing more?—No.

5967. You continued to do your work?—Yes.

Lord *Thring.*

5968. What is the gentleman's name?—The Rev. Kevill Davies, 56, Longridge-road, South Kensington.

The Witness is directed to withdraw.

MR. G. Q. ROBERTS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

5969. YOU are the Secretary of the London Hospital?—Yes.

5970. And how long have you been in that position?—Two years and a half.

5971. And you thoroughly understand the working of that institution?—I believe so.

5972. Would you tell us what the constitution of the hospital is?—The institution is governed by the governors in the first instance, who depute their power to a committee. The governors meet in a quarterly court; they hold four courts a year regularly. The committee meet every Tuesday at half-past one. I have the names of the house committee here; there are 30 members and the Treasurer on it altogether.

5973. What is a quorum of the committee?—Three.

5974. How many as a rule attend?—Eleven, I think, is the average attendance.

5975. Now those are non-professional men, are they?—They are all non-professional men, not medical men, that is to say.

5976. Have you any body of men corresponding to this non-professional body on the medical side?—On the medical side all the members of the staff whose names are enumerated in the report, meet together in the Medical Council, when summoned to do so, to deal with any matters in which their interests are affected. In addition to that, there is a college board for the management of the medical school and for the nomination of resident officers. Those resident officers are appointed by the house committee, on the nomination of the college board; the college board consists of six members of the house committee and six members of the medical staff, that is to say, the Medical Council.

5977. That is a mixed body then?—It is a mixed body.

Chairman—continued.

5978. The college board is for the management of the Medical College, the school at which the students are educated?—Yes.

5979. Their duties are restricted to the Medical College?—Yes.

5980. They have nothing to do with the interior economy or discipline of the hospital?—No, they have nothing to do with the discipline of the hospital.

5981. Now supposing that a case was brought forward of something being wrong with the nursing or something affecting a medical officer, what course would be pursued?—In the first instance, it would be brought before the house governor, who is the resident officer responsible to the committee for supreme control of every affair inside the hospital when the committee are not sitting; he reports weekly to the house committee.

5982. Is he a salaried officer?—Yes.

5983. What salary does he receive?—He receives 880 *l.* a year.

5984. And board and lodging?—No, merely a house.

5985. A house within the grounds of the hospital?—Within the hospital; part of the hospital buildings.

5986. Then what is the chain of responsibility in regard to the nursing, for instance. A complaint is made, say for instance, to the matron: where does she carry it?—The matron immediately lays it before the house governor before reporting it to the house committee; she reports everything to the house committee every week.

5987. Then the dismissals are made by the house committee?—Yes, by the house committee.

5988. Is that theoretical only, or is it so in practice?—It is in practice.

Chairman—continued.

5989. Because we have had a great deal of evidence to show that the dismissals were carried out entirely by the matron; have you anything to say about that?—It is not the fact.

5990. It is simply not the fact, you say?—I mean to say that if any date is given, or anything of that sort, I can give the matron's report, in which the case is mentioned before the girl is sent away; though there are very many instances in which girls are not discharged, but they are told by the matron that in her opinion they are not suitable for further training, and they leave the hospital; but there is no question of dismissal in any way.

5991. Then the matron has the power to give this delicate hint without reference to the house governor or the house committee?—No, I do not think so at all, because she reports it to the house committee.

5992. Then I am not quite clear about it. I understood you to say that the power of dismissal rested with the house committee?—Yes.

5993. But you say that in some instances where the matron considers that a certain girl is not likely to be suitable for a nurse she can say, "you are of no use as a nurse, and you had better go"?—I should not imagine for a moment that that is what she does say. She is educating the nurses; she is in the same position as the master of a school or the head of a college, she helps them in their work in every way.

5994. I understand you to say that the power of dismissal is with the committee?—Yes.

5995. You said a moment ago that "in many instances girls are not discharged but they are told by the matron that in her opinion they are not suitable for further training, and they leave the hospital." But that is tantamount to dismissal, is it not?—No.

5996. You think that after this advice from the matron, a girl would stay in the hospital and be very likely to have a pleasant service there?—Certainly; we have had cases before your Lordships already where that has happened.

Earl of *Kimberley*.

5997. Do you think it is a right thing that the matron should give an intimation of that kind without previously obtaining authority to do so from the house committee?—I should not like to say what my own personal opinion is; it could be nothing more than a personal opinion.

5998. I suppose you have formed some opinion upon it, do you think it is a good practice?—My own personal opinion would be that it would be an excellent practice.

5999. So that it does not appear to you that in point of fact, if that practice is allowed, it invests the matron almost with despotic power?—No, I think it does not.

6000. Do you think if you were told by somebody warning you that you were not likely to make a good student you would not go away at once without further inquiry?—I should either have my own opinion, or go and try something else.

6001. If the person who said that to you brought your case before the house committee, you would not consider that you had much chance, would you?—If she brought the case before the house committee I should immediately go, and consider it a dismissal; but the point I raised is that it was not brought before the house committee, and therefore not a dismissal.

Earl of *Kimberley*—continued.

6002. Therefore it does not appear to you (as it does appear to me) that this practice may lead to very arbitrary conduct on the part of the matron?—No, certainly not.

Lord *Thring*.

6003. By "dismissal" you mean a legal dismissal?—I mean dismissed either legally or illegally; sent out of the building.

Earl of *Lauderdale*.

6004. Does the matron make any report of this hint that she gives?—I do not know. When I say that, I do not know, I mean that I do not know that she does in every instance. In some instances, undoubtedly yes.

Chairman.

6005. Is there no record kept of the persons who come in and leave the service of the hospital?—Yes.

6006. Then would not it appear in that record that a certain person had left?—Yes.

6007. How would that be put down in the book; left of her own accord, or dismissed?—It would be according to the fact, whether she did leave of her own accord or whether she was dismissed.

6008. You see the one is a case of dismissal for bad conduct, or of neglect of duty, and the other is a hint to the effect, "you will not improve if you are trained, and you had better try something else"?—Yes.

6009. How would it appear in the records of the hospital?—I do not know. I do not keep that record. The matron keeps the register of probationers, and it will be handed in.

Earl *Cadogan*.

6010. The matron, I suppose, has supreme authority over the nurses?—I do not quite understand in what way you mean.

6011. Is there any other member of the governing body who controls the nursing staff?—The matron generally controls, and she is under the house governor.

6012. But, as a matter of fact, she does control the nursing department of the hospital?—Yes.

6013. Therefore a hint from her to a nurse that she ought to go, would be one which she practically would be able to enforce?—She would if later on she found that the nurse was not suitable. For instance, there was the case of probationer Page, who appeared before your Lordships as a witness. It was in April that the matron first reported to the committee that probationer Page was not satisfactory, "not suitable for further training." It was not until July that probationer Page left the hospital.

6014. But in that case did the matron give what we call a hint?—The matron reported to the house committee.

Chairman.

6015. Were you then secretary?—I was then secretary; it happened last year.

6016. Then

Earl *Cadogan.*

6016. Then after having given a hint to this nurse that she was unfit for the performance of her duty, how long was she continued in the service of the hospital?—She stayed for some time to see if she could do any better.

6017. By permission of the matron?—By permission of the matron. A report to the house committee does not mean a dismissal. On the 30th April the matron made this report: "Probationer Page who has been here about eleven months is not suitable for further training. She has not very good health, which perhaps excuses some of her failings; but while she has probably done her best, she lacks the necessary capacity for nursing." Then it was on the 26th July that the next report was made to the House Committee in reference to probationer Page, and it was to this effect (I do not know on what date probationer Page left the hospital exactly; it will be put in by the matron): "In reference to your inquiry respecting probationer Page, she left as duly reported to you, having, after repeated trials, proved unsuitable for further training." That is part of the report which you have already had.

6018. Did she leave of her own accord?—No, she did not leave of her own accord, she was dismissed.

6019. I want to know who dismissed her?—The House Committee agreed with the recommendation of the matron.

6020. I understand that she left between the hint and the report to the House Committee; is that so?—I cannot say now whether there was another report to the House Committee between or not.

6021. We want to get at the exact means by which these nurses are obliged to leave; they either receive a hint and go of there own accord, or a report is made to the committee and they are dismissed. In this case it appears that there had been a hint given, and the nurse to whom the hint was given appears to have been allowed to remain a certain time in the hospital, and then to have left before a report was made to the committee; now do you consider that she was dismissed or not?—Yes, I believe she was dismissed.

6022. Who by?—I consider that she was dismissed by the committee.

6023. But I understand that the report to the committee was after her dismissal?—I cannot say whether there was another report to the committee between.

6024. Have you any record of it?—I have not any; it would be in the register.

6025. What is the procedure by which these nurses are dismissed or retained. As I understand, the matron is in the habit of giving a hint upon which several nurses have acted and have left. Other nurses are reported to the committee as being inefficient, and are naturally dismissed. But here is a case which has been before us in which a hint was first given; the nurse concerning whom the hint was given, that she was incapable of performing her duties, was allowed for a certain time to perform those duties; she then left, but before any report had been sent in to the committee. Now I ask who dismissed in that instance?—I do not know that she was dismissed before a report had been sent in to the committee.

Earl *Cadogan*—continued.

6026. Was she dismissed then after?—Yes,

6027. I thought you said you did not know?—I know that she is a case of a probationer who was dismissed from the hospital; and the probationers who are dismissed do not appear before the committee; they are not dismissed in the room by the committee, but the matron tells the probationers the wishes of the committee.

6028. They are dismissed with the sanction of the committee by the matron?—Yes.

6029. It did not appear to me that that was the case with the special nurse to whom I am alluding now, judging from your evidence; you did not appear to be aware of the circumstances of the case?——

Earl *Spencer.*

6030. Is there a record of the decision of the committee when such a case comes before it?—Merely of course that the report of the matron is kept, and the minutes of the House Committee state whether the report is agreed to.

Earl *Cadogan.*

6031. Is there any record in the case of the nurses who take the hint?—In the register of the nurses you will see stated exactly the circumstances under which they left the hospital.

Earl of *Kimberley.*

6032. Is the report of the matron acted upon as a matter of course by the committee, or is there inquiry?—No, not as a matter of course; we frequently have long discussions.

6033. Then I suppose the matron herself is referred to, and her explanations received?—Yes.

Chairman.

6034. Are you prepared to speak about any of these cases that have been mentioned by Miss Yatman, cases where nurses have been suffering from blood poisoning and so on, and have gone on working still with bound up hands and fingers?—No, not at all.

6035. You know nothing about that?—No.

6036. Was that before your time?—No; it could not have been, because Miss Yatman was not there before my time, I believe.

6037. Do you disbelieve those cases?—I myself know the medical staff, and I know the members of the staff who look after the nurses, and I heard what Miss Yatman said about the fact that nurses were neglected; and afterwards Mr. Valentine stated that the nurses were never attended to in the sick room; and such a case as you spoke of as a bound-up finger is one which would have been under the care of Mr. Treves; he is one of our principal surgeons, and he has taken to himself the care of the nurses in all surgical cases, and I wrote to him to ask him if that was the fact. I have a letter here from him which I should be glad to read.

6038. Mr Treves will no doubt come ond give evidence?—He has not been appointed by his colleagues to give evidence.

 6039. I refer

Chairman—continued.

6039. I refer to these cases: Nurse Stocking, Nurse Furnace, Nurse Sabel and Nurse Scott; do you think those cases can be dealt with by the doctor who attended them?—By the doctor who attended them, and by the matron of course.

6040. Now I want to ask a question or two in regard to this committee, that is the weekly committee composed of 31 members with an average attendance of about 11. Now what do they do when they sit. You attend that committee in your capacity as secretary, I presume?—Yes.

6041. And they commence by reading the minutes?—The minutes are read and the minutes of any special sub-committees are read; then the cash book is examined for the week, and the treasurer's book, and various other small regular things, such as the appointment of the house visitors for a fortnight, who go round the hospital and see what is going on as deputed by the house committee; and then the reports are taken in order of the house governor, the chaplain, and the matron, for the week; and then various matters which have cropped up during the week in connection with the business of the hospital, which I myself as secretray have received, are referred to the committee for their decision and direction how I am to act upon them.

6042. Who is the chairman of that committee?—Mr. Ind.

6043. How long has he been chairman of it?—Since Christmas last.

6044. With regard to these visiting governors, how many are there of them?—Two are appointed every fortnight.

6045. And do the visiting governors visit?—Very often.

6046. What do you call "very often"?—Some of them do visit; some of them do not.

6047. Two or three times a week?—No, not so much as that; as a rule three times to twice in the fortnight when on duty.

6048. Is it generally the case that the visiting governors go after the committee meeting?—I should not think they do as a rule go after the committee meeting. I do not know when they go.

6049. Have they any opportunity of finding out when there is a complaint, or things are irregular?—We frequently have reports from them of complaints.

6050. Then what action is taken?—Those are threshed out by the house committee and they deal with them in the best possible way they can.

6051. Do they ever appoint sub-committees?—Yes, frequently.

6052. Do they ever put medical men on sub-committees?—Yes, frequently.

6053. So that if there is some grievance of a nurse, or a complaint against a medical man, it would be threshed out you say by a medical sub-committee?—Not necessarily by a medical sub-committee, but if the assistance of the doctors is required they willingly give it. I write myself to the medical council asking them if they will kindly nominate some of their members to act with the house committee.

Chairman—continued

6054. But then to nominate some of their members for a mixed committee, the medical council would have to meet, would they not?—Yes, a meeting is summoned therefore, I believe.

6055. Are you the secretary of the medical council?—No, I have nothing whatever to do with the medical council.

Earl *Cathcart.*

6056. Do you have two minute books, a rough minute book and another?—Yes.

6057. Who keeps the rough minute book?—I write it myself.

6058. Not the chairman?—No.

6059. And you could produce your minute book at any time; you will probably have it in the room?—I have not got the minute book.

6060. Do you minute all the business that comes before the meeting?—All the business that comes before the meeting.

6061. You pass over nothing?—I do not think so.

Chairman.

6062. Have you got anything to explain about the circumstances under which Mr. Valentine left the hospital?—I have the various minutes of the house committee as they were passed in order.

Lord *Thring.*

6063. I understand that you attend every meeting of the committee?—Yes.

6064. Therefore you are acquainted with the proceedings of every meeting of the committee?—Yes.

6065. You know the reports that are made to the committee?—Yes.

6066. And you minute them?—Yes.

6067. Are you aware that the matron told Miss Page on a particular day that she was not to enter the walls of the hospital again?—No, certainly not.

6068. You heard that Miss Page said so here?—No, I do not remember her having said so; I did not hear that said.

6069. Then are you aware of this, that she left the hospital in the first week of June?—No, I do not know what date she did; that is stated on the register.

6070. Then are you aware that on the 26th July a report was made by the matron relating to Miss Page to the committee?—Yes.

6071. What were the contents of that report?—That report I began to read just now, but as your Lordships had heard it I did not continue reading it.

6072. You admit that you heard that report?—Yes.

6073. Did you or did you not know that at that time Miss Page was not in the hospital?—I myself personally would not have known or inquired.

6074. Was it, or was it not reported to the committee that she had gone at that time?—I do not know whether a report had been made before.

6075. I do not ask that. You were present on the 26th July; a report was made that Miss Page had been dismissed for incompetency, and various accusations were made against her; I want to know whether it was reported at that time that Miss

Lord *Thring*—continued.

Miss Page had left the hospital?—I can only see by referring to the report whether it is stated here or not. (*The Witness refers to the letter.*) The first statement here is to the effect that she was not in the hospital. "In reference to your inquiry respecting probationer Page, she left as duly reported to you."

6076. Then probationer Page had left the hospital before the report made on the 26th of July?—Yes.

6077. Then where was the confirmation by the committee that caused her to leave the hospital?—I do not know; I have not got it here, and I have not looked it up.

6078. But will you look it up, because it is extremely material?—Yes, certainly.

6079. Then I understand that the house governor has to be consulted before any nurse is dismissed; is not that the bye-law?—When the committee is not sitting, I believe that the matron sees the house governor on the business of the hospital every day; but the house governor is here, Mr. Nixon, and will appear in order before you.

6080. The point is this; recollect that the report was made on the 26th of July after Mr. Valentine had taken up Miss Page's case, whereas we are told that she was virtually dismissed, and did go in the first week of June; you understand the point?—I understand that

Earl of *Lauderdale.*

6081. Was there not a report before the 26th of July?—I do not know whether there was.

Chairman.

6082. Have you any power of dismissing, yourself?—None whatever. I do not deal with any officers at all.

6083. Will you tell me what your duties are?—I have to look after everything in the way of correspondence with the hospital; people write to the hospital frequently. I have to collect the subscriptions and look after the whole of the money including the investments and everything in connection with the finances of the hospital. I have to attend all the meetings of the committee, and keep the minutes, and all meetings of the court, and keep the court's minutes; then the sub-committees also I always attend.

6084. Then are all the accounts of the hospital under you?—Not all of them; part of them are done in the steward's office; that is to say, those connected with the tradesmen's accounts and the food supplied; that is to say in the house governor's office now.

6085. Then is there a staff of clerks?—Yes.

6086. Are they in your office or in the house governor's office?—I have two provided by the hospital in my office, and in the house governor's office there are four or five, five I think.

6087. Then in the case of anything going wrong in the hospital that comes to your notice, you report it to the house governor?—No, I do not report at all on anything that comes before my notice personally as to anything going wrong in the hospital.

6088. How would anything come before you?—Nothing would come before me except in

Chairman—continued.

writing, which I would at once lay before the house committee. No verbal complaint of any sort ever comes before me.

6089. Assuming this case, that a helper or a subordinate servant was found intoxicated, something of that sort, the report would go to the house governor not to you?—To the house governor, and by the house governor it is reported to the house committee.

6090. May I ask what salary you receive?—I receive 400 *l.* a year. I should say further that I have to manage the house property in connection with the hospital. We have a certain estate, the leases of which have fallen in, at the back of the hospital.

6091. And who do you confer with in the management of this property, with the treasurer or anybody of that kind?—We have an estate sub-committee, a sub-committee for the estate.

6092. Who forms that sub-committee?—Various members of the house committee selected for the purpose.

6093. Have you a treasurer to the hospital?—There is a treasurer, Mr. Buxton.

6094. He is an honorary officer, I presume; he receives no salary?—He receives no salary.

Earl of *Kimberley.*

6095. Mr. John Henry Buxton?—Yes; he was the chairman of the house committee for some years.

Chairman.

6096. Does he attend the meetings of the weekly committee?—Very often.

6097. What wages do your clerks get?—My two clerks get 50 *l.* a year each.

6098. And you cannot tell us what the clerks in the house governor's office get?—No.

6099. Then what further establishment have you at the hospital; I will not ask you about the number of nurses, because the matron will speak to that; but in the way of helpers, messengers, and so forth?—All the control of the messengers, and so on, is under the house governor. He would tell you exactly the number of porters and messengers, and so on, in connection with it.

Lord *Monkswell.*

6100. You say that no probationer is ever asked by the house committee why she leaves; who would be asked; would any nurse be asked why she left by the house committee; do the house committee ever have any nurse before them to ask the question?—There has never been one before it since I have been at the hospital as secretary.

6101. Then the house committee never inquire why any of their servants or employés leave; they have never had them up before them, and asked them?—No, they have never had them up before them, and asked them, that I remember.

6102. You know that it is customary in public institutions when any employés leave to ask them why they leave; but the house committee, you say, makes no inquiry of that sort at all, nor does it ask them if they have anything to complain of?—Only through the house visitors.

6103. At all events during the time you have

Lord *Monkswell*—continued.

sat with the house committee you have never heard the question asked, if anybody wants to leave, either why they leave, or if they have anything to complain of?—I do not believe I have.

Earl of *Kimberley.*

6104. In the case of the dismissal of a nurse, is the nurse summoned before the house committee to state her case?—No, I have never seen a case in which a nurse has been summoned.

6105. Have there been any cases of actual dismissal of nurses by the house committee since you have been secretary?—I do not remember a case. There was a question of the dismissal of a porter; the only case that I remember.

6106. Did the porter come before the house committee to state his case?—No.

6107. Is it one of the customs of the hospital to dismiss people without hearing what they have to say in their own defence?—The person himself was not heard in that case.

6108. I ask you whether it is the custom in your hospital to dismiss persons without hearing personally what they have to say in their defence?—I do not remember anybody appearing before the house committee to make their own self-defence.

Lord *Thring.*

6109. Did you ever know the committee differ from the matron with respect to the dismissal of a nurse?—I remember this case of probationer Page which was discussed.

6110. Do you ever recollect the committee differing from the matron with respect to the dismissal of a nurse; that was the question I asked you?—No.

6111. Does the matron herself appear before the committee and tell her own story?—Yes, I have known her come before the house committee.

6112. Are her reports usually written or simply spoken?—Always written.

6113. And does she always appear or not?—No, she does not always appear.

6114. But when does she appear?—When she is summoned by the house committee.

6115. But you have never known the house committee differ from the matron on the question of the dismissal of a nurse?—No, never.

6116. Have you ever heard of a sub committee being appointed to inquire into a case of dismissal?—No.

Earl *Cathcart.*

6117. Is any single member of the committee delegated to see a person so accused?—The chairman always does so.

6118. He interviews the person and reports to the committee?—I do not know whether he interviewed the porter or not; he reports to the committee.

6119. But in the case of the porter, did he make any report to the committee that he had seen the porter on the subject of the alleged offence and his dismissal?—I do not remember.

Lord *Thring.*

6120. Does he ever interview a nurse?—I do not know.

6121. Has he, to your knowledge, ever interviewed a nurse?—Not to my knowledge.

Lord *Thring*—continued.

6122. Then a nurse has always been dismissed on the recommendation of the matron, without her appearing for herself, or anybody appearing on her behalf before the committee?—I do not remember anybody appearing.

6123. Has anybody ever appeared before the committee to your knowledge, on behalf of a nurse about an alleged offence?—No.

Chairman.

6124. In the case of the dismissal of a nurse, it is laid down, I think, that the matron reports to the house governor, does she not?—I do not know whether it is so or not.

6125. "In the absence of the house committee" (that is every day of the week except Tuesday), "she shall be under the control of the house governor"; that refers to the matron. If she dismisses a servant or a nurse for misconduct she ought to report it, ought she not, to the house governor?—Yes.

6126. Are those proceedings put upon the minutes for the house committee to see that such a case has been brought forward?—No, not that she has spoken to the house governor.

6127. Then there is no means of knowing that any nurse has been heard by the house governor in support of her case, when reported to the house governor by the matron?—No.

6128. There is no appeal in the case?—The agreement which is handed into the probationer's hands says, that her dismissal is only subject to an appeal to the house committee. That is in paragraph 11 of Section XLVI.

Lord *Thring.*

6129. You say "subject to an appeal to the committee"; how is that appeal ever conducted by the committee?—The probationer would write to the house committee, and that letter written by her would be read by the house committee.

6130. In every case of dismissal?—In every case of their writing to the house committee.

6131. But how does she know how to proceed?—I do not know.

6132. Is it your opinion that when a right of appeal is given to a probationer it is the duty of the house committee to dismiss that person without affording her the right of appeal?—She has this power given to her.

6133. But is it your view of the case, that when the bye-laws of the hospital lay down a rule that a servant or nurse shall not be dismissed witnout an appeal to the committee, the committee do their duty in dismissing that person without giving her notice that she may appeal?—No further formal notice is given to her that she may appeal.

6134. And you think that that is right?—Yes, I think so.

Earl *Cathcart.*

6135. The long and short of it is, is it not, that if a nurse offends the matron, the sooner she goes the better?—I have nothing to say in reply to that question.

6136. I suppose, as the secretary of the hospital, the whole of the correspondence with the committee passes through your hands?—Yes.

6137. Have you known frequent instances of complaints made to the committee, either appeals from

Earl *Cathcart*—continued.

from the decision of the matron upon wrongful dismissal, or upon other points?—No, there have been very few indeed.

6138. And when they have been so made, have they been dealt with and considered by the committee?—They have been dealt with and very carefully considered by the committee, and on one occasion I have known a special committee summoned for the purpose of considering them.

Chairman.

6139. Who has the business of the dieting of the patients in the hospital?—The house governor deals with it; there are diet tables prepared.

6140. You have nothing to do with that?—No.

6141. Do you check them in any way?—No.

6142. I think you said you had a copy of the minutes relating to the severance of the connection of Mr. Valentine with the hospital?—Yes.

6143. Are those produced from the weekly committee minute book?—These are written out of the weekly committee minute book.

6144. Will you read them?—On 12th March 1889 the following motion was passed: "As it is believed outside the hospital that confession is invited by the chaplain, and as the London Hospital is a public institution, we request that the chaplain should send us an emphatic assurance that neither he nor the assistant chaplain ask, or ever have asked, or will ask, for private confession."

6145. Did you hear what Mr. Valentine said?—Yes.

6146. Have you anything else to read?—Several other minutes from the minutes of the following weeks. On 19th March 1889 "Mr. Valentine attended the committee and read an answer to the motion passed last week, saying that he considered it his duty to invite confession. A long discussion ensued. The following resolution was passed: "That the committee is of opinion that the reply of the chaplain to the question is not satisfactory, and that being so, that the chairman be requested to communicate this opinion to the chaplain." On 26th March 1889, "In reference to the minute relating to the chaplain, the chaplain's report was read. He expressed his sorrow that the answer he gave the committee last week was not considered satisfactory. At the suggestion of the chairman the question was allowed to stand over." On the 2nd April a member of the committee "called the attention of the house committee to a passage in "The East London Observer" of Saturday 30th March in respect of the chaplain. He said that the motion passed on the 19th March was a vote of want of confidence in the chaplain, and the committee could not be satisfied with the reply of the chaplain that he was sorry. He was afraid the chaplain had not understood the meaning of the committee. After considerable discussion it was proposed and seconded 'That a sub-committee be appointed to confer with the chaplain on his answer of the 26th March to the motion passed by the committee on the 19th March, and to report to the house committee thereon.'" On

Chairman—continued.

the 9th April, "The report of the sub-committee appointed last week to confer with the chaplain was read, as follows: 'In accordance with the resolution passed at the committee meeting of the 2nd instant, we at once conferred with the chaplain on the subject of his answer to the question sent down to him, and the resolution of the committee thereon, of the 19th ultimo. In reply to our statement of the position of affairs, consequent upon the above proceedings, the chaplain explained that, though it was his personal wish, immediately after receipt of the resolution, to have resigned his position of chaplain as soon as he lawfully might, he did not now contemplate taking that step, because he felt satisfied that the committee had been misled by a mere rumour, that he was positive no persons, out of all the thousands who had come under his personal ministrations at the hospital, could possibly be found who could say that they had been unduly influenced by him on the subject of confession, nor that he had even in the first instance introduced such subject to them. He was very anxious that the committee should make detailed inquiry to see in what way and upon what basis this rumour had got about. He maintained that nothing in his action in the hospital had been otherwise than moderate, and strictly in accordance with his duty as an English Churchman. We then pointed out that we could not see any necessity for an inquiry, since his own written reply had shown that his tone and position in the Church placed him out of harmony with the committee as a whole; and that even if the inquiry that he courted showed that there was no overt action of which we could complain, there would still be frequently-recurring and never-ending disputes about other matters which would render his position as chaplain of the hospital most undesirable, both in respect to the dignity of his office, the vital good of the hospital, and the authority of the committee as the controlling body. Therefore we urged that, to avoid the public scandal of an open rupture, which could be productive of no good either to himself or the charity, and must inevitably end in severing his connection with the hospital, it would be the best solution of the difficulty if he were to send in his resignation. As to the time of his leaving, the committee had no wish to hurry him, and would certainly consult his convenience. In this way the tension would be relieved, and all injury to his own position, and to the welfare of the hospital, would be avoided without loss of dignity; and we felt sure, that if he consulted his Bishop, that this would be the advice given. We regret, however, to say that our remonstrances were unavailing; and the chaplain said that if he consulted his personal comfort he would do so, but that if he yielded now he considered he would be acknowledging that he was in the wrong, so that in retaining his position he was upholding a principle. With this the conference ended, and our delegated duties with this report of it are fulfilled; but we would record our opinion that, in all probability, in spite of what he now says, the difficulty, if left to itself for a while, will dissolve, since we believe that the chaplain will yield to the advice of those whom he will consult. It must be borne

Chairman—continued.

in mind that under the bye-laws the chaplain's resignation cannot legally even be received before the 5th of June at the earliest, unless a special court be summoned. Hence, for the present at all events, we would deprecate the committee moving in the matter, or exercising their undoubted authority under the bye-laws, or bringing the matter into public notoriety, which, even though the action of the committee be absolutely right and generally approved, cannot but shake the prosperity of the whole institution.'" On 21st May "a member of the committee expressed his regret that no arrangement had been come to by which the chaplain would have resigned, as he hoped might have been the case from certain correspondence he had had with the chairman. The chairman read various letters he had received from the chaplain. He had never had any distinct promise from the chaplain that he would resign on condition that the minutes relating to the chaplain be expunged. The letter of the chaplain of 14th May 1889, asking that the matter be referred to the bishop was read. After some discussion, the following motion was passed: 'That the house committee desire to urge upon Mr. Valentine the propriety of resigning his post of chaplain as, without questioning his zeal, they are of opinion that his services cannot any longer be continued with benefit to the hospital.' An amendment was moved, 'That the whole question be referred to the Bishop of London as arbitrator, not as a doctrinal question.'" On 28th May, a letter from the chaplain, acknowledging the receipt of the motion passed by the house committee last week was read, and the following motion was carried: 'Under these circumstances the house committee recommend that, unless the resignation of the chaplain in accordance with the expressed wishes of the committee be received prior to the quarterly court to be held in December next, the chaplain be not re-elected at that court.'" That was referred to the court, and the court referred the matter back to the house committee for further consideration. The following motion was passed at the meeting of the house committee on 18th June, "That a special meeting of the house committee be convened for 9th July to consider the resolution of the governors passed at the quarterly court held on 5th June with reference to the chaplain."

6147. Does it state there how many members of the governing body were present at the quarterly court?—No, it does not state it there; but there were about 60, I think. On 9th July 1889 it was resolved, "That the matter referred to the house committee by the general court, held on 5th June 1889, having been considered, it is resolved to renew the recommendation of the committee, as contained in their resolution passed on 28th May last" (as above). On 16th July 1889 "the chaplain's report was read; he acknowledged the receipt of the motion passed last week." On 30th July 1889, "a petition from various clergy in the East End, asking for an inquiry into the charges against the chaplain, was read, and it was determined to consider this question at a special committee, to be held on 17th September." On 17th September "The committee

Chairman—continued.

next considered the matter, for which it had been specially summoned. A petition from certain clergy of East London was read, and, after a long discussion, it was moved and seconded, that the matter be referred to the Rev. J. F. Kitto, V.P., and the Bishop of Bedford, who should be invited to act with him. The motion was carried by nine votes to three. It was agreed, further, "that these gentlemen be asked to make a friendly inquiry into the whole practice of the chaplain in this hospital, and the circumstances leading to the action of the house committee, and to report to the committee." On 24th September 1889 "the chaplain's report was read. The secretary was directed to write to the chaplain, and forward him the exact words of the motion passed by the committee last week. A letter from Mr. Valentine to the chairman was read, in which he explained that he had accepted the offer of a living made by the Dean and Chapter of St. Paul's."

6148. Have you got a copy of the report of the bishop and his colleague?—No, I have not a copy.

6149. Was that report of the bishop and his colleague laid before the committee?—Yes; I may read a further minute, under date of September the 24th: "A letter was read from Mr. Kitto, and the secretary was directed to write to Mr. Kitto, and ask him if he would be so good as to furnish the committee with a report according to the terms of last week's motion as soon as possible." That was after the resignation of Mr. Valentine. A letter from Mr. Valentine was laid before the committee saying that he had accepted the offer of a living, before Mr. Kitto's report was read.

Earl of *Kimberley.*

6150. He resigned before the report was sent in?—Yes.

Chairman.

6151. All this shows the reason of Mr. Valentine's resignation?—Yes.

Earl of *Kimberley.*

6152. When the report was received, which, as far as my memory goes, was handed in to-day, which exonerated the chaplain from the charges against him, was there any resolution come to by the committee on the subject?—Perhaps I had better read these further minutes. I thought that terminated Mr. Valentine's connection with the hospital, and therefore I stopped there.

Chairman.

6153. If you please?—On 12th November (it is rather a different subject, but in connection with the same matter) "A letter was read" (from one of our vice-presidents) "with regard to his proposed amendment to the chaplain's bye-laws. The secretary was directed to write that the post of chaplain would be declared vacant next week, and that the first step to filling the vacancy would be taken forthwith." On 19th November 1889: "The committee next received the annexed report by the Bishop of Bedford and the Rev. J. F. Kitto on the inquiry respecting the chaplain. A letter was also read from the

Bishop

Chairman—continued.

Bishop of Bedford and Mr. Kitto, offering to make a further report containing suggestions as to the duties, &c. of the chaplain, before the post is filled up. It was decided unanimously to accept this kind offer."

Lord *Thring.*

6154. Was that report of the Bishop entered in the minutes of the hospital?—Yes.

6155. In full?—Yes.

Earl *Cadogan.*

6156. Was the report received before or after the resignation was accepted?—After. The resignation of Mr. Valentine was received on September the 24th.

6157. When was it accepted?—I presume it was accepted then.

6158. Was there any letter from the committee to Mr. Valentine?—I cannot say at once whether there was or not. On November the 26th "a letter from Mr. Valentine was read, acknowledging the receipt of the report from the Bishop of Bedford and Mr. Kitto, and asking for an apology."

Earl of *Kimberley.*

6159. Was that the end of the whole thing?—No answer was returned to that letter.

Lord *Thring.*

6160. Was the report read to the committee ever brought before a quarterly meeting of the governors?—I do not think so.

Chairman.

6161. What is the procedure of the quarterly court; are not all the minutes of the weekly meetings read?—Not all of them; selected minutes.

6162. Who makes the selection what is to be read?—I do.

6163. Do not you think this is a rather important matter, this report of the Bishop of Bedford and his colleague respecting the character of a former chaplain; should it not have been brought to the knowledge of the governors?—I cannot say whether it was or not, but it is my impression that it was not laid before the governors.

Earl of *Kimberley.*

6164. When the report was received and laid before the committee, was there any discussion in the committee on the subject?—Mr. Kitto introduced it himself.

6165. Was there any discussion in the committee on the subject?—A considerable amount of discussion.

6166. And was it then determined that no further steps should be taken?—Yes, I believe it was determined that no further steps should be taken.

6167. And it was also determined that no apology should be offered, as I understood?—Yes.

6168. Do you know the grounds on which it was determined that no apology should be offered?—No.

Earl of *Kimberley*—continued.

6169. But the discussion took place in your presence?—Yes.

6170. What were the grounds upon which the determination was come to?—When this letter from Mr. Valentine was read, I cannot say who spoke or how it was said, but I know it was almost unanimously said, that no answer should be sent to it.

6171. Who was in the chair then?—Mr. Carr-Gomm.

6172. And that was, I think, before the report had been received; the letter asking for the apology was received before the report from the Bishop was received?—No. After the report had been sent.

6173. So that the committee determined to take no further action, either in the way of an apology or referring the report to the court to deal with the whole matter?—Yes.

6174. And do you consider that that was fair to Mr. Valentine?—Yes; I think he was very fairly treated indeed.

6175. Should you consider, if a charge had been brought against you, and that charge referred for inquiry to a competent committee, and that committee reported that you were in no way open to the charge, you would have been fairly treated if no apology had been made to you, and no report made to inform the body which was the chief governing body of the institution to which you belonged?—Of course, it was reported to the court that Mr. Valentine had resigned.

6176. I asked you whether you thought that if a charge had been brought against you, which had been referred to a committee, and that committee reported that you were entirely free from that charge, it would have been fair treatment to you to have made no apology to you for the charge having been brought against you, it having been proved to be unfounded, and not to have reported the finding of the committee to the governing body of the institution to which you belonged; would you have considered that in your own case to have been fair treatment?—I should have considered that the committee were dealing with me.

6177. Should you, in your case, have considered it fair treatment?—Yes, under the circumstances.

Earl of *Lauderdale.*

6178. When the chaplain asked for an apology, was it recorded that he should receive no answer?—No answer was to be sent.

6179. Is that down there?—No. I have not got it down here, but I believe that was the resolution.

Lord *Thring.*

6180. Did the committee order you not to bring it before the governors, or did you do that of your own will?—If it was not brought before them, it would have been done at the direction of the chairman, because I spoke to him on the matter.

6181. You said that Mr. Valentine resigned in September. He did not?—I have merely got the copy of the minute here.

Earl *Cathcart.*

6182. It was stated publicly befort the court of governors, that Mr. Valentine was originally the nominee of the Bishop of Bedford; was that so; that his appointment was originally suggested by the Bishop of Bedford? — —

Lord *Thring.*

6183. Will you first answer the question about the resignation; he did not resign in September?—The extract which I have here is this under date 24th September. "A letter from Mr. Valentine was read in which he explained that he had accepted an offer of a living."

6184. That was a private letter to the chairman, and no resignation at all.

Earl of *Kimberley.*

6185. Have you got the letter?—No, I have not got the letter here.

6186. Of course, you are not personally responsible for any of these decisions; you are only the secretary carrying the resolutions come to by the committee?—Yes.

Chairman.

6187. In regard to the interior economy of the hospital, the accounts, the funds, and so on, with the exception of certain property which you spoke of, do you speak to that or does the house governor speak to that; I mean so as to give us the necessary information as regards the details of the balance sheet?—The details of the balance sheet, I, myself, am responsible for.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 7° Julii, 1890.

LORDS PRESENT:

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 SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING

THE LORD SANDHURST, IN THE CHAIR.

MR. G. Q. ROBERTS, is re-called; and further Examined, as follows:

Chairman.

6188. Do you wish to amplify the statement you made on Thursday, that is to say, before we get to the question of nursing, on which I understand the matron is the authority, and also before we get to the question of the general administration, and to the balance sheet, for which I think you said on Thursday that you were responsible?—Yes; with regard to Lord Thring's request that I should explain certain matters with regard to how it was that nurse Page left the hospital I beg to lay before your Lordships the fact that during my time at the hospital, that is, since the beginning of 1888, there have been three sets of standing orders for probationers; in the first instance, rule 11 of the standing orders for probationers, which was handed in by Mr. Valentine; it is on page 131 of the standing orders.

6189. Is that as to night sisters or probationers?—Probationers.

6190. Mine is page 133, Section 46?—That would be the same.

Lord *Thring.*

6191. What date are you taking this from?—From the standing orders; beginning in 1888. The standing order in Rule 11 with regard to the power of the matron did then read: "They will be liable to be suspended from duty at any time by the matron (with the approval of the house governor) in case of misconduct or culpable negligence. Such suspension, unless withdrawn, will be reported to the house committee with a view to their decision as to discharge or otherwise." The matron made a report on that standing order to the house committee on the 27th of November 1888. May I read the extract from the minutes?

6192. Is this connected with the Page case?—This is before the Page case cropped up, but very intimately connected with it. This is the explanation of my former answer that Lord Thring asked me to make this morning.

Lord *Thring*—continued.

6193. I thought you said it was before the Page case cropped up?—This was before the Page case cropped up. May I say that probationer Page's case was reported to the house committee, and therefore she was discharged in consequence thereof on 30th April 1889. This extract from the minutes of the house committee is dated the 27th November 1888. "The matron asked that such alterations might be made in the agreement with probationers as would give her the power to terminate the agreement in case of the probationer showing incompetency and unfitness for nursing quite apart from any misbehaviour or misconduct. The matron attended and expressed her opinion that if she were only granted power of suspension for any slight fault, to report the same to the house committee, such a suspension would be too severe a punishment, for what was, after all, only incompetency. The committee entirely agreed with the matron that where after a trial of some months a probation has not shown fitness for the work, it is inexpedient to keep her on for the full period of two years, to the necessary exclusion of another candidate who might be more fitted for the work, and hence more useful to the institution. It was felt that such period of probation should not extend for more than the first year, and that although the action of the house committee can only follow in such cases, the report of the matron, the act of cancelling the engagement must of necessity be the deed of the house committee who are, with the probationer on the other side, the only contracting parties. It was felt that the power of cancelling the contract during the first year for mere unfitness, or incompetency should be absolutely distinct from the penal clause set out in clause 11, page 134, of the standing orders. After some further discussion, a member took away the standing orders and the agreement for probationers, and undertook to draft a provision which would meet the views expressed by the

Lord *Thring*—continued.

committee. The matter was then adjourned to the next meeting." Probationer Page was reported as having been 11 months in the hospital and not suitable for further training.

6194. Now in that suggestion as to rearrangement of the standing order, was there any statement to the effect that the engagement might be terminated by the probationer, supposing that she found that nursing was unsuitable for her?—No; the probationer has a trial for a month before she engages to come as a regular probationer; she then signs an agreement to be a probationer for two years.

6195. Then at the end of one month the engagement is terminable from either side?—Yes, up to one month.

6196. By the matron or the probationer?—Yes.

6197. Does that apply to a paying probationer as well?—I believe the paying probationers can leave at any time.

6198. Will you proceed?—On the 17th of September 1889 there are these minutes: "The matron's report was now read, together with a special report submitted by the matron last week on Rule XI. of the Standing Orders for Probationers"; that is after the amendment which I have already read. "After careful consideration it was determined that Rule XI. be altered as follows: 'Probationers may not break their engagement during their two years' training without special permission from the matron, but the engagement may be terminated by her at any time, subject to an appeal to the house committee,'" and that is the way in which the standing order now stands.

Lord *Thring.*

6199. This standing order was not retrospective?—No.

6200. I thought probationer Page's case was before the standing order?—No, it was after the standing order; the standing order which applied to probationer Page was the 27th of November 1888. The principal difference is the extending of the power of termination of the probationer's agreement to the full two years instead of restricting it to the twelve months.

Earl of *Kimberley.*

6201. The principal difference between the first standing order, that of November 1888, and the second standing order, that of September 1889, was that the latter extended the period to which this power applied from 12 months to the whole period?—Yes, with the saving clause "subject to an appeal to the house committee."

6202. That saving clause would apply, I suppose, to both periods, both the twelve months and the two years?—It was not put in in the first, but it has always been tacitly acknowledged that it was so. Of course the matron reported to the committee before the probationer left the hospital.

6203. Are you quite clear on the point that the appeal would apply both to the 12 months and also to the period after the 12 months?—I am clear that it would apply because the cases were all reported to the committee.

Chairman.

6204. Now, in the case of nurse Page, she was suspended, was she not?—No, I believe she was never suspended, but that is, I think, a matter that you had better ask the matron about.

6205. Has any probationer ever been dismissed in your time?—No probationer has ever been dismissed in my time, but one was reported to the house committee by the matron as having been suspended for grave misconduct; she left the hospital before a formal dismissal took place.

6206. Was that case gone into by the committee?—The case was not gone into by the committee, because the probationer acknowledged her fault and left the hospital that it might not be done.

6207. That is to say before the committee met?—Before the committee met. She was suspended from duty according to the standing order; her suspension from duty was reported to the house governor, and directly it was reported (of course she knew of it) she went away, so that the whole case might not be brought before the house committee; but it was reported to the house committee on the following Tuesday. I might add that the house governor attends all committees.

6208. Has any sister or nurse been dismissed since you have been there?—Not since I have been there at all.

6209. Do you know whether any nurses have retired after a caution from the matron since you have been there?—I cannot say at all.

6210. You do not know?—No, I do not know.

6211. You allude merely to the cases which would come before the committee after suspension?—Yes; those standing orders which have been read relate to probationers. Probationers, of course, are not nurses until they have been there two years.

6212. Have you got here the standing orders for nurses and the sisters, and the matron?—I have.

Lord *Thring.*

6213. Who made the standing orders?—They were made by the house committee specially summoned for the purpose. Notice must be given, and a special committee must be summoned for the purpose of changing any standing orders.

Earl of *Lauderdale.*

6214. Is any notice put up of any change which is made in them; how are nurses to know of any alteration that is made in them?—I do not know; that is a technical matter connected with the administration.

6215. Do the nurses get any notice of this change?—No formal notice is sent by me to them individually.

6216. Then this change might be made without the nurses being aware that such a change had been made?—Well, it might be, but I should think it was very improbable; it is only a question of opinion.

Earl of *Kimberley.*

6217. Was the consent of the nurses asked to this alteration of the agreement?—No, the consent of the nurses was not asked.

6218. Will

Chairman.

6218. Will you turn to the standing orders relating to the house governor, section 11, I think it is; first of all come the bye-laws, do they not?—Yes.

6219. Will you just read them through?—The bye-laws are made by the court of governors, and they cannot be altered without the consent of the court of governors.

6220. That is not the quarterly court?—The court must be summoned for the purpose; it is a quarterly court, and it is specially summoned for the purpose of an alteration of the bye-laws: "(1) The house governor shall find two sureties to the satisfaction of the house committee to be bound with him jointly and severally for the faithful discharge of his duty in the penalty of 500 *l.*, or he shall provide such other security to the same amount as may be approved by the house committee. (2) He shall reside in the hospital and shall be under the immediate direction of the house committee, and responsible for the due performance of all the bye-laws and standing orders of the hospital except those relating to the chaplain and the secretary. (3) He shall (subject to the house committee) have the entire control of the hospital and of all the resident officers and servants, except the chaplain and the secretary when resident. (4) He shall have authority to suspend any officer or servant appointed by the house committee and on any occasion when he may deem it necessary, he shall summon a special meeting of the house committee to take into consideration the conduct of any officer appointed by a general court."

6221. Did you tell us who the standing orders are made by?—The standing orders are made by specially summoned meetings of the house committee.

Lord *Thring.*

6222. Will you read the power with reference to the standing orders?——

Chairman.

6223. I think you find it on page 33, do you not, in Section 16 of the London Hospital Act?—"It shall be lawful for the governors"——

Lord *Thring.*

6224. What is this from?—From the London Hospital Act, which was passed in 1884. I think that hardly refers to this point.

Chairman.

6225. What is this Act of Parliament; what is it for?—This Act of Parliament was passed, I believe, in the year 1884, principally to enable the hospital to deal with their property more advantageously than they could do under the charter. I believe that was the principal object of the Act. Of course, the hospital is really governed under the charter.

Lord *Thring.*

6226. The Act, so far as it interferes with the charter, supersedes it?—Yes, it supersedes that charter so far as it interferes with it. I cannot find the section of the charter immediately which refers to this particular matter; perhaps I might look it up afterwards and put it before you. (*After a pause.*) You will find it on page 42; I am reading from the bye-laws relating to the house committee, the said bye-laws being authorised by the governors.

Lord *Thring*—continued.

6227. I want to know what the bye-laws are authorised by?—That is on page 7 of the charter: "Provided nevertheless and our will is that no such bye-law, rule, order, or ordinance, so to be made by this corporation shall be binding or have any force or effect until the same shall be agreed to and confirmed by the next succeeding general court, whether quarterly or extraordinary. And that the same method be observed in the altering or repealing any such bye-laws, rules, orders, or ordinances after they shall have been so confirmed."

6228. That is a restrictive clause; where is the clause giving the power?—That is the original clause, giving the power in the charter, as granted by George II. The former section of the charter is: "And that the said quarterly general courts, and no other, except in the cases hereinafter expressly provided for, shall and may direct the custody and application of the common seal of the said corporation, and have power to make, constitute, ordain, and establish such and so many reasonable bye-laws, rules, orders, and ordinances from time to time as they shall think fit and useful for the good government of the said corporation and hospital, and of all the officers, servants, and patients thereof; and also all or any of the same bye-laws, rules, orders, and ordinances at their pleasure to repeal, annul, or alter; which several bye-laws, rules, orders, and ordinances so to be made, not being contrary or repugnant to the laws and statutes of this our realm shall be duly observed and kept."

6229. Then the next is a proviso upon that?—"Provided, nevertheless, and our will is that no such bye-law, rule, order, or ordinance so to be made by this corporation shall be binding or have any force or effect until the same shall be agreed to and confirmed by the next succeeding general court, whether quarterly or extraordinary; and that the same method be observed in the altering or repealing any of such bye-laws, rules, orders, or ordinances after they shall have been so confirmed."

6230. And that has not been altered by the Act?—That has not been altered by the Act.

6231. Now, as to the power of making the standing orders?—I am now going to read from the bye-laws of the house committee, the said bye-laws having been authorised by the governors: "(1) The house committee (three of whom shall be a quorum) shall meet once or oftener in every week, and at their first meeting shall elect a chairman for the ensuing year and until a successor be appointed. The chairman or member presiding shall have a second or casting vote, and the chairman of the house committee shall have the control over all matters of business in the hospital in the intervals between their meetings. (2) The committee shall have authority, at a meeting specially summoned for the purpose, to make such standing orders for the government of the hospitals as the committee from time to time may judge to be expedient or to alter or annul the same, provided always that every such standing order shall be agreeable to the letter and

Lord *Thring*—continued.

tenor of the charter, the London Hospital Act, and the bye-laws. (3) The committee shall have authority to appoint such servants upon such terms and conditions as they may judge to be necessary and expedient, and in like manner to suspend or discharge them. (4) Should a complaint be laid against any officer appointed by a general court, a special meeting of the committee shall be summoned to take such complaint into consideration, and a majority of the members (not less than 10 being present) shall have authority to suspend such officer until a report of the facts, with the opinion of the committee thereon, be made to a general court which shall be held within the period of one month from the time of suspension. (5) The committee shall have authority to direct all such concerns of the institution as shall not require the authority or sanction of a general court. (6) The committee shall order the purchase of all articles for the use of the hospital. (7) The committee shall recommend to the quarterly general court such executors of wills or other persons as in the opinion of the committee should be elected governors of the hospital. (8) The house committee shall every fortnight appoint two members of their body, who shall visit the house at such times and make such inquiries as may be judged expedient. (9) No governor shall be present at any court or committee while any pecuniary demand or claim by him shall be under consideration. (10) Three days' notice of every special meeting of the house committee shall be given to each member."

Chairman.

6232. Then you have a committee of accounts?—Yes.

Lord *Thring.*

6233. These are the bye-laws then?—Those are the bye-laws of the house committee, which grant the house committee power to make standing orders for all their servants employed in the hospital.

Chairman.

6234. How about the committee of accounts?—These are the bye-laws: "(1) The committee of accounts (three of whom shall be a quorum) shall at their first meeting elect a chairman for the ensuing year. The chairman or member presiding shall have a second or casting vote. (2) The committee shall examine the bills of the several tradesmen and report them for payment once a quarter, such bills having been first passed by the house governor as agreeable to the terms of contract. Should any difficulty arise in passing an account it shall be referred to the determination of the next meeting of the house committee, together with such of the committee of accounts as may attend upon the occasion. (3) The committee shall examine the receipts and vouchers, and compare them with the payments made by the treasurer. (4) The committee shall quarterly examine the accounts of the treasurer and of the several bankers, in order to ascertain and certify whether the income and receipts of the hospital have been duly paid in; and shall, at the earliest possible date annually, report to the house committee the amounts received and the sums due to the hospital under their respective heads."

Chairman—continued.

6235. Then the house visitors?—This is the standing order: "Two members of the house committee shall be appointed every fortnight in rotation, with a view to their visiting the hospital and inspecting the wards and other parts thereof, as often as they may find it convenient so to do."

6236. Now, the treasurer?—These are the bye-laws: "(1) The treasurer, upon the acceptance of office shall ascertain that the respective amounts stand in the various public funds and securities as entered in the books of the hospital are correct, and he shall report to the house committee the correctness thereof as soon after his appointment as possible. (2) The treasurer alone is empowered to draw money from the bankers on receiving a warrant made by order of the house committee, and signed by the chairman and secretary. All cheques for payments on account of the hospital must be countersigned by the secretary."

6237. And then the chaplain?—No. 1 bye-law, as regards the chaplain, has been altered, and I have not the amended one here.

6238. You say the bye-laws for the chaplain have been altered; you will put them in afterwards?—Yes.

6239. Have those been altered since Mr. Valentine was there?—Yes, I believe so.

6240. Now we come to the house governor?—These are the bye-laws. (1.) "The house governor shall find two sureties to the satisfaction of the house committee to be bound with him jointly and severally for the faithful discharge of his duty in the penalty of 500 *l.*, or he shall provide such other security to the same amount as may be approved by the house committee. (2.) He shall reside in the hospital, and shall be under the immediate direction of the house committee, and responsible for the due performance of all the bye-laws and standing orders of the hospital, except those relating to the chaplain and the secretary. (3.) He shall (subject to the house committee) have the entire control of the hospital and of all the resident officers and servants except the chaplain and the secretary when in residence."

6241. I am not quite clear who appoints the house governor?—The house governor is appointed by the court of governors on the recommendation of the house committee.

Earl of *Lauderdale.*

6242. Is there any authority for appointing a house governor at all in the bye-laws?——

Chairman.] At any rate he is appointed by the court, after having been recommended by the house committee. I do not think we need waste further time over that.

Witness.] "(4) He shall have authority to suspend any officer or servant appointed by the house committee; and on any occasion when he may deem it necessary he shall summon a special meeting of the house committee to

Earl of *Lauderdale*—continued.

to take into consideration the conduct of any officer appointed by a general court." Then come these standing orders: "(1.) The house governor shall be responsible for the due supervision of the wards and other departments of the hospital, and shall see that the bye-laws and standing orders are strictly complied with except as provided in paragraphs 2 and 3 of the bye-laws for his office. (2.) He shall make a weekly report in writing to the house committee with such suggestions for improvements in the management of the institution as he may judge expedient. (3.) He shall examine and compare the accounts relating to the expenditure, and exert his authority to prevent waste. (4.) He shall also, once in every year at the least, inspect the stock of old materials and cause such articles as he shall consider no longer required for the service of the hospital to be sold and the proceeds thereof paid to the bankers for the use of the hospital. (5.) He shall every week present to the house committee an account of all petty expenses. (6.) In the event of his finding it necessary to dismiss a patient, he shall first send notice to the medical officer under whose care the patient may at the time be placed."

Lord *Thring*.

6243. Those are bye-laws?—No; the latter half are the standing orders.

Chairman.

6244. Now we come to the secretary?—These are the bye-laws relating to the secretary: "(1.) The secretary shall find two sureties, to be approved of by the house committee, who shall be jointly and severally bound with him for the efficient and faithful performance of his duties in the penal sum of 1,000*l*., or he shall provide such other security to a like amount as may be satisfactory to the house committee. (2.) No person shall hold the office who is employed in any other pursuit, and who will not engage to devote his time exclusively to the duties of the situation. (3.) He shall be under the direction of the house committee. (4.) He shall be responsible for the correct keeping of the main ledger, cash book, journal, and rent ledger, and shall produce them for examination at the quarterly meetings of the committee of accounts. (5.) He shall countersign all warrants on the treasurer, and all cheques on the bankers." Then come the standing orders relating to the secretary: "(1.) The secretary is expected to be in attendance at the hospital daily (Sundays excepted) from 10 o'clock in the forenoon till four o'clock in the afternoon, and at such other times as may be required by the committee. In event of his absence, from whatever cause, he shall send due notice thereof to the hospital; and should such absence continue for more than one day, or should he be absent for two separate days within one week, it will be his duty to report the same to the house committee at their next meeting. (2.) He shall keep and have charge of all the books and papers relating to the proceedings of general courts and committees. (3.) He shall prepare a book of agenda for general courts and committees, which shall contain a statement of all the subjects which are

Chairman—continued.

to be brought under the consideration of the court or the committee at each meeting. (4.) He shall be responsible for duly preparing the annual report. (5.) He shall present a copy of the charter, bye-laws, and standing orders to every officer appointed by a general court immediately after the election of such officer. (6.) He shall insert in a book containing the bye-laws and standing orders any new bye-law or standing order, as soon as it shall have been confirmed; and shall communicate it to the person or persons to whom it may relate. (7.) He shall arrange all the accounts and letters of importance of each year in such a manner that they may immediately be referred to. (8.) He shall, on receiving notice of agreements for leases being signed, immediately enter the same in the rent ledger. (9.) He shall make application for and receive all rents due to the hospital, together with the annual subscriptions of governors and other contributors, and shall pay the same into the treasurer's account at the bankers' within three days from the receipt thereof."

4245. We will pass over the medical and surgical registrars, and get to the matron, please, because all those intervening sections have to do with the medical staff?—The standing orders for the matron are these: "(1.) The matron shall be appointed by the house committee" (that is why there are no bye-laws). "In the absence of the house committee she shall be under the control of the house governor. (2.) As the head of the nursing establishment, it is necessary that the matron be not only a well-educated lady, but also a trained and experienced nurse; and she must produce satisfactory evidence of administrative capacity. (3.) She shall be responsible for the selection, and medical examination, of candidates for employment on the nursing staff; and she shall be empowered to engage on trial all sisters, nurses, and probationers. Such sisters, if found to be eligible candidates, she shall recommend and introduce to the house committee for appointment on the staff, while with regard to nurses and probationers their appointment by her (subject in like manner to a satisfactory trial) shall be duly reported by the matron to the house committee in writing on a form of certificate provided for that purpose. (4.) She shall take care to maintain a full staff of well trained sisters and nurses for the general service of the hospital by day and night, and she shall arrange for the immediate supply of extra nurses specially required for severe or troublesome cases, and for supply of suitable attendance always available for cases under treatment in the isolating wards. (5.) She shall be responsible for the careful training of the probationers by the sisters in the several wards of the hospital, both medical and surgical, and shall herself, at convenient seasons, hold special instruction classes for such probationers. She shall also arrange, as suitably as may be, for their pass examination (by members of the medical and surgical staff) on completion of training, and prior to their certificates being granted. (6.) In event of serious misconduct on the part of any sister, nurse, or probationer, she shall bring the facts to the notice of the house governor,

Chairman—continued.

and, if deemed necessary, she shall (with his concurrence) suspend the person in question till the next meeting of the house committee, to whom she shall report in writing the circumstances leading to such suspension unless it be previously cancelled. (7.) In event of any sister, nurse, night nurse, or probationer being unable from illness to come on duty, the matron shall arrange for her being duly attended to while off duty. (8.) She shall keep a register, containing the names and ages of all sisters, nurses, and probationers, the dates of their appointment, promotion, transfer, resignation, discharge, &c., and a memorandum of character and qualifications, both on appointment and on retirement or dismissal, which register shall from time to time be submitted to the house committee. (9.) She shall frequently visit the wards and see that they are in proper order for the reception of cases, and she shall carefully note whether the regulations as to treatment and dieting of patients, as to the cleanliness of the beds and of the wards in general; and with regard to the washing and keeping of the patients clean, as far as circumstances will allow, are duly carried out by those members of the nursing staff, who, in their several positions, are in such matters responsible to her. (10.) She shall take care that the cleaning of the wards, sculleries, bath-rooms, and lavatories, is duly carried out, and that sufficient bed-linen is issued to each sister for the proper requirements of the wards. (11.) She shall be responsible for the daily inspection of the bed-rooms occupied by the nurses, night nurses, and probationers, and for the beds being duly made, and the rooms kept clean, in good order, and well ventilated. (12.) She shall keep an account of the receipt of all articles in store under her charge. She shall also be responsible for the supply of all linen, woollen, and other articles for use in the wards, of which she shall keep an account with the different dates of their delivery, that in case any should be lost, the value may be correctly ascertained. These accounts shall be made up quarterly and submitted to the house governor for his inspection and signature, before being presented to the house committee. (13.) She shall insert in a book, weekly, the articles required in her department, which shall be submitted to the house governor for approval, previously to their being entered in the order book of the house committee. (14.) She shall not be absent from duty at night, or for any lengthened period during the day, without the knowledge of the house governor, nor for any more prolonged season without the sanction of the house committee. (15.) She shall every week make a written report to the house committee of all such occurrences in her department as she may deem of sufficient importance; specially recording all notices to quit the service of the hospital received from sisters or nurses, and indicating any sisters or nurses who, in her judgment, ought to receive from the hospital authorities an official intimation that they will not be retained or employed beyond the customary period of such notice, and she shall be at liberty to make any suggestions to the house committee for improvements in the nursing department of the hospital."

Chairman—continued.

6246. The next section relates to the steward?—These are the standing orders as to the steward (he is appointed by the house committee). "(1.) He shall find two sureties, to be approved of by the house committee, who shall be bound jointly and severally with himself, for the faithful and efficient discharge of the duties of his office, in the penal sum of 200 *l.*; or he shall provide such other security, to a like amount, as may be satisfactory to the house committee. (2.) He shall be responsible for the due examination of all the provisions, coals, and other necessaries brought into the house, and for the quantity, quality, weight, and measure of each when received; and he shall keep a separate account of the expenditure of each article. (3.) He shall lay before the house committee every week, an account, certified by the house governor, of such things as are wanted. (4.) He shall keep a ledger, wherein he shall open an account with every tradesman who may supply the hospital with any article, and shall post up therein the invoices of the several goods delivered in the house, with the prices thereof, that the accounts at the end of the quarter may be properly checked. (5.) He shall keep a register of the patients, which shall specify their names, ages, places of abode, occupations, cases, issue of cases, and recommendations; and he shall present to the house committee, signed by the house governor, every Tuesday, an account of the extra cases admitted during the preceding week. (6.) He shall, every three months, prepare an abstract of all the household expenses incurred within the hospital during the preceding quarter, which he shall, within 21 days after each quarter-day, deliver to the secretary. (7.) He shall daily supply to the gate-porter, as a guide to him in the admission of visitors, a list of such patients as are in a dangerous state. (8.) He shall perform such other duties as the house committee or house governor may direct, and not be absent from the hospital without leave of the house governor."

6247. Now the standing orders which relate to the sisters and night nurses, please?—"Sisters and night nurses. Standing Orders. (1.) Candidates are required to make written application on a form provided for the purpose, and after a satisfactory personal interview will be engaged on trial by the matron. If approved they will be definitely recommended, with the concurrence of the house governor, for appointment on the nursing staff. Prior to such appointment they shall be personally introduced by the matron to the house committee. (2.) The remuneration of the sisters varies with the size of their wards and length of service, from 40 *l.* to 60 *l.* a year; board and lodging are provided, together with a certain amount of uniform, and all requirements except washing. After long continued meritorious service sisters shall be eligible for pensions. (3.) They shall comply with the instructions of the matron and other officers; they shall daily report to the matron as to the condition of their several wards, noting particularly any irregularities which may have occurred,

or

Chairman—continued.

or other matters to which her attention should be directed. They shall give her the earliest possible information of any serious cases or operations in connection with their wards, and shall duly report to her if any of their staff nurses or probationers are out of health and in need of professional advice. (4.) They shall punctually adhere to their respective time tables, making no exceptions unless with the knowledge and consent of the matron; any departure from punctuality, rendered necessary by discharge of duty, to be specially reported. They shall be off duty from 6 to 8 p.m. daily, but must not leave their respective wards before they have ascertained that all their nurses and probationers are on duty, except such as may be absent with the knowledge and consent of the matron. No sister is to leave the hospital (except at the allotted hours), nor be absent from her wards without the matron's permission. (5.) The sisters shall make themselves acquainted with the rules affecting the staff nurses and probationers, and shall enforce their due observance; specially endeavouring to ensure that the patients are treated with gentleness and consideration, and their friends and visitors with courtesy and kindness. They are also required to direct attention to the necessity for order, punctuality, and neatness of appearance on the part of all their subordinates, and they are expected to take an interest in the progress of probationers, for whose training, while in their respective wards, the sisters are severally held responsible. (6.) They shall not allow other staff nurses and probationers to visit their wards without a special order, except on business. (7.) They shall be responsible to the matron for the regular attendance and thorough efficiency of their respective ward maids, and shall see that they are as clean and tidy as the nature of their work will permit. (8.) They shall take care that their wards, furniture, and utensils are cleaned and in order by 9.30 a.m. They shall not leave their respective wards for the daily report at the matron's office until they have ascertained that all those on staff nurse's duty have returned from the half-hour's absence allowed for dressing. (9.) They shall pay constant attention to the condition of their respective wards with regard to warmth, temperature, and ventilation; and shall see that all bath rooms, lavatories, sculleries, &c., are kept scrupulously clean and in good order. (10.) They shall take particular care that there is no waste of provisions, coals, gas, water, or other articles, and they shall give immediate notice of any repairs that may be needed in anything appertaining to their respective wards. They shall exercise the strictest economy that is consistent with the efficient supply of the patients' need in the use of such materials as lint, wool, antiseptic dressings, mackintosh, and bandages. (11.) They shall keep an inventory of every article in their wards, and shall be responsible for the good condition of everything entrusted to them. This inventory shall be examined and certified by the matron, and produced to the house governor at Lady-day, or oftener if required, as well as in the event of any sister leaving the service of the

Chairman—continued.

hospital. The crockery and the clinical thermometers allotted to each ward shall be produced and examined as to condition and numbers once every month. (12.) They shall keep in good order and fill up with care, regularity, and dispatch, as required, all papers, orders, and other forms placed in their charge, and shall see that their daily returns and diet books are delivered at the steward's office not later than 9 a.m. and 2 p.m. respectively. (13.) They shall ensure that all poisons and external applications are kept in the appointed place, and that the special poison cupboard is carefully locked. They shall lose no opportunity of impressing upon all their subordinates the extreme importance of these duties. (14.) They shall take care to enforce the rules and orders concerning the patients, particularly those relating to the administration of medicines, and the employment of other remedies. They shall see that the diets, extras, and stimulants are correctly issued (in accordance with the authorised diet table), and that the patients admitted after the day's diets have been made up are provided with suitable food. They shall immediately take or send to the steward's office the tickets of any accidents or extra cases sent to their wards, that they may be signed and the patients dieted, and they shall at once deliver to the steward the tickets of all patients who may die in, be discharged from, or quit, their respective wards. (15.) They shall carefully note the instructions as to the registration papers, and shall carry them into effect. (16.) They shall take care that every new patient has a bath, if required, in the absence of any medical or surgical reason to the contrary, and that the beds of the patients are kept as clean as possible. On the arrival of patients the sisters shall without delay take charge of their clothes, if not required to be worn, and shall deliver to the steward any property entrusted to them, or which may be found on examination of clothing. On the death of any patient they shall give immediate notice to the surgery beadle, in order that the body may be removed; and they shall, in the presence of a staff nurse or probationer, examine the clothes, bedding, and locker, and deliver to the steward without delay any property found therein. (17.) In event of it being necessary to place the name of any patient on the "dangerous list," the sister shall at once send information to the relatives by post, telegraph, or messenger, as may be deemed necessary. She shall also send written notice at the same time to the steward's office, or (that being closed) to the receiving room and to the gate or night porter. Immediate notice is to be given, whenever possible, to the relatives of patients who are apparently in a dying condition, or who have died in the absence of such relatives. The customary notice of a patient being placed on the "dangerous list" is also to be duly forwarded to the chaplain or other minister. (18.) Prior to going off duty each sister is required to put in writing on the night memorandum sheet any notes on special cases or other important matters for the guidance of the night nurses, or which it may be desirable to bring to the notice of the night sisters. The night sisters

Chairman—continued.

shall, as far as possible, see that these instructions are carefully carried out. They shall record the hours of their visits to each ward, and write any information on the night memorandum sheets that they may think it desirable thus to bring to the notice of the ward sisters. They shall specially note the admission of any fresh case or the death of any patient; in the latter case the registered number of the patient must be added. (19.) The night sisters shall superintend the night nurses in the various wards of the hospital, in such order of visitation as the matron may from time to time direct, or as circumstances may nightly require. They shall render such assistance as may be in their power on arrival of accidents, or other urgent cases, during the night; or in attendance on patients showing serious symptoms, and shall, as far as possible, perform such duties as would, under similar requirements, be undertaken by the ward sisters during the day. (20.) Night sisters shall be present at the breakfast of day nurses, and probationers from 6.30 to 7 a.m. (unless urgently required in the wards), duly marking all attendances in the books provided for that purpose, and ascertaining the cause of any non-attendance that may occur. They shall also be present at the supper of the day nurses and probationers from 9.30 to 10 p.m., and shall see that they retire to their rooms, that quietude and order prevail, and that all lights are extinguished at the appointed hour. (21.) Night sisters shall make a daily report to the matron at 9.15 a.m., giving full information of such incidents as may have occurred, and duly calling attention to any irregularities which have come to their notice. Each night sister shall on alternate days be present at the dinner of the night nurses and probationers at 10 a.m., and shall see that they retire to rest at the appointed hour, and shall consider herself on duty up to that time in the night nurses' department." Then the standing orders relating to staff nurses are these: "(1.) Candidates will be required to make application in writing on a form provided for the purpose. After a satisfactory personal interview they will be engaged on trial by the matron, and if approved, their appointment shall be notified to the house committee. (2.) The remuneration for day nurses is at the rate of 22 *l.* the first year, rising 1 *l.* annually up to 25 *l.* The remuneration for night nurses is at the rate of 24 *l.*, rising 1 *l.* annually to 27 *l.* Board, lodging, and a certain amount of uniform are given, and everything is found except washing. After long continued meritorious service nurses shall be eligible for pensions. (3.) Staff nurses shall not receive money or any other present from the patients or their friends. (4.) Each nurse will be provided with a separate bedroom. They shall be under the control of the matron, and work under the immediate direction of the sisters in charge of their respective wards. (5.) Night nurses shall obey the instructions of their respective day sisters with regard to the patients, and shall be under the direction of the night sisters during the hours of night duty. On arrival of cases during the night, or in the event of serious symptoms in respect of patients already

Chairman—continued.

under treatment in the wards, they shall summon one of the night sisters, but if the aid of the night sister is not readily available, or there is extreme urgency, the night nurse shall call the sister of the ward, and promptly summon the house physician or house surgeon, if not already in attendance. (6.) Staff nurses shall punctually adhere to their respective time tables, and they are not allowed to go out of the hospital on any pretext whatever, except at the allotted hours, without a written permit signed by the matron."

6248. There is one thing not very clear here, in paragraph No. 1: "After a satisfactory personal interview they will be engaged on trial by the matron." What is the length of that trial; is it a month?—I do not know.

6249. Now the standing orders for probationers?—"(1.) Ladies and suitable women of every class can be received as regular probationers, without payment, for the full term of two years' training, and, if appointed after a month's trial, will be paid 12 *l.* the first year, and 20 *l.* the second year. A certain amount of uniform is provided, and everything is found except washing."

6250. That is what has been amended from the old form?—These are the new standing orders for probationers: "(2.) Candidates are to obtain information from the matron at the hospital, and, if desirous of being received on the nursing staff, they must make application, in writing, on a form provided for the purpose. A personal interview is essential in the case of regular probationers. (3.) A limited number of paying probationers are also admitted for periods of three months, on payment, in advance, of 13 guineas (*i.e.*, at the rate of a guinea a week), to cover everything except washing. In no case will any portion of the fee be returned. Such arrangements can be renewed indefinitely on the same terms, according to mutual agreement. (4.) A limited number of nurses in training for other public institutions are received at the reduced rates of 10 *s.* 6 *d.* per week, for periods of not less than six months. The payment (namely, 13 guineas) to be made in advance. (5.) Probationers who enter for the full term of two years' continuous training will, at the expiration of that period, receive a certificate (signed by the matron, house governor, and chairman of the house committee), but no certificate is given under any circumstances for any less period of service. (6.) No distinctions are made between ladies and others with regard to work, rates of payment, or training. (7.) The age considered desirable for regular probationers is from 25 to 35. This restriction does not apply to paying probationers. (8.) Probationers will serve in the wards under the immediate direction of the sisters. A certain amount of night duty will be deemed an essential part of the training of a regular probationer. Paying probationers are not expected to undertake night duty unless they express a desire to do so. (9.) During their first year probationers will receive theoretical instruction from members of the hospital staff, as well as from the matron; annual examinations are held, and prizes are given. (10.) Each probationer will be provided with a separate bedroom.

Chairman—continued.

room. They will be under the control of the matron, and subject to the regulations affecting the nursing staff. (11.) Probationers may not break their engagement during their two years' training, without special permission from the matron, but the engagement may be terminated by her at any time, subject to an appeal to the house committee. (12.) A probationer will be liable to be suspended from duty at any time by the matron (with the appeal of the house governor), in case of misconduct or culpable negligence. Such suspension, unless withdrawn, will be reported to the house committee, who shall thereupon have power to discharge such probationer. (13.) If appointed after one month's trial, and having been duly passed as to fitness of health for nursing work by a medical officer of the hospital, regular probationers will be required to sign an agreement promising to conform to all the rules and regulations of the hospital.

Earl of *Kimberley.*

6251. What is the date of that?—September 17th, 1889.

6252. And what is the difference between that and the previous standing orders; will you read out the previous one?—Rule 10: "Each probationer will be provided with a separate bedroom," and so on, stands. Then Rule 11 is a new rule inserted: "Probationers may not break their engagement during their two years' training without special permission from the matron, but the engagement may be terminated by her at any time, subject to an appeal to the house committee."

6253. That, I suppose, was inserted after the dismissal of Miss Page?—That was done after Miss Page's case.

6254. And with a view, I suppose, to remove any question that there might be on the subject?—Yes; Miss Page having been dismissed, as I explained at the beginning, by the intermediate standing orders.

Chairman.

6255. Those are all the standing orders?—Those are all the standing orders.

Earl of *Kimberley.*

6256. After the new standing order was the form of agreement with the nurses altered?—I do not know; the matron would tell you.

Chairman.

6257. I think you said you did not know whether the change in the orders was notified to the nurses?—No; I do not know.

6258. Because it is distinctly laid down in the standing orders that it ought to be; what you read just now on page 60: "He (that is the secretary) shall insert in a book containing the bye-laws and standing orders any new bye-law or standing order as soon as it shall have been confirmed; and shall communicate it to the person or persons to whom it may relate." That evidently points to the nurses, does it not, in regard to the alteration of the rules?—I did not notify it; I sent the standing orders into the matron's office.

Chairman—continued.

6259. But my question was, whether that referred to the nurses in regard to their altered agreement?—Yes, I suppose it would refer to them.

Earl of *Kimberley.*

6260. Was any communication made to the nurses whose agreement was then signed to inform them that the agreement had been altered?—I do not know; not by me.

Lord *Clifford of Chudleigh.*

6261. Did you consider that sending the altered standing orders to the matron's office was a sufficient notification to all who were under that office?—Yes.

6262. The matron and the nurses?—Yes.

Earl of *Kimberley.*

6263. This standing order distinctly directing you to communicate any new bye-law or standing order to the person or persons to whom it may relate, can you account for that not being communicated to the nurses?—It was sent in to the matron's office.

6264. What is the explanation of the communication not being made; is it merely that you thought it enough to send it to the matron's office?—I am not familiar with the fact that I ought to communicate it beyond that.

Earl of *Arran.*

6265. Has it ever been the habit to hang up the standing orders in the wards or in any public place where they could be seen?—I do not know.

Lord *Thring.*

6266. With respect to the standing orders which were altered in this way, was it considered in the hospital by the committee that they affected any nurses under their current agreement?—I heard nothing said of it in the committee; nothing was mentioned of it in the committee.

6267. But has a new standing order within your knowledge ever been applied to any nurse who came into the hospital before it was made?—I cannot mention any case at all.

6268. You do not know whether it has or not?—No, I do not know whether it has or not.

6269. You say you send them into the matron's office; sending them into the matron's office I should have thought would be the best plan of concealing them from anybody, are not these orders published or printed?—Yes, they are printed, and every probationer who comes to the hospital receives one of them.

6270. And how soon was that amended standing order printed?—As soon as possible.

6271. Immediately?—Immediately.

6272. And the old copies were cancelled immediately?—Yes.

6273. So that no probationer coming in could possibly have the old ones?—No.

6274. Whose duty would it be to alter the form of the agreement?—I should think it would be the matron's.

6275. Do you mean that the matron draws up the

Lord *Thring*—continued.

the agreement herself without any legal adviser?—I cannot answer that.

6276. Is it not your duty to see to the agreements with the different officials under that order?—No, I have never had that duty to do. Every official in the hospital is under the house governor.

6277. Then it is the duty of the house governor to see to that?—I should think so.

Chairman.

6278. Still this would be under the house committee?—Yes.

6279. The house governor might draft it or you might draft it, but it would be submitted to the house committee?—Yes.

Lord *Thring.*

6280. Does he employ any solicitor?—Yes.

6281. And does not the solicitor look at these agreements?—All agreements that I have to deal with the solicitor draws up. I do not know whether the others are done so or not, the house governor will answer as to that.

Chairman.

6282. Then you have something to say, I believe, in regard to the food supplied to the nursing home; at least you wish to say something about it?—I merely wish to say that reports have been put in from time to time by the house visitors, which prove in every way that the food supplied to the nurses, as well as the food supplied to the hospital patients, has always engaged the most anxious care of the house committee, and that they are fully acquainted with what is going on with regard to the food supplied in every way.

6283. And fully satisfied?—And fully satisfied; and if they are not satisfied they change.

6284. Then have reports been made from time to time by the matron with regard to the supply of food?—Yes.

6285. Have you got some of those, or extracts from your minutes. First, have you got the reports of the house visitors?—Yes.

6286. Will you put them in; we only require specimens of them; perhaps you would read one or two?—In 1886, on the 1st of June, one of the house visitors reported: "I dined with the sisters and found the dinner and service much improved; the dinner hour has been changed with advantage. The nurses' dinner which I watched was very simple, but well served."

6287. Have you any instances of house visitors dining with the nurses?—No, not of their dining with them. Here is another report: "I have to-day inspected most of the wards as house visitor. There was one complaint about the food being raw. Tasted some; the complaint was unfounded." That was on 4th March 1887.

6288. Is that with regard to the nurses' food?—It does not say "nurses," it says: "There was one complaint about the food being raw. Tasted some; the complaint was unfounded."

6289. It does not say whether it was patients or nurses?—It does not say whether it was patients or nurses. The next is dated 7th June 1888: "As requested by the house committee we investigated some of the food at the nursing

Chairman—continued.

home. Dinner was being finished; there were no complaints about it; we tasted the cheese, the Cheddar for the sisters was good, the other for the nurses was bad; we tasted a nurse's Dorset butter six days old, it was not very nice." At that time it had previously been reported by the matron as being bad, and it was on account of that that the committee took action against the contractor at the time, on account of the matron's first report. Then 6th September 1888: "During the last fortnight I have been all over the hospital, but not to the nursing home. The patients I spoke to said the doctors were attentive, the nurses kind, and the food good." Then 14th February 1889: "I inspected all the wards on ground floor; all satisfactory; the sisters and nurses spoke well of their own meals, with one exception. She said 'I wish you could only have seen the potatoes to-day.' I hastened forthwith to the nurse's dining-room and was in plenty of time to see and taste them. They were good, so was all the dinner."

6290. When you speak of "nurses," is that a general term?—"Nurses" means the probationers as well; the nurses and probationers dine together. Then 30th August 1889: "I went through many wards to-day, speaking to sisters, nurses, and patients, about food; all were satisfied." Then 3rd March 1890: "During this fortnight I have been over much of the hospital; the patients all spoke well of their food. I also saw the nurses at dinner, it was good. They said their tea was poor."

6291. These were signed by various house visitors?—They were signed by various house visitors.

6292. I think that is sufficient as a specimen. Then about the diet in the nurses' sick room?—I have a letter here written to the hospital immediately that the evidence came out on Monday, which I should like to be permitted to read to you. It is addressed to Mr. Ind, and is from a Mrs. Oram, who is the mother of a probationer who was ill for some time in the hospital; it is dated 3rd July 1890, and is as follows: "Dear Sir,—I have just read in the 'Daily Telegraph,' of the 1st instant, the report of the evidence given before the Committee of the House of Lords respecting the nurses at the London Hospital. The report says, 'Nurses were worked when they were ill, and they were not sufficiently tended when they were obliged to give up duty,' and again, 'that the nurses when ill did not have proper medical attention.' I feel I should be shirking a duty, and certainly wanting in gratitude, if I did not offer my testimony, gained from personal experience, to show how utterly groundless the charge is. My daughter went as nurse (probationer) to the London Hospital on the 18th of March this year. In the week she was taken ill. Upon the very first sign she was seen by the resident doctor, ordered perfect rest, and had whatever was necessary. Very quickly the symptoms became much worse, and the case was pronounced cellulitis of the leg; for a week she lay between life and death, and I cannot speak too strongly or too gratefully of the skill, care, attention, and kindness she received then, and until she was discharged, cured, on the 4th of May. Special nurses were at once put on day and

Chairman—continued.

and night; the surgeons (honorary and house) were unremitting in attendance and attention; the sisters in whose care she was, for she was first in the nurses' sick room of the nursing home, then warded in a private room for change of atmosphere, did all that duty called, or kindness could suggest. Her diet was of the very best, both in quality and quantity; she had everything she possibly could have; oysters and champagne without stint. In short, she owes her life to the treatment she received at the London Hospital. From the beginning of her illness until I brought her home, I spent, at least, four hours, often six and seven, of each day in the hospital (Good Friday alone excepted, when perfect quiet was necessary), so I think I may venture to form an opinion, for I was very much interested in the whole working of the hospital, and went about a good deal, and never did I hear one grumbling word; sisters and nurses all perfectly happy in their little world, and speaking in terms of affection, with respect, of 'matron.' My son, who is a medical student (not at the London, but who was there a good deal during our time of anxiety) will sign this; and if my unsolicited testimony is of any value pray make what use of it you please. Believe me, faithfully yours, J. E. Oram;" and is signed also by "H. Hardman Oram." Further, I wish to say that this letter was handed to the matron on 1st July: "Dear Matron,—We all unite in condemning the conduct of those nurses who so unjustly attacked the hospital arrangements on Monday, 30th June, and express our warmest sympathy for you in the charges against the hospital. Our deepest thanks are due to you for all you have done for the nursing staff since you have been here;" it is signed by nearly all the sisters, probationers, and nurses.

6293. Have you any comment to make upon Mr. Valentine's evidence?—I wish to be allowed to read a letter which was handed to me on Monday morning. It is written by Mr. W. J. Thompson, junr., vice-president; he was a member of the house committee for some time, and has now been elected a vice-president of the hospital, owing to the service rendered by him to the hospital as a member of the committee.

6294. This gentleman shall come himself; did you not read the report on Mr. Valentine's resignation last time?—There was a little difficulty in stating exactly the dates last time with regard to Mr. Valentine's resignation. I have the dates accurately marked now. On the 18th of September Mr. Valentine wrote to our chairman: "I wanted to tell you before, but had not authority to do so until to-day, that I had had a tempting offer from the Dean and Chapter of St. Paul's, and that I have accepted it. I do not know that I shall give in my resignation next Tuesday; it will depend a little on the state of the investigation, which, of course, must be gone through with. I shall be willing to go as soon as your committee like, almost." On the 5th of November Mr. Valentine wrote: "Gentlemen, I beg to inform you that I have been presented by the Dean and Chapter of St. Paul's to the living of St. Paul's, Walden, Herts; and, having been instituted thereto, I must ask you to acquaint the governors of the hospital

Chairman—continued.

with the fact of the vacancy in the post of chaplain, and to tender them my best thanks for their confidence in me." Then, here is this letter: "St. Martin's Vicarage, Charing Cross, W.C., 18th November 1889. To the Chairman of the House Committee. My dear Sir,—I am desired by the Bishop of Bedford to send you the report which we have drawn up. We feel that our duty has been much lightened by the fact that Mr. Valentine has resigned the office which he held. In the course of our inquiries we have been led to form opinions as to the duties of the chaplain, and his relationship to other officers and to the Committee, and we shall be very glad, if it is desired, to advise the committee upon this point before the existing vacancy is filled up. Yours, very sincerely (signed), J. F. Kitto." That clears up the facts as to the dates; the date of Mr. Valentine's resignation being 5th November, and the report sent in by the Bishop of Bedford and Mr. Kitto being sent in on 18th November.

6295. When did the Committee write to Mr. Valentine accepting his resignation?—I have no copy of the letter, but I should have written next day.

Lord *Monkswell.*

6296. I should like to ask you a question about the evidence of Mr. Valentine. Mr. Valentine said, in answer to Question 5594, that the quarterly meetings of governors are "absolutely a farce"; the question which was asked was, "Are these quarterly meetings of governors absolutely a farce?" and he said, "Absolutely a farce;" do you agree with that?—I say most distinctly not.

6297. Is important business transacted at the court of governors which is not transacted at the house committee?—No; nothing is done at the court except objections being raised to the action taken by the committee in any matter.

6298. Then at No. 5590 he says that there is a great difficulty in getting a quorum of governors?—I believe there was originally, but there has been none during my time at the hospital.

6299. How many attend, as a rule, at these quarterly meetings?—I think the last two averaged about 50.

6300. Besides members of the Committee?—No, counting them in.

6301. How many would there be besides members of the Committee?—Forty to 45.

Lord *Thring.*

6302. With respect to these quarterly meetings, how are objections raised; who has the right to raise them?—I read the report signed by the house committee the day before of all the business that has been transacted during the past quarter, that is a record of facts; the Chairman then elucidates any matter; he speaks at some length on these facts, and then sits down and says he would be glad to hear from any member if they have any objection to the report being signed; and frequently members do get up and object.

6303. Did they on the last occasion?—Yes, the last occasion was the election of a physician; they then got up and proposed that the whole

Lord *Thring*—continued.

matter be referred back to the house committee.

6304. And on former occasions have you had objections?—One occasion was when the house committee's report was read, in which they stated that they would recommend to the quarterly court held in December, that Mr. Valentine be not re-elected at that court, and then the voting was against the committee, and the matter was referred back to them, and they re-considered it.

6305. It is on questions of patronage that this happens?—Those were on questions of patronage. There are several members of the court who always like to say something on the hospital and the way that it is being carried on.

6306. Then with respect to this vexed question of nurse Page, you do not contend, do you, that this new standing order applies to her case at all?—I should say it did.

6307. I understood she had left the hospital before it was made?—The last standing order of all does not apply to her; she had left the hospital when that was made.

6308. The one with respect to dismissal for incompetency; you do not contend that that applied to nurse Page, do you?—No, the last one did not. There are two with respect to incompetency; the middle one and the last one.

6309. What applied to her do you contend?—The middle one which said that within twelve months of a probationer coming to the hospital she may be told that it is not worth her while to remain there for further training.

Lord *Thring*—continued.

6310. Was not that made after she came to the hospital?—Yes, I believe so.

6311. She came to the hospital surely on the understanding of the then existing standing order being applied to her?—That I cannot speak to at all.

6312. But you can understand very well my question?—Yes.

6313. If I enter your service under certain existing conditions, and then those conditions are altered, how can those altered conditions apply to me. That is the question I ask you?—My contention is that the standing orders, as soon as they have been passed by the house committee, regulate everybody in the hospital.

6314. Persons who come in under previous standing orders?—Yes, certainly.

6315. Then you do consider that if I enter your service under an existing condition, and you afterwards alter that condition, I am bound to you by the alteration?—Certainly.

6316. Are you really considering what your answer amounts to. Do you consider that if a person enters into a particular arrangement with a master and the master during the duration of the arrangement alters it, the person who came in under the previous arrangement is governed by that alteration? Consider what your answer amounts to?——

The Witness is directed to withdraw.

Miss EVA C. LÜCKES is called in; and, having been sworn, is Examined, as follows.

Chairman.

6317. You are the Matron of the London Hospital?—Yes; I have held that post for just 10 years.

6318. And were you trained as a nurse originally?—Yes, I had had four years' previous hospital experience.

6319. Was it in the London Hospital?—Three months of it at the London Hospital; part of my training was there as night sister; but my training was at Westminster. I have had experience of children's hospitals and various others in small degrees. My certificate was from Westminster.

6320. You have some assistant matrons, have you not?—Four now; I have had three up to the present, one having been quite recently appointed to help in the private nursing department.

6321. What amount of salary, may I ask, do you draw now?—Now I get 250 *l.* as matron of the hospital, and this last quarter it came to 100 *l.* as superintendent of the private nursing institution, with house and other things virtually provided.

6322. Board and lodging?—Yes.

6323. Is your residence within the hospital or house within the grounds?—It is practically a separate house, but it is in the nursing home, distinct and separate from it but making a part of the same building.

6324. So that you are provided with attendance and lights and coal and food and lodging?—Yes, that is to say a certain proportion of the food for the nursing home, not anything special for myself.

Chairman—continued.

6325. Has your salary been an increasing one; was it lower when you first began?—I think it was 200 *l.* or 150 *l.* when I first began, and then it was raised 50 *l.* about five years ago, I think. The dates, of course, are available; I do not remember them at this moment. It was in 1887, I think, that I had the first 50 *l.*, or the beginning of the salary of 50 *l.* for the private nursing department, not till it had been working fifteen months.

6326. And that is all the payment you receive?—That is everything.

6327. There is no commission paid to you?—No, not one of any kind. I once had a cheque for ten guineas from the private nursing Devonshire-square institution, which I sent in to the committee with a gratifying letter, after we had been training their nurses for five years. I did not accept that without the sanction of the Committee.

6328. Will you tell us what your duties are as matron?—The care of the nurses and everything connected with nursing and the wards, the cleaning the wards, but no cleaning outside the wards except in the nurses' rooms.

6329. You are responsible for the cleanliness of the wards?—Yes.

6330. And

Chairman—continued.

6330. And the general condition of the nursing?—Yes, everything relating to the nurses in every way, both in the ward and out of the ward.

6331. Their capacity and moral conduct, and so forth?—Yes; with respect to the housekeeping for them only since the home was opened in April 1886, when the nursing home kitchen was built.

6332. Is it your duty with regard to the nurses to go round the wards?—To see the things are right in the wards and go round as occasion may require. I used to go round a great deal when the wards needed putting in order. Of course, I go now when there is anything needed, and full rounds when I have time; but it is my duty to visit them at no fixed hours; at "convenient seasons" I think the standing order runs.

6333. Is it not your duty to go round the wards every day?—It would be impossible to do it every day. I go round very often at night; very often in the day and more often at night.

6334. What are the duties of your assistants?—One has the management of the nursing home; that occupies her almost entirely. Another has to do with the linen and the ward crockery inventories; she takes the inventory in the ward for me; she takes duty in the nursing home when the other assistant is off duty; she would also write some letters and help to show people round the wards. Then there is one who represents me, and would go to the office when I went in to the wards or stay in the office for me. She is more distinctly an assistant, and her duties would be to assist anybody else who wanted it or me in any way; they are not strictly defined.

6335. In fact, you are responsible for these three assistants?—Yes, I am entirely; but they have their own departments.

6336. Are these things laid down in the standing orders?—I do not think they have any separate standing orders. They would rank as sisters. Things that applied to the sisters would apply to them, unless it was a distinct ward duty. They are treated as sisters; they wear sisters' uniform, and have their meals with the sisters, and take a sister's standing in the hospital generally.

6337. Could you tell me off hand what they receive in the way of salary?—Two of them receive 60 *l.*; the linen-room assistant receives 30 *l.*, rising to 35 *l.*; the office assistant would receive 55 *l.*, rising to 60 *l.*

6338. What does the matron get in the way of holiday?—She goes away in the summer for about four or five weeks.

6339. And that on application to the committee?—Yes, always on application to the committee; but it is an understood holiday, and sometimes I have been away at Easter, and sometimes I have been away for about ten days before Christmas, according to the work.

6340. And is there any shorter holiday, like Saturday to Monday; anything of that kind?—Yes, that is understood; Saturday to Monday regularly, or Saturday to Sunday night.

6341. Is that done by you without application to the committee?—With their full knowledge and sanction.

Chairman—continued

6342. You do not apply weekly for that?—No, I do not apply weekly; it is quite understood.

6343. And then who replaces you?—One of my assistants; they take it in turns which has to be on duty; there is always one, if not two, assistants in the home; one seriously on duty; one very often who supplements what is necessary.

6344. These visits of yours to the wards are now very occasional, I understand?—I might go two or three times in a week; if I was regularly going round; or it might be two or three weeks before I got round to them.

6345. In going these rounds, do you generally take stock of the nurses to see how they are looking, and how they are getting on?—I am generally supposed to keep my eyes open. I should notice, I think, if anything was wrong either with the nurse's appearance, or with the way a thing was done, or with the condition in which I found anything.

6346. Would you notice, for instance, if a nurse was looking ill?—Certainly.

6347. Or would it be the duty of the sister to report that to you?—It would be the duty of the sister to report it to me, but I should none the less notice it.

6348. If you did notice a nurse was looking ill, what should you do?—I should speak to the nurse at the moment, and ask the sister why I had not been duly informed of it. The sisters are responsible to me that I should be informed of the health of those under them.

6349. Would you order her off duty, or to be seen by a medical officer?—Yes, if it had not already been done.

6350. Then you are, by the standing orders we have heard read, directly responsible to the Committee?—Yes, on those points.

6351. But what is your position as regards the house governor?—I should ask his help or direction in anything that touched on his department; anything that I could not settle for myself about a nurse; not as to the quality of her nursing, but if I wanted anything altered in the home, any part of the home cleaned, or extra furniture, anything that touches his department in the hospital.

6352. You are not responsible to the house governor?—For anything like that, certainly. If we had a complaint of the nursing I should tell him all about it; I have never received a serious complaint myself without going to him at once and consulting him. I should not consult him about moving one nurse from a ward, or who was to go on duty, or anything of that description.

6353. You mentioned complaints just now; do you keep a book and register the complaints?—No; all complaints would be found registered, of course, in my reports to the house committee.

6354. Do you report every complaint to the house committee?—Or to the chairman.

6355. Then there ought to be some formal notice taken of it and entered on the minutes?—I imagine that there is.

6356. But you keep no private record?—No.

6357. When you visit the ward, as you say, taking stock generally of what is going on, do you speak to the patients?—Sometimes; if they are awake, for instance, or if the doctors are not about; so as not to interfere with them. A nurse would

Chairman—continued.

would generally come and walk round with me if the sister were busy with the doctor; or the sister, if she were free; and then we should stand and speak to one patient or another.

6358. Is it anybody's duty, yours or your assistants, to go round to each bed once in the course of 24 hours?—No, the sisters are responsible for that.

6359. And they are not interfered with?—They are not interfered with. Our wards have the disadvantage of being so large that our sisters, while doing the work of ordinary sisters, are obliged to act with a certain degree of superintendence.

6360. How many nurses are there?—I had the exact list taken out on the date that your inquiry began, and I find that, including everyone of all grades, not the private staff, there were 211 on the 3rd July; they vary very much in a few days.

6361. What are the different grades?—There are, first, the sisters.

6362. How many sisters?—Twenty-three sisters fully appointed; 34 certificated nurses taking staff duty.

6363. And those are what are commonly called the staff nurses, are they?—Yes; 45 nurses on the probationers' list who have received one year's training; 10 of these had previous hospital training. There are three paying probationers who have also served over one year; total of 106 entitled to be regarded as qualified nurses.

6364. Those are what you describe in your advertisements as thoroughly trained nurses?—I should do.

6365. That accounts for 105?—The 106 includes the matron's assistant.

6366. One hundred and five out of 211?—Yes; that is not including private nurses, who are also, a number of them, certificated.

6367. And what are the others?—Seventy-three in their first year, including six who are still on their trial month; out of these 11 have just passed a satisfactory examination. Out of this total of 73, 23 have received previous training, leaving 50 only (including the six probationers not yet appointed), who have the minimum amount of hospital experience indicated by the dates against their names.

6368. Now, of the paying probationers, how many are there?—There are 14 paying probationers, not counting the nine who entered in that capacity but have recently, at their own request, been accepted on the regular staff, and who are not included in the 73. There are nine probationers also in training for outside institutions.

6369. But when they are training for outside institutions they are not doing the work of the hospital?—Yes, only they are not included in the other number, making a total of 105. Many of them were not exactly new to the work, but are not entitled to be counted as qualified nurses. This is out of a total of 211; 33 of these have had previous hospital training.

6370. Now, how do you appoint these nurses in the first instance?—They all come as probationers now. Formerly we were obliged to take those whom we could get from any hospital that would apply to us, but of late years we have had no difficulty in getting them.

Chairman—continued.

6371. When a person applies to you to be taken as a probationer, do you take anybody you can get, provided they are of good character?—We have no difficulty in getting them now.

6372. You have a sufficient number of applications?—We had 1,600 applications last year, and 1,500, I think, the year before, to come as probationers. We kept these numbers from mere curiosity; we had so very many coming that we wondered what the exact number would be.

6373. Then these people come, and then do you take them into the hospital?—They come or write, and then they are given a paper of the probationer's regulations, which I think you have already seen; they then fill up the form and send it to me. If it looks promising an arrangement is made for a personal interview. Immediately after the personal interview, if the candidate looks desirable, I apply for her references. On receipt of her references she immediately gets an answer to one effect or the other, and is either told she will be accepted later on, on a lithographed form for the purpose, or the date is then and there fixed. That is with regard to regular probationers. They then enter on a month's trial. If they seem to be satisfactory they see the doctor at the end of the month's trial; he has to pass every one before they can be allowed to be appointed probationers.

6374. Then, at the end of the month's trial, is the engagement terminable by either party; either by you or the nurse?—Certainly: I think, perhaps, there is a misapprehension about a nurse ever having been sent away at a week's notice, which might have arisen through that. If the doctor had not passed them, they would come to me the next morning, or as soon after as I could see them, and then I should say that such was the case, and talk over their prospects, and discuss the matter with them; and then they would say, "Must I go to-day or to-morrow?" and I should say, "Oh, no, take a week or a fortnight, if you like, not longer than that." The time would be up on the exact day or month, but there would be no reason why, because she was not accepted, she should be turned out at once. That is the only way I can imagine anybody thinking they had been sent away at a week's notice. A probationer who did not know the circumstances might arrive at that conclusion.

6375. I will come to specific cases afterwards; but, supposing that a nurse stays on over her month, what occurs?—Then she signs her paper, and she is on the regular staff of probationers for two years. The agreement, as you have already heard, has been altered from time to time; three times, I think. I have the dates when I sent in the reports to the Committee on the subject, and the reports themselves if you care to hear them. On the 11th May 1885 the then existing agreement was discussed. We had worked from 1881 on that agreement, and had not found it satisfactory.

6376. Discussed by whom?—By the committee.

Earl of *Arran*.

6377. Have you two or three kinds of agreement in force at the same time?—No.

6378. The

Earl of *Arran*—continued.

6378. The last agreement cancelled every one that went before?—Yes; not for those who had signed a former agreement. We should destroy all the blank copies to avoid any future mistake, and carefully retain the other.

Chairman.

6379. Should you let the nurses who had signed the old agreement know that a change had taken place?—Certainly, if it was anything that affected them. We should put a notice up on the green baize notice board, outside their dining room; it would also be read aloud to them at each meal for the first day. I think in the one case of the alteration in November that was not done. The secretary said to me, "I suppose you are going to send this round"; the one I mean that empowered me to get rid of a probationer within the 12 months. I said. "No, because there are none here at present to whom that would apply; therefore we shall only take care to send it to the new comers. If the question arises we can soon find out when the probationer made application in the first instance, before or after this modification was made." It is supposed to be in my favour, and not in favour of the probationer; therefore, the probationer who entered before can go on the old rule, which left it entirely in the hands of the Committee. That was probationer Page's case; she was under the old agreement that she signed before that modification was introduced.

6380. Then do these nurses stay longer than two years?—At the end of the two years, a month before two years would be complete, they would come and see me and discuss whether they stayed or did not; they increasingly stay; we more and more expect and need them to stay as the work grows, and they become better nurses; but I should not appoint them staff nurses or give them any appointment on the staff if they were not more or less up to the mark.

6381. They become staff nurses after the two years?—After the two years they become certicated nurses and fixed in their own ward; they become staff nurses before that time.

6382. Do you give them their certificate as soon as they become qualified?—We always give them their certificate as soon as they become qualified. One part is filled up in reference to the examination; the moment the marks of the examination are out the doctors do it at the same time; they fill up on the form how the examination has been passed and attach their signature; and these certificates are carefully put away; they are not the property of the probationers, except the prize and honorary certificate, till they have completed their two years' training. At the end of the two years' training the certificate is filled up and signed by the chairman, the house governor and myself, and immediately given to the probationer on the completion of the two years; but we do require that the two years should be quite filled up; and in case they have been absent, from illness or nursing sick relatives, or anything of that kind, they make up their time; and you will find probably on the certificate that was put before you the other day, there are two dates; a statement that such and such a person entered this hospital on one date; and at the foot of the certificate there is a line, and a statement that the date of granting the certificate was such and such a date; so it is quite evident on the certificate how long it took the probationer to make up the two years' actual training.

Chairman—continued.

6383. Therefore a nurse might possibly be discharged for misconduct of some kind, say in three years, and still at the same time she would have her certificate, showing that she was a qualified nurse?—Yes; we risk that in giving the certificate.

6384. On that there is nothing about character?—No; simply what her conduct and work has been during the two years; we do not enter into any finer shades of character, as to what she is fit for; there are about two words to say what her conduct has been on the whole.

6385. Now in the case of complaints being made by nurses, of which we have heard something, what do you do; do you carry them to the house governor?—Certainly, and to the house committee, or the chairman probably would hear first. It would depend on what the complaints were; if it were a complaint of anything that the house governor could alter in his department, I should at once go to him, or, if it referred to anybody else's department, under the house governor, I should go to him. In any case I should tell it all to the chairman. If it were in my own department, I should tell it to the chairman, and I should tell it to the committee if it was anything that was connected with my own department.

6386. Should you investigate it first?—I should investigate it myself first, and tell them the complaints, with the result of the investigation.

6387. And that you invariably do on every complaint?—On every complaint.

6388. Do the nurses complain freely?—No, very seldom indeed. I have many sources of hearing of complaints. The sisters who are interested in the work would say, have you heard this or heard that? There are so many that one would hear of it in that way, besides from the direct person who was responsible for it; I cannot conceive that there could possibly be any difficulty. Then again my assistant, who would be more with them than myself, would have the opportunity of hearing it and would tell me of it; or she would ask, Would I send and see what the facts were in reference to such and such a rumour?

6389. Do you think there is any grumbling carried on in the hospital that you do not hear of?—No, I should say very little indeed. During the course of 10 years it has been considerable at different periods; but there has been wonderfully little; it is a very happy hospital, we think.

6390. But now as regards the food of the nurses; you have nothing to do with the food, have you?—Yes.

6391. Are you responsible for the food?—Since 1886, when the nursing home kitchen was opened; I have always, I imagine, been responsible to an extent for the food of the nurses. From the time I went I was given to understand that the committee desired to improve it very much, and the house governor used to arrange all these meals with me, and that kind of thing, in the very first instance; and in 1882 I had to

Chairman—continued.

send in a very painful and strong report to the committee, because there was no improvement in the food; and I did not consider it good enough for the women who were doing the duty. It was my duty to do it, because it affected the nurses; it was not in my power then to alter it, because we had no separate kitchen. The committee have paid the greatest attention to the nurse's food; they must often have been wearied with the complaints I have sent in about this article and that article of diet, but they have never been impatient about it; they have always taken trouble, and so has the house governor. We differed as to the standard of food desirable for the nurses; he thought things good enough, judging by the old standard and the class of women we formerly had, and he has frequently told me that I pampered the nurses.

6392. Do you consider that nurses ought to be extremely well fed?—Extremely well fed.

6393. And you consider that those in the London Hospital are extremely well fed?—Most satisfactorily fed. An account has been kept of the diet tables I believe ever since the kitchen was started. We then had no fixed dietary for the purpose of economy; it is a very undesirable thing. The diet is entered in a book; and so I thought it was better that I should see the book, and sign it at the end of every week, to know what had been, not what was going to be; that has been regularly done.

6394. Do you make a careful study of that return?—Yes, especially if I hear any complaints about it, or if I see that the nurses' food is not good when going round the wards, such for instance as the ward meal, I make a suggestion about it.

6395. I think we were told that they have dinner in the nursing home, and then tea or something in the wards?—They, *i.e.* night nurses, have a sort of breakfast to begin with, half breakfast, half supper; some of them call it night nurses' supper; some of them call it night nurses' breakfast; that is at 10 minutes to nine. Then they take with them to the ward what I spoke of as the ward meal, for a meal in the middle of the night.

6396. Have you inspected that?—Yes; it has attracted my attention in going into the ward; if I am late I find them at the meal and go up and ask them about it.

6397. What does it consist of; bread and butter and a herring, I think we have been told?—They have tea and sugar, and they have eggs and sausages and cold meat, and they occasionally have herrings for supper, not for the ward meal (I believe they are very popular); they have bacon. The books themselves will give you the variety; nothing else occurs to me at the moment; cakes and little jam tarts.

6398. How often do you go round the wards at night; once a week?—I might do that, or I am more likely to go about two or three times in one week, and then miss a week or two. For a long time I went round every night till things were in their present condition; while it was reforming I used to go steadily round every night except Sunday.

6399. Now you consider it eminently satisfactory?—I always find it so. I was night sister at the hospital myself, so I am naturally specially interested in the work, and I know its exact difficulties.

Chairman—continued.

6400. Have things improved since the time when you were a night sister?—They have improved beyond recognition, if I may say so with humility.

6401. We have had some cases brought before us in the course of this inquiry with regard to certain specified individuals, but before I come to that I will put a general question: evidence has been given us that the amount of assistance in the wards is insufficient; do you consider that the nursing staff is sufficient for the purpose?—Yes, I think so.

6402. Do you agree with the statement or disagree with the statement that, owing to the insufficiency of nurses, unqualified nurses are in charge of delicate and dangerous duties?—No, certainly not; not without sufficient supervision to make it absolutely safe and without risk to the patients.

6403. You consider that complaint to be quite unfounded?—Quite unfounded.

6404. And is the staff equally sufficient by day and by night?—I think so. Roughly speaking, there is about half the number required on night duty that we need on day duty, *i.e.* the day nursing staff number twice as many as those on night-duty. Then, of course, the work is not quite the same; there are not the doctors to attend to in the long rounds of visits, and of course a large number of patients would be asleep.

6405. What do the night sisters do?—Each superintend quite strictly her own half of the hospital, and in that way she can easily be found. If one sister were to go from one side to the other, it would take a long time to find her, because the wards are so situated in an immense building that it would make it difficult to find anybody; but by each sister keeping to her own side I could find anybody that I know is there; one side of the hospital would take one five minutes at the very utmost.

6406. You have not known any harm done or any case retarded by insufficiency of nursing?—Never.

6407. Do you think you would hear of it, if it did occur?—I think the doctors would feel it right to come to me at once; they would be the best judges. I have, of course, heard of acts of carelessness on the part of different people, but that is quite another thing.

6408. Now, in reference to some of this evidence we have heard, Miss Yatman gave evidence at Question 4745 with regard to probationary business?—When Miss Yatman first entered as a probationer, in 1883, the paying probationers slept in Philpot-street. So I asked to have the number of the nursing staff at that date looked up in order to see if we had varied in one way or another very much since that time; and I find that we have increased. In those days when Miss Yatman came first to to the hospital, we had 18 sisters, two matron's assistants, 28 staff nurses, 10 night staff nurses, and 79 regular probationers (that means two years' probationers), making a total of 137. There were also 18 paying probationers, making a complete total of 155.

6409. The number has increased by 50?—Yes. When Miss Yatman re-entered the hospital on the

Chairman—continued.

the 18th April 1888, the total of the nursing staff was 194, made up in this way: 22 sisters, 3 matron's assistants, 34 staff nurses, 6 night staff nurses, and 99 regular probationers. So the number of trained nurses were not fewer, but somewhat increased. The number of hands not qualified to help in the work of the wards were considerably increased at that date.

6410. Here is the question I put to Miss Yatman at Question 4745: "Now, are probationer nurses put into these wards only when they are duly qualified?" and her answer was: "There is no distinct time laid down as to that; sometimes they may be put in a ward when they have been in the hospital for three, four, six, or eight months; sometimes not till later. (Q.) Then who determines when they are fit to be in the wards? (A.) The matron. (Q.) Do you consider that sometimes unqualified persons are placed in responsible positions in wards? (A.) Of course many times you are sent to take staff duty in a ward when you do not know anything about the work in that ward; I mean that you may be sent to take a medical ward when you have known very little about the work in the ward. You may be sent when you have been in the hospital three months, or you may not be sent till you have been in the hospital six months. (Q.) Therefore you consider that sometimes inexperienced nurses have responsible duties in the wards? (A.) Very often. (Q.) And do you consider that injurious to patients? (A). Certainly." Now, is it the case that probationers are sent into wards in charge?—On the probationers' list they take staff duty; that is quite freely acknowledged that it should be so. The sister is ultimately responsible, and knowing that she is responsible both to the doctor and to myself for the nursing, she would not do with a probationer who was not competent, because she is responsible. She would come, as a sister did in the case of Raymond, and say, "I am very sorry, but I could not be responsible for the patients in the ward; I could not do it if you leave such a nurse there." Then she was immediately removed. I should send no one that I did not consider competent to take staff nurse's duty.

6411. In this ward there would be a staff nurse and a probationer?—Yes, as a rule. It would depend entirely upon the wards; I have a daily return of the number in the wards. There might be two probationers; it would a little depend upon circumstances.

6412. You maintain that when the staff nurse is away the person in charge of the ward is duly qualified to be responsible for the ward?—Yes; always under the sister. It is to the sister I should look for the report of the staff nurses and the probationers. I frequently discuss privately with the sisters whether such-and-such a probationer has had sufficient experience, and whether she would like to try her or not. Of course the decision rests with me, but it is desirable for me to get that information from the sisters, and that that should be the means of appointing them.

6413. You are speaking of day sisters?—Yes, I get the account of the night nurses from the night sisters, with the addition of the reports from the day sisters how they find things.

Chairman—continued.

6414. How many day sisters are there?—19, 18 in wards. We have one receiving-room out-patient sister.

6415. Then these sisters are the people who really superintend the nursing?—Yes; they are responsible to me for it, and of course they are responsible for satisfying me when I go into the ward. I go frequently into the ward when there is a new sister to show her how I wish things to be done.

6416. And you believe that they report to you whenever they find themselves with a probationer who does not thoroughly understand her duties?—Certainly; I am sure they do.

6417. You have the greatest confidence in them in that respect?—I have the greatest confidence in them. And then, again, my assistant goes to the ward. Sometimes I say, "I wish you would find out how probationer So-and-so is really going on;" and the sister would have a chance of saying to her, "I wish you would tell matron that So-and-so is not half sharp," or she would report to me: "Sister So-and-so likes so much probationer so-and-so."

6418. In case somebody is reported to you as not being sharp enough, what steps do you take?—I should speak to the sister and say, "Is it worth while requiring her to stop any longer?" And if she said, "Yes, I think she is getting accustomed to it," I should be very glad of it; but if I heard one or two circumstances from the night sister or the day sister I would say, "It is not safe, I must move her. If you like you shall have her again." I did that in Miss Yatman's case.

6419. Do you put them in some other part of the hospital in such cases?—Yes, that they might take probationers' duty, which is less responsible.

6420. If you consider that a probationer is unlikely to make a good nurse, what do you do then?—We used, as you will see by my reports to the committee, to drag her through the two years to give her a qualified certificate, on which she reflected no credit when she left the hospital.

6421. A second-class certificate, you mean?—One put the poorest words on it; she may fail in her examination. We have two forms of certificate; I do not know if you have them before you.

6422. Here are two forms of certificate, "Certificate of training"?—The heading of both is alike except for the addition about the examination.

6423. Is this the first-class certificate: "This is to certify that" So-and-so "was received as a probationer on such a date, and has completed her full term of two years' training in the medical and surgical ward of this hospital, both on day and night duty. During this time her work has been" so-and-so, "and her conduct has been" so-and-so. Signed by the chairman, house governor, and matron. And then also, "has attended lectures on so-and-so, "and passed such-and-such an examination; "that being signed by a physician, and as to another examination signed by a surgeon; is that the first-class certificate?—According to how the "work" and "conduct" is filled up. If her work had been excellent, and

Chairman—continued.

her conduct exemplary, it would be a first-class certificate.

6424. What is this other certificate which is signed merely by the chairman, and house governor, and matron?—When they have failed to pass an examination.

6425. That would rank as a second-class certificate?—If it were filled up satisfactorily with reference to "work" and "conduct" it would still be of great value to the holder of it, but the poorest she could get would be that one filled up in a qualified form.

6426. Supposing that she had been guilty of some misconduct, you would report her to the house governor?—Certainly.

6427. And suspend her?—Yes.

6428. And that report would go to the house committee?—Yes. That has not happened for many years now, with one exception, last December.

6429. But supposing the misconduct was not sufficiently grave to warrant that course, what would you do then?—If it was sufficiently grave for me to speak to her myself, I should send for her and speak to her myself on the subject, and hear from the sister if she improved. It would depend upon whether it was a slight thing. If the sister were to say, "She is taking no pains," I should say, "Tell her I have been inquiring about her, and that I am not satisfied that you yourself are not able to give me a better account." That would be the mildest thing of all. If it was a general unsatisfactory account, if this went on, or I heard the same thing from a second sister, I should send for that probationer, and say, "This is very unsatisfactory; you must take more pains. I get this, that, and the other report of you."

6430. Suppose you had two or three reports of that description, without anything very grave, should you give her a hint that she had better take some other occupation?—I should now, according to Rule 11, which was sanctioned last September.

6431. Which gives you the power of dismissal?—Which gives me the power of terminating her engagement. It is a little difficult to understand without reading the reports I send in to the committee why those conclusions were arrived at; but they are fully stated there. One used to reprimand these probationers, and keep them on to the end of their time. I found that to be a terrible responsibility. We had them for a long time, and there were many cases which I could not dare to send them on; and then I represented to the committee the immense waste of opportunity and material that was going on; there was a full report sent in, which explained the exact number who had gained certificates, the exact number who had left on their own account, the number I had been obliged to refuse to appoint permanently on the staff; and my suggestion was that it would be infinitely better to terminate the engagement when the complaints became frequent and from different sources, than allow them to go on in this unsatisfactory manner. Then I said that the committee might wonder why I had ever allowed them to go on in this unsatisfactory manner, and I thought it was because the old-fashioned hospital arrangement of having a person suspended, and then discharged by the

Chairman—continued.

committee, had produced a strong feeling on the part of the staff that to be reported to the committee was a disgrace. I said that I knew I had a technical right, but that it was more against my feeling of justice to report what was only incompetence and not a moral delinquency, and to put it on the same ground as being discharged by the committee, and have the probationer's name entered in their minutes as sent away as unsatisfactory, than it was for me to say to the probationer, "I do not consider you sufficiently satisfactory for you to go on with your training," and report that fact to the committee. Reporting to the committee was no difficulty to me, of course, but it often hurt the feelings of a probationer, and created a grievance; because I could never say, "Do not you think you had better give up?" It was my duty to say, "I shall be obliged to report to the committee that I consider you unsatisfactory." I said that before reporting to the committee; she knew it, and she had an opportunity of doing or saying anything she liked; and, rightly or wrongly, it was my impression that it would be easier for the committee, if they wished to decide for themselves, if they heard her case at the time that they heard my report, than if they officially sanctioned my report, and were placed in the awkward situation of wishing to reverse their decision the following week. That was my object in speaking to the probationer before it went to the committee.

6432. Then your object was, that it should be beneficial to the probationer as well as easier to the committee?—Out of kindness to the probationer.

6433. Now let us go to some of these other cases put before us. Now, in the case of Nurse Stockings, who we were told was "kept on night duty for a fortnight while suffering from gastric ulcer and constant vomiting after food; was under Dr. Fenwick while on duty; was afterwards nursed in Rachel Ward for several weeks." Do you know the particulars of that case?—I have them with me. She broke the engagement herself. I had some trouble in finding out whether she had any real grievance or not. After she was ill I sent her to Dover, to a convalescent home there. I know the lady of the home, which is one established for missionaries, and she was kind enough to offer to take any nurses of ours, though it was not strictly a convalescent home. Probationer Stockings had been warded for some time, and was sent down there. She then wrote to me, and asked leave to break off her engagement, because she wished to break off her engagement to be a missionary. I sanctioned the breaking off the engagement; and I asked my assistant to write to the lady of the home at Dover and ascertain if she had ever heard that this probationer had not been properly looked after; because it is not easy to trace the feelings of a probationer when she has gone away making no statement. My assistant this morning received a letter saying that she had been very happy while she was with us, and had had no complaint at all to make when she was down there with this lady. I do not see why she should not have spoken freely to the lady.

6434. Do you believe that she was kept on night

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night duty for a fortnight while suffering from gastric ulcer and constant vomiting after food?—I am sure it was absolutely impossible.

6435. And you think that if there had been anything of the sort then it would have been mentioned to the lady of this convalescent home?—Yes, I think it would have been extremely likely, because the lady was so kind in taking her down there; and from the home she wrote these letters to me asking to be released from her engagement; so she had nothing to fear from me and nothing to fear from speaking out to this lady. That was only one of the kind offers we get from some one willing to take in these cases of tired or delicate nurses.

6436. Would you be in a position to know whether she was kept on night duty or not?—I will look up the date and see if she was on night duty for a time, if I can recall whose ward it was. Of course, a probationer is immediately seen when she is not well.

6437. Your system of supervision is such that you would have known of it?—We absolutely must; it would have been impossible to go on without any knowledge of this. A paying probationer leaving the hospital the other day said to me, "I never saw such a place; you cannot look tired without somebody wanting to know what is the matter with you." We do it for our own sake; it is an anxiety having the care of the health of over 200 women.

6438. Now another case: the case of Furnace; "On duty for a week with poisoned hand and arm contracted in nursing a pyæmia case; was kept on duty in the ward where it was contracted; afterwards sent on duty without change of air." Have you any remark to make on that case?—I have not looked into that. My assistant met her and asked her if anything was the matter; she said, "I once had a small gathering on my finger and I was off duty two days for it." I think that is what she said, but I am not certain about that.

6439. Perhaps you will furnish information on that point another day?—Yes.

6440. And then in this case of Sabel, who had "a poisoned finger and sore throat, looked ill, did not wish to go to sick room; on duty till Friday; then put to bed in Currie day-room, and died on the following Tuesday"?—I have not the full particulars of that ready for you, but they are quite satisfactory. She was at a private nursing case where she took this diphtheria; the house surgeon who saw her assured me she only had a very small ailment on her finger. There was an application for a private case, and, if I remember, for a week, and with his sanction she went there at her own desire; but I really think it would be better, if you do not mind waiting, to have the dates quite complete, because I was away for my holiday at the time.

6441. And the same thing with regard to Nurse Scott; have you got the particulars of that case?—I do not recollect her name.

6442. They are all mentioned in the evidence, and perhaps you will be kind enough to find the particulars about it?—Yes.

6443. Now, in regard to the house surgeon or house physician, who looks after these ladies when ill; these gentlemen are what are termed house surgeons and house physicians, are they not?—Fully qualified. At one time they always saw nurses and probationers; the senior staff only saw them if they were really ill with something more than a small ailment; but this led to a great deal of confusion. The house physician taking in on full duty used to see the nurses; we had no sick room in those days, and so they had a bed given them in the ward when the physician and the surgeon were taking in. This had many inconveniences. It took up a bed for a case that did not really need a hospital bed; it was difficult and tiresome for house physicians to be fetched to any end of the building when they were busy; and it was depressing for a nurse not very ill to be with a lot of her own cases; and in March 1886 the committee asked Doctor Sutton and Doctor Fenwick, who had previously always examined them with regard to their health, and seen any cases that were not quite suitable for the house physicians and house surgeons, and they agreed with Mr. Treves, who was the surgeon to look after the surgical cases, that they would be responsible fully for the health of the nurses. It was an immense help to me, and I have been most grateful to them for it. They come twice a week on different days; Mr. Treves and Doctor Fenwick on the same days, but the physicians on different days. They see any nurse who complains of not being well or who the sister does not think looks well. I get complaints of probationers being up before the doctor and absolutely declaring that they have nothing the matter with them, which vexes the sister when she knows that they are not well. Supposing a nurse or probationer were looking ill, or were to complain of not feeling well after the physician's visit, she would then have nothing for it but to see one of the house physicians or the house surgeon, of these medical gentlemen whose names I have just given.

6444. These officers, the house surgeon and the house physician, are they salaried officers of the hospital?—They do not receive a salary; they live in the hospital.

6445. You would not call them resident medical officers?—They are all resident medical officers. There is no senior resident medical officer as there is at some institutions.

6446. Are they equally officers under the committee?—Yes, under the control of the house governor; that would mean for everything except their own work.

6447. Have you ever heard any complaint from the nurses that the medical attendance for them was insufficient?—No; I know that Mrs. Yatman considered it was not sufficient for her daughter; but I have never heard it said all round. The feeling is that these doctors are most kind to them; they are so looked after by their seniors that they have little chance if they wish to do differently; not that they do.

6448. In the case of Miss Page; Miss Page was ill, and she had seen one of the house physicians, and then, after that, she went to see Dr. Anderson, as we were told at Question 5406; is it against your rule that they should see anybody except those two medical men you have mentioned?—Anybody can go and see any doctor they like; but I should not expect a probationer under the treatment of one hospital

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doctor to go out and see another; if she troubled one of our own hospital doctors I should not expect her to go to her own private one, unless she had asked specially to do so or had apologised for the trouble she had given. No doctor takes any fee for this attendance, and I should consider it was a liberty to trouble the doctor in that way; not that he would mind or not be kind enough about it. What I objected to in the case of probationer Page was not that she went to Dr. Anderson, but the manner in which it was done. She was on night-duty in these wards looking very ill indeed. The night sister spoke to me about it, and said that probationer Page had asked her not to report that she was ill, but the night sister felt that she could not overlook it. The day sister said to me, "Probationer Page looks ill," that she was not sleeping properly. I think she then saw the house physician. We do not keep up a nurse who is on night-duty to see the visiting physician in the afternoon unless we are seriously anxious about her, because it deprives her of some rest; we sometimes do, but not for an ordinary case. She maintained to the doctor that she could give no cause for her sleeplessness.

6449. How long had she been on night-duty then?—If I may look at the register I can tell you. (*The register is handed to the Witness.*) I read here that she went on night-duty on the 25th March to the 29th April; then she was warded until the 30th May on which date she left the hospital.

6450. She left the hospital through dismissal, did she not?—On the other arrangement of terminating the engagement; not through dismissal for seeing an outside doctor as has been alleged.

6451. "Terminating the engagement;" that is to say you had the power to dismiss her?—On the ground of the inefficiency complained of previously; I stated that fact in that second report of mine to the committee. I sent for her, and when she came I asked her why she had gone to see Dr. Anderson in this way. That morning I had said to the night sister, "she must not go to bed without seeing Dr. Fenwick." The night sister said, "she wants a pass to go and see a friend, but I do not think she looks fit to go out." I said, "If it is a fine morning and if she looks fit to go out, let her, as long as she does not go to bed without seeing Dr. Fenwick." When I was at luncheon they brought me word that she had come back, and had seen Dr. Anderson, who had said she was to have a bed in his ward. I then saw probationer Page and asked her why she had gone to see Dr. Anderson on her own account, and if she had ever expressed a wish to see him instead of the physician who usually attends the nurses, and she said no. I asked her if she had ever been told that she could not see Dr. Anderson in the hospital, and she said no. It is well known that Dr. Anderson will see nurses if other physicians are absent or emergencies happen. He is most kind about it. Dr. Anderson found that Miss Page was suffering from a badly ulcerated leg, and the case would have looked one of shocking neglect. Any doctor seeing it would have been shocked that any nurse in such a state was allowed to go

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on duty, but we had been trying hard for a fortnight to get something done, and she had been maintaining that there was nothing the matter with her, and you cannot treat grown-up women as you can children in a boarding school, when they maintain that there is nothing the matter with them.

6452. I do not think you gave us Miss Page's answer to your question, why she had gone to see Dr. Anderson?—I do not think she gave me any, only she said she never had been told that she could not see him, and I told her if I had known she had a special wish to see Dr. Anderson I would have asked him to see her when he came to give his lecture, or at some time when he was at the hospital.

6453. Miss Page's dismissal was due to inefficiency, I understand?—Yes; one cannot always undertake to prove that a nurse who has been inefficient in one hospital shall always be considered inefficient; but in this case I have since learnt that Miss Page was inefficient before she came to us, and that at the last appointment that she held, in October last, she went to a hospital at Chelsea, and was obliged to leave there before the following Christmas on the ground of inefficiency. I did not know that till I heard her say the other day that she was not continuing her hospital work; then I gathered that she had left the appointment I speak of, and I have since ascertained that she was not considered sufficiently efficient to hold the appointment.

6454. Was she ever employed on staff duty?—Yes, she was tried on staff duty several times. She came to me with three years' experience at Highgate Infirmary, and 14 months in Dr. Barnardo's Home, and private nursing in Jersey, and in addition six months' work with Miss Sheriff's Institution abroad. Her first application to me was to be received as a staff nurse. I replied that we did not take staff nurses who had been trained at other hospitals; and then she asked if she could come as a probationer. I said, Yes, if she cared to come in and work for our certificate. It is not unusual for nurses who have been trained at small hospitals or at provincial hospitals to wish to do that; of course on the understanding when they come to me having had previous experience that I always endeavour to give them the very best work I can; the greater the responsibility the better the work from the point of view of experience. Therefore, though I cannot shorten their time as probationers with us on account of previous experience, I can make their previous experience valuable to them in the course of their training.

6455. Now we were told by Mr. Valentine at Question 5655 that during the first four months of her training in the hospital Miss Page was employed as a special nurse, and he says I should like to explain what a special nurse is. When a case is particularly dangerous one nurse is told off to attend to it and to it alone; it may require care at any moment. During that first four months she had a case of tracheotomy, and she had a still more critical case of ovariotomy?—Both are recorded in the book before me; that is quite correct.

6456. But that was in her first four months, and then at the end of the year or 11 months she

Chairman—continued.

she was discharged as being inefficient?—Yes; but she would not be alone in charge of these cases of ovariotomy. You cannot tell that a person is not fit to be trusted till you have tried her; the case would not be sacrificed by her being tried, because the doctor and the sister would take most special care of such a case.

6457. You say she would not be responsible for these cases, but would be superintended by somebody?—Yes; she would be doing the active duty and watching; she would be alone with the ovariotomy case in that sense, but she would not be without supervision; there would be the nurse in the next ward who would be quite capable, and the sister constantly coming to see after it, and if there was anything to be done in the case the night sister would do it; she would show the probationer how to do it. That is the way that nursing knowledge is made, as doctors' knowledge is made.

6458. You said just now that she would not be alone responsible for that case?—She would be alone, I meant literally, but not responsible. In the tracheotomy case I imagine she would not be alone; I cannot think of any time when a tracheotomy case has been left alone to any one in that way.

6459. Are those two cases mentioned in the book before you?—Yes.

6460. Does it also record who is the sister and who the staff nurse?—No; the staff nurse would be difficult to find, but by taking out the date I could find out who was taking the day sister's and the night sister's duty at that time. This is an exact account of how every day is spent in the hospital. We get this information by giving the probationers small memorandum books, which have to be brought to my office filled in by the sisters the last day of the month; they are stamped to show that they must have signed them; and then it is copied here.

6461. After these cases of tracheotomy and ovariotomy that she attended, did you have any complaint made to you then that she was inefficient?—I cannot recollect; it would be impossible. If I had a complaint in a case like that I should immediately take the nurse off the case; I should wait for her to have further experience if she ever had it again. Even if she were irritating the patient (which sometimes happens), I should take the nurse off. I should take them off a very disagreeable case, sometimes against their will, if I thought it was beginning to affect their health or their throats. The doctors are most kind about it, provided their patients are well nursed.

6462. You depend upon the sister for all this information?—Yes, and upon the doctor, if there is anything wrong.

6463. Would the doctors be able to judge whether their cases were properly nursed or not?—I should imagine so, certainly.

6464. And you think they would immediately complain if they considered that the nursing was not sufficient or efficient?—I am sure they would; it would be their duty to do so to everybody concerned.

6465. You dismissed this nurse a certain time afterwards for inefficiency, and you think that you were quite justified in having her in attendance on this sort of case, although you knew she was inefficient?—I was gradually finding out what she was. If time is to be the test of efficiency I was more than justified in putting her on that duty with those years of experience at it. I should not have put her at it as a probationer unless the sister thought she was going to make a promising probationer.

6466. In this case you were misled by the certificate she brought with her, and her dismissal was entirely owing to her inefficiency, and had nothing to do with her visit to Dr. Anderson?—Certainly. I reported it to the committee on the 30th April, I think before her 12 months were up under the existing 12 months' arrangement; the first report asking for this change of regulation that I have spoken of was in the previous November. Her 12 months would have been up if I had allowed it to wait till she was well enough to leave the hospital. I had previously spoken to her; I should have spoken to her probably during the time she was ill. Once I remember noticing her when she was still on duty in the ward and speaking to her about looking so ill. I sent for her once to my office for some carelessness. I did not remember it; I had forgotten the incident till I heard her mention it the other day. I spoke to her then and told her it would be impossible for her to go on unless she did differently. I said "I am tired of going on like this," and she said I had never before found fault with her. Of course it is more for the probationers themselves to remember it than for me; but I said, "I will remind you of one time in passing through a ward, where I finished my conversation with you outside the door, endeavouring to make you see in what manner you could do better;" and, of course, then she could not deny that that had taken place. She was appointed on the 19th June, that is to say, she came on the 19th May, and they have the one month's trial. Therefore I thought it was better that she should know it. If I had allowed her to stay until she had ceased to be warded, the time would have been up on the 30th May, and I must have reported her to the committee in the formal way. I had asked them to exonerate me from the necessity of doing so for the sake of the probationer; and probationer Page would have had the advantage, because she was under the old agreement altogether. She may not have had any knowledge of the importance of it, but she was more at liberty to appeal to the committee as one of the old probationers. She remained in the ward till the 30th May. So she was in the hospital itself a whole month after the report I hold in my hand had gone into the committee.

6467. That dismissal was reported to the committee?—Certainly. "Probationer Page, who has been here about 11 months; is not suitable for further training. She has not very good health, which perhaps excuses some of her failings; but while she has probably done her best, she lacks the necessary capacity for nursing." That is the only portion of this report that bears on the subject.

6468. That is a report to the committee on what date?—On the 30th April.

6469. And that would be in the committee minutes?

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minutes?—Yes, certainly; I have now received it from the committee minutes.

6470. And no appeal was made; did the committee accept that?—Yes, I heard nothing further of it at all.

6471. Do the committee ever inquire into any matter you bring before them?—Yes, certainly, and on any matters of complaint that go straight to them. Paying probationers when they have any grievances of any sort or kind write to the committee.

6472. Have you had any case of complaints?—Any number of paying probationers have made complaints. I do not know at this moment a regular probationer with a grievance; no doubt there have been; I am sure they all know they can complain.

6473. Is there any definite notice of that given to them?—I do not recollect whether the exact wording came into their papers; but they are all before you, and you would see if it is so. It is needful to put in the rule as it now stands, "subject to appeal to the house committee." Formerly it stood that the dismissal was entirely in the hands of the house committee.

6474. Have you known any probationer appeal to the house committee, either paying or otherwise?—Of course; there was the case of Miss Homersham before you the other day. I cannot carry my mind back over ten years in a moment. All would be recorded here. I cannot recollect one at all. I think there must have been people who did not come back; I recall one. We often did not wish a probationer to come back.

Earl of *Kimberley*.

6475. I will draw your attention to the questions and answers beginning at 5409, in the evidence of Miss Page: "Were you on duty when you consulted the house physician?—(*A.*) Yes. (*Q.*) And did he allow you to continue on duty?—(*A.*) Yes; he did not say I was to go off duty, and so I continued on duty. (*Q.*) And who was it gave you your dismissal?—(*A.*) The matron. (*Q.*) And did she distinctly tell you that it was because you had consulted an outside medical man?—(*A.*) When she asked me what Dr. Anderson had said, I told her that he had said I should not be able to go on duty for three weeks or a month; and the matron said, 'You will not go on duty again at all.' (*Q.*) And you implied from that that she gave you your dismissal because you had consulted Dr. Anderson instead of the medical man who belonged to the hospital?—(*A.*) I suppose so. (*Q.*) There could have been no other reason?—(*A.*) None that I know of." Do you confirm that evidence?—No, because of course I had seen her. I had seen her only a few days previously about this very carelessness that she speaks of there. I fancy I remember that she spoke of Dr. Anderson having said she must go to bed for three weeks or a month, almost as though it were in spite of what one wished. Then I said, "You will not go on duty, but I am very sorry you should have given me cause to feel that you were not quite straightforward." I had not told her to leave because she saw Dr. Anderson; I did not connect it with Dr. Anderson; I never thought of connecting it with him.

Earl of *Kimberley*—continued.

It would have been too ridiculous in the face of his seeing sisters and probationers and nurses whenever requested to do so. Only a few weeks ago I remember an instance of a nurse who was not very well, and was told to see Dr. Fenwick. "May I see Dr. Anderson?" she said; "he has been my doctor outside," and we said, "By all means." But in fact she did not see him; he was away, but no one thought of preventing it. I have known various cases of probationers who have been under physicians connected with our hospital, but who had not been named strictly to see the nurses; just as the specialist surgeons would see them; for instance, the aural surgeons, the ophthalmic surgeons see them constantly, and any other visiting surgeon in the place of Mr. Treves, if not on duty.

6476. And when you said to her, "You will not go on duty at all," did you tell her it was on account of her general incapacity?—Certainly; I had spoken to her so very shortly before, two or three days, about this carelessness which she alluded to the other day.

6477. But what I want to understand is whether you gave her then distinctly to understand that the termination of her employment was not on account of this affair of Dr. Anderson, but on account of your opinion that she was not a capable nurse?—Yes, and I am perfectly sure, as far as one can judge another person's thoughts, that she never thought in her own mind, for one minute, that her going to see Dr. Anderson had anything to do with it.

6478. But did you tell her, at the time when you informed her that she should not go on duty at all, that the reason for that direction on your part was because you had formed an unfavourable opinion of her as a nurse?—I remember saying "not because of this." I was reprimanding her for the way in which she had done it, but I said, "It is not because of this that your engagement terminates."

6479. Then I will read you some further questions and answers begining at Question 5619. "Was it ever intimated to you by or on behalf of the matron of the hospital that your illness was a cause of disappointment at the hospital?—(*A.*) No not until the last illness. (*Q.*) Were these 'deficiencies' pointed out to you by or on behalf of the matron?—(*A.*) I never heard any one do so except once, and that was just before I left. (*Q.*) That was immediately before this last illness?—(*A.*) Immediately before it; that was the only time. (*Q.*) Did the sister ever find fault with you?—(*A.*) No never. (*Q.*) Never during the whole time?—(*A.*) Except that once. (*Q.*) Did you ever complain that you 'could not do any better'?—(*A.*) No. (*Q.*) To anyone whatever during the time?—(*A.*) Never. (*Q.*) You are perfectly certain?—(*A.*) I am perfectly certain. (*Q.*) She never told you that you 'lacked the capacity for the work'?—(*A.*) Never till just before I went away." Then there is some account of that particular case of carelessness, which I need not read. Now is it the case that she had never, as far as you know, been informed that her work was not satisfactory?—No, certainly not. It is the same remark as she made to me on the occasion when I spoke to her and reminded her that I should have expected her to remember, if I had

Earl of *Kimberley*—continued.

I had done so. I said, "Nurse, you know you must," and I reminded her of the one instance; and I am sure (only it is so difficult to recollect the exact dates) that I did send messages by the sisters that she must improve about this thing or that. She was well known to be one of the probationers one was anxious about. The tone would be, "I can spare Probationer Page if you want her." I will not say that it was mentioned to her, but it is a constant way in which I am informed that a probationer is not distinctly valuable.

6480. Then you think she could not be ignorant that her capacity was very much doubted?—No, she must have known that we were under that impression.

6481. You said her conduct was not straightforward with regard to Dr. Anderson; what was the exact ground on which you used that expression?—I used that expression because the sisters, the night sister and the day sister, had tried in vain to get her seen by the doctor; each had spoken to me about her not being in a fit condition to be on duty, and indeed I should have sent her off (if she had not stayed off) when she came on through not being ordered off on the previous night. Usually the going off and on duty is strictly according to the doctor's orders; but I made that remark because of this appearance of illness going on for some time.

6482. You thought she ought not to have seen Dr. Anderson without telling the sister?—She might have said, "I would like to see Dr. Anderson better than anyone else," or "Can I have a pass this morning for the purpose?" but with these two sisters trying to look after, she had tried to get a pass to "see a friend," which I had granted contrary to the sisters' advice, they thinking that she looked ill; and what she wanted was to trouble a doctor who was due at the hospital that same afternoon.

6483. You think if she had applied to see another doctor no difficulty would have been made?—No difficulty would have been made. It would have been an exceptional thing for a probationer to have applied, but it has been granted.

6484. Is it necessary to grant such things as that; is it not a matter to which a probationer or any other person has a right?—I think not; there would be no discipline in the place if a doctor going round with students were attacked by persons wanting to see him.

6485. Is he an outside physician?—Certainly not; but we are responsible for the health of the nurses, and if while under the care of the hospital physician they were prescribed for by an outside physician we could not actively nurse them. I never remember such a case as that.

6486. Then it rather amounts to this: it must be the hospital physician or nobody?—No. I have sometimes known this said to me of a probationer, "She is under Dr. so-and-so, and would like to know if she may have time to go up and see him," and my answer has been "Certainly."

Lord *Monkswell.*

6487. If she must tell you that she has been under Dr. so-and-so it would rather seem as if you did not care for it, and might make objection to her going?—I was a little afraid that Dr. Fenwick might be annoyed to think that a patient under his care should, with a lack of courtesy one would not use outside the hospital, go to another physician; but that morning I should have mentioned to Dr. Fenwick, "This probationer wishes to see Dr. Anderson," or mentioned the case to Dr. Anderson so, as not to bring any discord between them.

6488. Therefore the nurse would naturally suppose that you would be unwilling to let her go and see Dr. Anderson; and that might account for her asking for leave, and not saying that she wanted to see him?—It was culpable not to mention it to either of the two sisters, and I distinctly asked her if they had said it would be impossible for her or difficult, or anything of that kind.

6489. Would it not have been the duty of the sisters to have let you know if she wanted to see some other doctor?—Certainly, if they had ascertained it.

6490. I suppose she was afraid it might have come to your ears, and you might have said she was acting very unkindly to Dr. Fenwick in going to see an outside doctor?—My recollection of my impression at the time is, that having these bad legs, she was afraid that Dr. Fenwick, who is responsible for the health of the probationers, if he became aware of the fact, might have said to me, "It is not right for this nurse to continue working in the hospital;" I thought that was probably why she had gone to see Dr. Anderson.

6491. But at all events she might have thought there would have been a certain amount of friction between you and her if she had gone, with your knowledge, to see Dr. Anderson under the circumstances?—I know she had no ground for presuming that; I cannot tell you what ideas she may have had.

6492. You have told us yourself that the nurses were taking rather a liberty in consulting other doctors because they paid them no fees?—What I said had reference to consulting doctors at hours when they were at their own houses instead of when attending at the hospital. I did not mean that it was wrong to trouble other doctors through her own friends at any time she liked.

6493. You say she did want to see Dr. Anderson at an inconvenient time?—No, it was not an inconvenient time, because on night duty she would have been off duty from half-past ten to one. She wanted an extra pass; I do not remember the hour.

6494. About the operation ward, it seems that you removed Miss Page to the operation ward; Mr. Valentine said that, in his opinion, the removal of a nurse to the operation ward would imply rather a special compliment on her skill; would that be so?—Not in my mind. All bad cases, you see, in the operation ward have skilled special nurses.

6495. Did you receive any complaint from the sister attending to the special cases that she was put on?—I cannot recollect them now. I cannot say certainly now how the impression of inefficiency is in my mind, because there are so many to think of, about such things. I should have recorded any serious thing.

6496. A memorial

Earl *Cathcart.*

6496. A memorial has been put in in your favour by the secretary purporting to be signed by the nurses under you, or a number of them; have you seen that memorial?—I cannot say that I have seen the signatures; I saw the top lines, those written on a different piece of paper.

6497. I will ask you whether that memorial was signed or not by the nurses; is that within your knowledge?—Yes, it is. When I was at luncheon the day after this began they came to the room and said, "Sister Buxton said this is to be given to you at once." So I read it over and I said, "The secretary is now going to see the chairman, and he would like to have it with other papers."

6498. You recognised the signatures?—I just saw them, and asked my assistant, in the middle of her luncheon, if she would mind taking it across before she finished. I knew what the general opinion was, and so I did not see any need of looking at the details.

Earl of *Arran.*

6499. How long, in your opinion, does it take a probationer to become a thoroughly qualified nurse, as a rule; two years?—No; I think it would be universally acknowledged that a year would be enough to consider themselves technically trained; but some would not be in three or four years, and some earlier.

Lord *Zouche of Haryngworth.*

6500. Miss Page told us distinctly the other day that she had been to see Dr. Fenwick, and that after a fortnight's experience she found that he had done her no good, and she gave us to understand, at least, I think so, that that was the ground on which she wished to see Dr. Anderson instead; have you anything to say to that statement?—We should have been only too glad for her to have seen anyone. All the medicine that the house physician gave her was, I understand, a sleeping draught to try to get to sleep.

6501. She said that the medicine which he gave her did her no good at all?—That, of course, Dr. Anderson would be better able to form an opinion about when he saw her. I know he thought her ill; anybody would have said that it was a case of great neglect of care for the health of nurses; but it was under the circumstances which I have explained that it happened. We had forced her to see a doctor and she had rebelled against it the whole time.

6502. Do you think it is possible when she saw Dr. Fenwick she would not tell him the real nature of her ailment?—She refused, and I have been told that he pressed her. "Why cannot you sleep, nurse?" he said. "I do not know," was her reply. "There must be something," he said, "that keeps you awake;" and she said, "I do not know what it is." "Have you no pain?" he asked. "Nothing," she said.

6503. Then you would say he was prescribing for her in the dark?—Yes; I think he simply imagined that she was not sleeping well on night duty, and he must give her something to relieve her, and that she would shortly see his father.

6504. You say she might have acted in that way from fear that he should say she was not fit for further work?—Yes, that is my impression.

Lord *Zouche of Haryngworth*—continued.

6505. Why should not Dr. Anderson say the same thing?—He might have done. She might think, "Well, if I see another doctor he will not be so ready to do it;" not that Dr. Fenwick is in the habit of doing it; but she may have heard that Dr Fenwick had not passed such-and-such a candidate.

Chairman.

6506. There is another case which has been brought very prominently before us, the case of Miss Homersham?—I have had that fully worked out; because, as she told you, there was a great disturbance at the time. That was before the committee and before the court of governors.

6507. There was a correspondence about it?—There was.

6508. She wanted to go and see her father who was ill; without giving the effect of the evidence, I will ask you this question: can you give us the particulars of that case?—May I read to you, in the first instance, the report that I sent into the committee, and then the special report on the subject, because that has all the detail combined. The first one came in, I think, on the 5th of May; it was merely mentioned quite in the formal way in which I always reported anything that occurred in reference to the nurses. "Probationer Homersham left the hospital on Wednesday last, breaking her agreement on account of her father's illness, but with a great deal of superfluous rudeness, and without bringing any doctor's certificate or other evidence that her presence was required." That was the report in the first case.

Earl of *Lauderdale.*

6509. What was the date of that?—5th May 1885. This was the long report I was requested to hand in in consequence of the correspondence already before you. "London Hospital, Whitechapel-road, E., 13 May 1885. Gentlemen,—Miss Eliza Homersham entered this hospital as a paying probationer, 11th December 1884. Towards the expiration of her three months she requested to join the staff as a regular probationer. Prior to the signing of the two years' agreement I had some conversation with Miss Homersham's brother, in the course of which he mentioned that his father was in delicate health, and had, in the first instance, objected to his daughter leaving home. I pointed out to Mr. Homersham that if there were any likelihood of his sister being wanted at home it would be best that she should not enter as a regular probationer. He hastened to assure me that there was nothing to prevent her entering into the usual engagement. On the occasion of Probationer Homersham signing the agreement I pointed out to her that if home duties were likely to interfere with her business arrangement with the hospital it would not be right for her to sign, and she assured me that she was quite free to do so. On Thursday (30th April) Probationer Homersham came to my office, saying that she must leave the hospital at once, in consequence of her father's illness. I asked

Earl of *Lauderdale*—continued.

asked for further particulars, and reminded her of what I had previously said in reference to regular probationers not being at liberty to nurse their relatives in cases of chronic illness during their two years' training. We spoke of the length of time she had been here as a regular probationer, which she said was two months since the expiration of the three months as a paying probationer. The two years was to be counted from the date of entrance as a paying probationer, *i.e.*, 11th December 1884, an amicable arrangement sometimes made to shorten the full term of training. I then said, reverting to the freedom of extra probationers to leave when they like, as distinct from the contract with regular probationers which is intended to preclude their doing so, "I suppose if you were to pay the 13 guineas you might still be regarded as an extra probationer, and be free to do as you liked, even though you have been entered as upon the regular staff all this while, but let me hear more particulars of the illness and we will see what can be done." This was absolutely all that passed in reference to any money payment; and the remark was originated by the previous conversations that had taken place in connection with her father's health and the chances of Miss Homersham finding it a duty to go to him. The suggestion passed through my mind as a possible solution of Miss Homersham's difficulty, supposing her to feel that circumstances made it perplexing for her to pay due regard to her home duties and to act fairly by the hospital. Nothing was further from my intention than soliciting an unfair payment. It is to be remembered that a nurse leaving her duties after receiving a portion of her training inflicts a distinct loss upon the hospital. She carries away with her the skilled instruction she has received, just as she is beginning to be useful, and the hospital suffers from the diminution of a fixed supply of skilled nurses. If Miss Homersham allowed herself to become a paying probationer for the time, she at least gave an equivalent for what she had received; and such an arrangement seemed all the more reasonable as I had only accepted her as a regular probationer upon her assurance that there was no prospect of home duties requiring her to bring her engagement to an end. I cordially assented to her proposition that she should go and discuss the matter with her brother, giving her a special extension of time for the purpose, and they returned together in about an hour. I was annoyed at the blustering and insolent tone that they, or rather he, thought fit to adopt during the brief interview which took place. I met them with a sincere expression of sympathy for the father's illness, not having the slightest reason to expect the antagonistic spirit which was immediately displayed. I supplied him with the copy of the agreement which he asked for, and he then threw it angrily down on the table, declaring that it was no agreement at all, and that his sister was free to leave whenever she liked. I reminded him of the previous conversation we had had in reference to the father's health, observing that having entered into an engagement with the hospital it would not be regarded as honourable to break it off suddenly without due explanation. He sprang

Earl of *Lauderdale*—continued.

up in an excited manner, loudly declaring that I had called his sister dishonourable, and that was enough. I patiently explained that I had neither said nor implied anything of the kind. I renewed my effort to have the discussion conducted amicably, adding that I felt sure he could have no desire to place upon my word an interpretation entirely foreign to my meaning. However, he continued in the same violent strain. "You refuse to let my sister go to her dying father." Again I emphatically contradicted the charge, which was wholly at variance with the facts, as there had never been any question of a temporary leave of absence: the whole discussion turned upon Miss Homersham's desire to discharge herself before the time. I steadily maintained, beyond all possibility of misconception, that, under no circumstances, had I ever, or would I ever, delay, much less refuse, the immediate departure of any member of the nursing staff when summoned by urgent illness to her friends. All attempts to reason with Mr. Homersham proved useless, as he persisted in addressing me in the same excited and incoherent manner. I then requested to settle the matter with Miss Homersham, but although he consented to this he would not cease from interrupting, nor allow her to reply to my direct inquiry if it was her wish to terminate her engagement immediately and finally, without giving me any medical evidence that her father's condition rendered such a step necessary. I repeated my request for a few minutes' conversation with Miss Homersham, but he said, in the rudest manner, that he should not think of leaving her alone with such a person as myself, and further conversation was simply impracticable. Mr. Homersham's letter to the chairman entirely fails to convey an accurate account of what occurred. I met his statements, which were made in a deliberately offensive manner, with prompt, definite denial of his imputations. There is abundant testimony throughout the building to prove that it is our invariable custom to release anyone from their hospital duties at a moment's notice when they receive an urgent summons to sick friends. I have frequently taken special pains to spare nurses or probationers for holidays when they may not have been due if I have known them to be anxious about the health of their relatives. Anything approaching hardness or a want of consideration towards any of our workers, especially when they are in trouble, is wholly at variance with the spirit in which the management of the nurses is carried out. Probationer Homersham, for a few days slept in the daytime in a room occupied at night by two serving women. The room thus employed is large and well ventilated. The serving women were not occupying the same beds as the night nurses, although for the short period referred to they slept in the some room, until there was space available elsewhere. The extensive work of this large building gives rise to constant variations in the numbers placed on night and on day duty, and considerable inconvenience in these arrangements cannot be wholly avoided until the opening of the nurses' home. Probationer Homersham was working in the hospital whilst resident at Philpot-street, and had therefore, every

Earl of *Lauderdale*—continued.

opportunity of hearing of the inevitable discomfort attached to the limited sleeping accommodation which we have at present. She might have taken this into consideration before she entered as a regular probationer. Probationer Homersham has never received other than courteous treatment at my hands. I remain, gentlemen, yours obediently, *Eva C. E. Lückes.* P.S.—For the sake of complete clearness I would add that Mr. Homersham says, 'Your matron declined to give her leave to come home and nurse him,' *i.e.*, her father. This is not accurate. I never refused any temporary leave, which, indeed, was never asked for. What I refused was, to sanction Miss Homersham breaking her engagement without any proper proof that it was necessary for her to do so. As Miss Homersham's home is in London, such proof should not have been difficult to procure. Mr. Homersham proceeds, 'and told us that the only way to obtain honourable release from her engagement to remain two years was to pay 13*l.* 13*s.*, on the assumption that she had continued as a paying probationer with the option of resigning.'" I never spoke at all to Mr. Homersham on the subject of any payment. I have explained above that the word, 'honourable' had reference to the special arrangement by which I had only accepted Miss Homersham as a regular probationer after a distinct assurance on her part that her father's health would not interfere with her engagement. It should also be borne in mind that the services of a probationer who has had some months' experience are of more value to the hospital than her money payment, so that it would not have appeared to me worth while to renew the suggestion to him. It had never been a demand from Miss Homersham, but a passing suggestion in connection with circumstances already explained (paragraph 3). I did not describe Miss Homersham's conduct as disgraceful or dishonourable; I said that, having reference to the special circumstances under which the engagement was entered into, it was not honourable to break it in this manner (paragraph 4). It is admitted that the arrangements of the hospital necessitated the temporary inconvenience referred to. I received no complaint from Miss Homersham in reference to it at the same time (paragraph 5). Admitted. It is obviously undesirable that a probationer discharging herself in the way Miss Homersham did should visit in the hospital. The postscript seems to show that there was no intention to ask for temporary leave (which I should certainly have granted), but the desire was to break the engagement. I had asked for the "adequate grounds" in the shape of some sort of medical evidence beyond their angry and excited statements. That was the report sent into the house committee at their request in reply to these statements.

Chairman.

6510. What was the action of the house committee thereupon?—It would be exactly recorded in the minutes, I imagine. I had nothing to do with it. It was referred to the quarterly court. I thought you would have had it from the secretary probably, or from the committee.

Chairman—continued.

I think there was nothing more done; there is the final report of the circumstances in this volume of the probationers' register: "Eliza Homersham proved a very unsatisfactory probationer, and ended by giving a great deal of trouble. She entered first as a paying probationer, and then was very anxious to join the regular staff. It was pointed out to her that if her father's health, a former source of anxiety, or any other family reason, rendered it doubtful that she would be able to complete her two years' training she would not be accepted. She and a very officious brother declared that nothing would be allowed to interfere with this engagement, and she was permitted to join accordingly. She and her brother appeared one day announcing her intention of leaving the house immediately, wholly declining to give any evidence that her father's health necessitated her constant attendance. The brother was especially insolent, and afterwards wrote violent letters to the chairman, to the committee, and to the court of governors. He appeared to be an extremely excitable person, and was perhaps scarcely to be held responsible for his extraordinary conduct and inaccurate statements, at least this was the most charitable view to take of his conduct. The sister's services were not valuable; and in addition to being essentially common and lacking in refinement, we had already received considerable evidence of her troublesome temper before the final outbreak, and nothing could have developed her into a good nurse. The manner of her leaving and the general trouble and annoyance caused by her excitable brother are the only things to regret in connection with the breaking of this engagement." There is no reference to the action of the house committee.

6511. What is that last document?—The special report sent, in reply to a further inquiry, to the house committee.

6512. Before continuing the case of Miss Homersham, I will call your attention to this: in Question 5804 I asked her: "Have you ever had to make complaints of the food or of the treatment you received in the hospital?" and her answer was, "I complained on one occasion to the matron of insulting language from a house surgeon, who was not sober; and I was told that it was training in self-control; that I must listen respectfully to anything that the staff chose to say to me." Do you contradict that?—I remember Miss Homersham coming down to my office one day and complaining about the way she had been spoken to by a house surgeon; but I have no clear recollection of it at all. The entire circumstance had passed from my mind, until I heard her relating it the other day. She certainly could never have told me that a house surgeon was not sober, and I refuse to report the fact to the house governor, I should have felt it my duty to inquire into it; but she seemed to be in a violent temper, and said that she had never been accustomed to be so spoken to, and I thought she had not a very nurselike manner, and I, no doubt, said something to the effect that people could not choose how they would be spoken to. She narrated the conversation, and though the gentleman had been rude, and had spoken in a temper, there was nothing that she said

Chairman—continued.

said to give me the impression that he did not know what he was saying; it was all coherent, as I judged, though it would have been better if he had not addressed her in the angry way he did. I do remember the circumstance of the hot bottle; I was inclined to think that Miss Homersham was right; I had to exonerate her from blame. She mentioned that a patient had had a burn from a hot bottle; it was reported to me by the night sister or the house surgeon, I cannot remember which.

6513. But do you remember the nurse saying to you that the house surgeon called her a liar?—I cannot remember that. I remember thinking that he must have been very angry when he spoke, and she spoke as though her tone was very angry. I thought that probably he was annoyed with this cause for complaint having been concealed.

6514. About this patient, it seems that they had blamed the wrong person. But, for instance, if some such violent statement as this was made; if he told the nurse that she had told a malicious lie to the matron, should you not have thought that sufficient at once to have reported to the house governor or the house committee?—If I heard of anyone speaking in a way like that, I should have reported it to the house governor or the house committee. I can recollect one or two cases in the olden days when things were very different from what they are now. I can distinctly remember going to the house governor about some house surgeon's rudeness to a sister. I do not remember what it was, but the matter was very temporary; they made it up at once.

6515. But when nurses are insulted by house surgeons they have some chance of redress and protection?—If it ever occurred, I should always protect them to the utmost of my power, and so would the other authorities in the hospital.

6516. And if this statement had been reported to you?—If I had thought, on hearing the account of it, that the probationer had been so treated that there ought to be redress, and that the house surgeon should be reprimanded, I should at once have taken steps for his superiors to see into the matter. I should have gone to the house governor's office with the nurse, and said, "Will you tell the house governor what you have told me?" and he, having heard it, would have immediately sent for the house surgeon, and so on.

6517. But you said that you did not remember anything in regard to this particular case?—No, I cannot recall that. I can recollect a little about it, because I remember the case of the patient having been scalded or burnt with the hot water tin, and that the house surgeon spoke very strongly on the subject, because the nurse had not reported it to him. I thought he had spoken very warmly to the nurse, probably because he thought she had been the one to blame in not reporting it to him. Therefore he was under the wrong impression that she was the person to blame for a serious thing in its way, having been concealed. Then when it was reported I sent for the nurse, who was probationer Homersham, apparently, and said, "How came it that you did not report to the house surgeon that this accident had happened?" and the answer was,

Chairman—continued.

"Because I was distinctly told not to do so by the sister." I had to just ascertain that. I myself then asked the sister and found that she had. I said to the probationer, "You are entirely free from blame in the matter." I took further steps in reference to the sister, as has been already explained. It was not a thing that could be overlooked in the case of the sister, because it was not the carelessness in the treatment of the patient so much but the other point, the concealing the thing from the doctor himself, and, above all, allowing the nurses to suppose that such a thing could be done in her ward. The sister was sent away in consequence.

Earl of *Kimberley*.

6518. On referring to Question 5875 you will see what Miss Homersham says: "The house surgeon on the following evening said that he had heard the statement I had made to the matron, and that he considered it was a malicious lie told to the matron for the purpose of screening the day nurse, whom he assumed to be a friend of mine"?—You see I have no distinct recollection. I remember something about hearing a day nurse was supposed to be a friend, and that Miss Homersham did not wish herself considered a friend of the day nurse; but it is so long ago that I cannot recall it.

6519. You cannot recall to mind her having told you that the house surgeon had said she told a malicious lie?—Certainly not the expression.

6520. And then in No. 5804 she says: "I complained on one occasion to the matron of insulting language from a house surgeon, who was not sober; and I was told that it was training in self-control, that I must listen respectfully to anything that the staff chose to say to me;" do you recognise in that your statement?—No, I cannot. Miss Homersham was a lady with a rather excitable manner, and if I thought she was making an undue fuss over what had really transpired, the facts of which had really been reported by the night-sister in the first instance, I then, having allowed Miss Homersham to express her feelings, should very probably have said, "Well, if we can make no other good use of these things, nurse, we must learn self-control."

6521. But you would not have said that if she had said that the doctor told her it was a malicious lie?—I should have thought that the doctor then required the lesson in self-control, and should have asked the house-governor to impress it on him.

6522. And she was also asked this question, "What occurred after that; what was the result of your complaint?" and her answer was, "I asked the matron to report the matter to the house committee, and she said that she could not do so, and that it was training in self-control for me?"—I should never report a matter like that to the house committee but to the house-governor, and then it would be his business. My own matters I should report straight to the house committee, because the house governor is present.

6523. But if she had told you that the house-surgeon had accused her of telling you a malicious lie, and had asked you to report him to

Earl of *Kimberley*—continued.

the house committee, you would have done so?—To the house governor you mean? I should have taken her straight in with me and have asked the house governor to listen to the nurse for himself.

6524. Therefore, upon this point, there is an absolute divergence of evidence, I understand, between you and Miss Homersham?—Quite; only I cannot recall the whole circumstances and explain it as fully as I should like, because it is so many years ago that I have no clear recollection of the detail on this particular point.

Earl of *Kimberley*—continued.

6525. But if her statement of the facts be true, you deny that it is possible that you could have said the thing that she ascribes to you?—Certainly.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 10° *Julii*, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
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 LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

Miss EVA C. E. LÜCKES, is re-called; and further Examined, as follows:

Chairman.

6526. I WISH to direct your attention, please, to further portions of Miss Homersham's evidence. On page 337, at Question 5788, I asked that witness whether she ever heard of any objection being made to overcrowding in the wards, and her answer was: "I know that Sir Andrew Clark had a great objection to his ward being overcrowded, and when extra beds were put in it, they were wheeled out about half an hour before he arrived, and wheeled back again within half an hour of his departure." Then I said, "That you know?" and the witness said, "That I assisted to do myself." Have you anything to say about that; do you know of it?—I never heard such a thing suggested till that moment. I have been puzzled to conceive what it could possibly have meant in any way. I believe the gentleman who was Sir Andrew Clark's house physician at the time would be able to say if he had ever given such extraordinary orders; I have no knowledge of it. I can conceive of beds being moved in order to place a patient in a better light during Sir Andrew Clark's visit; or I could conceive that a very noisy patient might be removed into the next ward during the time he went round with his students; but I can conceive no possible object for moving them out of his ward, nor can I imagine why nurses who considered themselves overworked should be anxious to make out to the senior physician that they had less to do than was absolutely the case.

6527. But you see this is a very emphatic statement; this nurse assisted, she says, to wheel these patients out herself?—I am afraid she must be asked to prove it; I have no knowledge of it.

6528. Who would know?—If she knew who was the sister in Sir Andrew Clark's ward at that time, I might be able to trace it; I will endeavour to trace it.

Chairman—continued.

6529. The inference in the case is that it was done so that Sir Andrew Clark should not find out that his ward was overcrowded?—I am authorised to say that his house physician at the time, Dr. Wethered, is ready to come forward and prove that that was not the case. I am sure no sister would venture to move patients without the authority of the house physician, and he, who is responsible for the treatment and so far responsible for the number of Sir Andrew Clark's patients, would be the best person to answer the charge. I am not in the ward, of course, sufficiently to know what his wishes would be with regard to the beds; but it is the most extraordinary proceeding I ever heard of.

6530. You think the supervision is such that supposing this had been done, you would have heard of it?—Certainly; I think it would have created such surprise that I should have been asked if I understood what it could possibly mean.

6531. At any rate the house physician will be able to speak to that?—He is prepared to deny that it was ever done.

6532. Now turning to 5760 of the evidence of the same witness, Miss Homersham, I put this question to her: "I should like to draw your attention to this; you say in the paper before me that when you had been only one fortnight in the hospital, you were put in charge of a tracheotomy case, of a very special case?" The answer is: "As special nurse. Previous to that I had been put on as a special nurse between two cases of *delirium tremens*." The next question is: "You had no previous experience in nursing;" and the answer is: "I had the previous experience of privately nursing among my own friends and relations, but no previous hospital experience;" and in answer to the next question she says: "I had had no care of a surgical case of any kind."

Chairman—continued.

kind." What do you say about that; do you contradict it, or do you consider a fortnight sufficient training for such a case as tracheotomy?—Certainly not, if she was to be placed in sole charge of such a case; but I consider that a person willing to do what she is told (as we may assume that every new probationer is), was quite competent to do what she was told to do. She herself continues to say: "There was a head nurse in the ward, who had general charge of 16 18, or 20 beds." We do not take the special cases out of the charge of a person taking staff nurse's duty any more than we take them out of the charge of a person who is a sister.

6533. Then follow the next two questions, the first is: "Were you entirely in charge of these delirium and tracheotomy cases?" and the answer is: "I was special nurse; there was a head nurse in the ward who had general charge of 16, 18, or 20 beds (*Q.*) You were an assistant?—(*A.*) I was the special nurse, specially sent to the ward, and I was supposed to have sole charge of the special case or cases on which, as the hospital term is, I was set as special nurse"?—That is an error on Miss Homersham's part; no special nurse has sole charge of any special case in our hospital.

6534. Will you define a special nurse?—They vary very much in the quality required. We might have to put one of the best nurses in the building on a special case, supposing there was no one who was very competent, or who had had a similar case, in charge of the ward; or, on the other hand, we might put a person on it who had been in the hospital merely a week. It might be a case of keeping a patient from getting out of bed, and nothing else; or a case of watching for bleeding and nothing else. It may sound rather alarming that an amateur should be in charge of a case of hæmorrhage, but it must be borne in mind that the amateur has nothing to do but to watch; the nurse and the sister are there and they are responsible; she is merely put there that there may not be one second's time lost in calling the attention of competent people to it if any urgency arises. We hold none of these nurses absolutely responsible, except for watching and doing what they are told.

6535. But the nurse, according to that evidence, was already in charge of 18 to 20 beds?—The nurse would be perfectly at liberty to sit by the tracheotomy case, and send the special to do anything else for any other patient; but she would have no right to take the special from the case, and leave it for one moment unwatched.

6536. Then it comes to this, that your special is a sort of assistant nurse who does any work required in the ward?—She is told to watch the case by the sister in the first instance; the nurse is told to watch the case; and if I had a charge against the special, I might remove her from the case, but I should inquire first of all what the staff nurse was about. Specials are wanted in a great emergency. I should not consider it right to leave a whole ward to an inexperienced worker, or put her in charge of 16, or 18, or 20 beds, and put that worker on the special case, unless the circumstances were entirely exceptional.

6537. What staff would you have in such a ward as one containing 18 to 20 beds?—I am afraid that would depend very much on the nature of the ward, and of the cases. We have a children's ward with 20 beds; that is the only one with that number that comes to my mind at the moment. The routine staff there would be one taking staff nurse's duty, one general probationer, and one special nurse if it were desired.

6538. But then have you got an unlimited stock of special nurses?—No; when they are not on special duty, they are taking probationers' duty in other wards. Sometimes they have very light wards, because there are so few nurses on special duty; sometimes a great number of nurses are drawn off to special duty; according to the fulness of the hospital, and according, more especially, to the urgency of the operations.

6539. You maintain that this nurse Homersham could not, according to the rules of the hospital, be in sole charge of such cases as I have mentioned?—Certainly not. If a doctor were required, she might be sent suddenly to summon the doctor, but the nurse would be doing her best in the time till the doctor came.

6540. A great deal is left to the sister in charge?—To the night sister during the night, and to the day sister during the day, and so on down through the staff nurse. The ultimate responsibility would come, especially upon the sister. I should move a special at once, if the sister were doubtful as to her efficiency, or as to her care of the case.

6541. Who applies for the special?—The sister.

6542. Not the doctor?—No. Perhaps I may explain how that has come about. In 1884 the medical staff were kind enough to place great confidence in me. We had had a certain amount of trouble with special nurses, owing to the fact that when I first went to the London Hospital they had no special nurses in reserve but scrubbers, who sat on a form outside on the chance of being engaged. There used to be a real fight on the part of any resident doctor to get a special nurse; they used to order them on a blue paper prescription board, and the sisters used to go round in despair to see which of these scrubbers could possibly be taken for the most urgent cases for which special nurses were ordered. It was a matter of the very gravest difficulty and anxiety to me during the first four years that I was matron of the London Hospital. I first began by assuring the sisters that the doctor's orders must be obeyed. Formerly they were frequently ignored. I told them that that was too great a responsibility for me to take, and that if a nurse was ordered on the special board the nurse must be taken, even if she were doing probationer's duty in a ward, where I considered that she was much needed. As there are 11 resident house physicians and house surgeons, this led to grave difficulties. They would each stand up for having this limited number of special nurses divided amongst their own cases. Sometimes they were necessary, sometimes they were not; at least, I mean that as one had a limited number, and one could only allot them by their comparative urgency, it sometimes happened

that

Chairman—continued.

that when the night sister was endeavouring to carry out my instructions, that when a special nurse was ordered she must be supplied, the extra nurse or probationer would be taken from where she was urgently needed to be put on a case where she might be required if we had an unlimited supply, but where she was not as much needed as she was in the other ward. This led to so much difficulty that at last I brought the matter before the house committee and asked that, as the nursing was improving and a trained nurse was at the head, the staff would show us the mark of confidence of leaving to us entirely the appointment of special nurses, and holding us responsible for any unsatisfactory results; of course, reserving to the visiting staff the absolute right to ask for a special nurse for any case in which they might require notes taken, or in which it was not likely that we should fully realise the necessity for very special watchfulness or attention.

6543. Then does it come to this, that the special nurse is an additional assistant?—They are additional assistants, certainly, but they do go on distinctly as specials to the cases.

6544. But when I was asking you about the case of Miss Homersham, you said that very likely the staff nurse would sit by the tracheotomy case, and employ Miss Homersham, if she thought right, in other ways?—I meant that the responsibility was so entirely hers that she would be justified in so doing. If the doctor came in and ordered a special medicine for this special case, she would be justified in sending the special nurse to the dispensary and in attending to the case herself. That is the sort of responsibility I meant; I did not mean that they would be constantly changing about. The special nurse would sit special, but the ultimate responsibility resting with the staff nurse, she would take it in that way. The risk to the patient would be thus reduced to a minimum, because the inexperienced nurse would be sent away and the patient never left, except in the presence of an experienced nurse.

6545. Then you disagree with what is said at Question 5764, that nurse Homersham would have sole charge of the special case or cases on which she was supposed to be set as special nurse?—Entirely; I think she must have misapprehended the nature of her duties altogether.

Earl of *Kimberley*.

6546. You will find, at Question 5371, that Miss Page, in her examination, was asked what experience she had when put first in charge of a ward, and she said, "The first three weeks I was in a medical ward, and there was a staff nurse there, and I was her probationer; but one day the staff nurse was off duty and I was left alone. I am not quite sure of the number of patients I had; it was 12 or 14, but one man was dying of heart disease, and I was alone all that day from 10 o'clock in the morning until 9.20 at night." If that is true, it would be inconsistent, would it not, with your opinion that the probationers are never left alone in charge?—Not so much so as it sounds; because Miss Page, in the first instance, applied to come to

Earl of *Kimberley*—continued.

me as a staff nurse; she had had then over four years' experience; and when we get nurses that come to us with previous experience, though we cannot take that into consideration in the granting of our certificate, we do take it individually into consideration in trying to give them the best experience, which of course means the greatest responsibility that circumstances permit.

6547. But as you had had no previous experience in your hospital of Miss Page, do you consider it was justifiable after three weeks' experience of her to leave her in charge of a ward for a whole day?—Perfectly; she has omitted to mention that the sister was responsible both to me and the doctor.

6548. I suppose your arrangement is that the staff nurse is responsible to the sister of the wards?—The staff nurse is responsible to the sister; the sister is ultimately responsible; and if the staff nurse were ill or off duty, it would be with the sister that I should settle the nature of the help that would be required to take her place. If I say to a sister, "A staff nurse is ill and I am afraid you have no one among your probationers good enough to take the duty," the sister will most frequently reply, "If you do not mind leaving probationer so and so" (a probationer who has been working in that ward), "until we can see whether nurse is going to be laid up for some time or not, it will give me less trouble than if you sent me a better qualified stranger who has no knowledge of the actual cases in the ward."

6549. I quite understand that, but that does not quite answer my question, whether you think that either you or the sister would be justified in considering a nurse, who has been in your hospital only three weeks, fit to be placed in sole charge of a ward for a whole day?—If I heard of no unfavourable result I should say that the result justified it. I should deliberately take the responsibility on my own shoulders.

6550. The question is, whether it is justifiable?—If the doctor found fault or the patient complained, or was neglected, I admit that it would be open to the opinion that it was not justifiable; but while the committee and the medical staff hold me responsible for the results of the nursing of the London Hospital, I am afraid that I cannot admit that it was not justifiable.

6551. Surely the test of the results is not quite an answer to my question, because the results may be good or they may be bad; and if the results are bad, the patient must suffer, and then it is no answer to say that the results might have been good, if you trust merely to the chance that the results will be good; supposing the results instead of being good are bad?—I trust in the judgment of the sister who is responsible for the results; that is what I meant; not that I trust in the chance of the results being good.

6552. I quite understand that, as regards your own responsibility; do you think a sister would be justified in recommending a nurse to be placed in sole charge of a ward for a whole day if she had only three weeks' experience?—Yes;

Earl of *Kimberley*—continued.

if she had sufficient confidence in the probationer there, to run the risk, and if she knew that she herself could give sufficient time to the patient.

6553. Would that often happen, or would it be a very exceptional case?—Well, the staff nurses do not go off duty as a rule unless ill, except it were on Sunday; otherwise it might happen once in a month. On a Sunday it might happen, or on a day when the staff nurse was legitimately off duty; that would be a day on which the visiting physicians did not usually pay their visits. The work is somewhat slacker on those days. I do not mean that the attention to the patient is slacker; but there are certain things that have to be prepared for the visiting staff that are not required on those days when they do not visit.

6554. You mean that there would not be quite so much to do?—Not quite so much to do.

Chairman.

6555. Miss Page, when she came to the London Hospital, had had four years' experience, or nearly four years, you had reason to believe; did she bring a written certificate to vouch for that?—She did in the first instance. I am sorry to have discovered since this evidence began that the written statements which were here were not so reliable, as I had every reason to anticipate. She stated that she sent a certificate in her letter, which I doubtless returned, for we do not keep the original certificates of other nurses. She sent that in her letter. When she applied to come as staff nurse, it was after having been, according to her statement (which I supposed the enclosed certificate justified), about 14 months at Dr. Barnardo's Home at Jersey. She gave the name of a lady as head mistress of Dr. Barnardo's Home, and the name of a friend or doctor in that part of the world who had known her for some time. One of the referees is always required to be the last employer; and having had occasion to send a private nurse to Dr. Barnardo's Home at Jersey, I heard incidentally when this matter came up, that the matron of that home had stated to our private nurse that nurse Page had been most unsatisfactory, and had been dismissed by Dr. Barnardo from that Home. I have sent, since my attendance here last time, to Dr. Barnardo's Home to verify that statement, and the reply I have here. He not only verifies that statement, but he says that one of the references supplied to me was given by a governess, and not the head of the place, who had no right whatever to act as the head of the place, although Miss Page herself in that written paper has represented her as her last employer.

6556. Then having these certificates, did you consider that you were more in a position to put her in a responsible position than if she had been only a fortnight in your hospital with no previous training?—Very much more. I felt it might be a disappointment to her not to be received as staff nurse; but we do not find that nurses who have received their training at other hospitals get on quite as well, as staff nurses, as those trained with us. So we give them responsible duty in our hospital while on the probationer list as early as possible.

Chairman—continued.

6557. Now turning to another subject, the case of a surgeon who was mentioned by Miss Homersham as having insulted her, and as having been intoxicated; the doctor was Dr. Buksh, and the evidence begins at Question 5882. I will just read the evidence to you: "What reason had you to think that the man was drunk?—(*A.*) From his general appearance, and from the fact that I had seen him the worse for drink on one or two previous occasions, and on a subsequent occasion he was so much intoxicated that the night sister had to assist him in undoing a dressing; when, after an hour and a-half, he left the ward, she turned to the probationer assisting me and to myself, and requested that we would not mention Mr. Buksh's condition in the hospital, and we, both of us, promised we would not do so. I think it was a notorious thing in the hospital. (*Q.*) What do you mean by "the worse for drink;" could he speak?—(*A.*) He could speak, but not very distinctly; his English was never of the very best. (*Q.*) Why did you think he was the worse for drink?—(*A.*) I think one can hardly have hospital experience without knowing when a man is the worse for drink. (*Q.*) You were satisfied in your own mind that he was either drunk or the worse for drink; could he walk straight?—(*A.*) With difficulty; occasionally he walked straight, and occasionally he did not. (*Q.*) Does that doctor still remain at the hospital?—(*A.*) I believe not; I was told by the matron that he was nearly at the end of his three months, and that it was not at all likely he would go on again. (*Q.*) Did he go on again?—(*A.*) I do not know; it was only a short time before I left the hospital that this occurred. (*Q.*) You are perfectly satisfied with reference to the charge you have made, that the facts are such as you state?—(*A.*) I am perfectly satisfied. (*Q.*) You are perfectly satisfied in your own mind that the man was drunk?—(*A.*) He was the worse for drink; and as I said before, that was not a solitary occasion. (*Q.*) I think you said that a night nurse was present, and that she asked you not to speak about it?—(*A.*) On a subsequent occasion a nurse and myself were present. It was in this way: there was a case of excision of the kidney, which is, of course, a very critical case, and was in such a condition that the patient needed the services of the surgeon, and the sister summoned the surgeon and told him that the dressing was saturated. (*Q.*) By the 'surgeon' you mean this same doctor?—(*A.*) Yes; this was on a subsequent occasion. He argued that the dressing was not saturated. (*Q.*) You were present?—(*A.*) I was present; and finally, as he expressed it, to satisfy the sister, he did change the dressing after a fashion. He then wished to inject a hypodermic of morphia, but the patient received a hint from myself to pretend to go to sleep, and the sister said that her hypodermic syringe was out of order, and I carefully hid the ward syringe in my pocket, for I did not consider that he was in a fit condition to administer morphia to a patient. (*Q.*) Is that sister here, do you know?—(*A.*) I do not think so; I have no knowledge of her whereabouts. (*Q.*) Is she still at the hospital?—(*A.*) I believe not; I am not sure. (*Q.*) What

is

Chairman—continued.

is her name? (*A.*) Her name is Manley." Did you ever hear of that circumstance?—Not of Mr. Buksh being the worse for drink. Miss Manley has since left the hospital, and I have no doubt she could give evidence on the point. I have no recollection of the whole interview more than I explained to you last time, it is so long ago.

6558. But that was on a different point. I mean, did you ever hear about this case of the injection of the hypodermic morphia?—No, I never heard of a nurse doing such a thing at all.

6559. "The night sister had to assist him in undoing a dressing." The night sister is the responsible person?—Yes.

6560. And these are the persons whom you look to, to report to you?—Yes; and this was a most conscientious sister, Miss Manley.

6561. According to this evidence, she knew of this and did not report to you?—I find it difficult to believe such a thing of Miss Manley.

6562. Have you any idea where she is?—Yes; I can find her exact address; she lives at home at East Croydon now; she left the hospital some years ago. Mr. Buksh himself can be summoned; he is now practising at Plaistow. I also inquired amongst some of the staff that have been about the hospital many years, if it was known, or if there was any tradition to the effect that Mr. Buksh was occasionally a little incapable for his duties; but I received an unequivocal denial from all of them.

6563. Supposing this be true, would it not shake your faith in the responsibility of the sister?—If it shakes my faith in Miss Manley, it certainly would. But if it is not invidious to say so, I should like to mention that we never have cases, absolutely never, that I know of, of drinking among our house surgeons and students; I remember the house governor once raising the question with me why, at night, they should be allowed to have basins of bread and milk, or rusks and milk, taken to their rooms or to the receiving room, when it was not in the dietary; and I suggested if we had young men who took such wholesome diet as that before they went into the wards, or before going to bed, we might be thankful. I have had no such cases to report; and I am now speaking of a time years ago, when the men were rougher, and the nurses were rougher, and when I should have hesitated to report cases that I should unhesitatingly report now.

Earl *Spencer*.

6564. I think you said the other day that you had made very frequent complaints at one time to the house committee in regard to the feeding of the nurses?—It is so.

6565. What sort of time was that?—Almost from the beginning; but in November 1882 I sent a very strong report in to the committee in reference to the food question, which gives internal evidence that I had previously complained, and which was followed by the appointment of a sub-committee to inquire into the whole matter.

6566. Then, so far as Miss Yatman's evidence about the feeding at the Nurses' Institute goes, you would agree that at a certain time it was not

Earl *Spencer*—continued.

so good as it ought to be?—Certainly; but that was long before Miss Yatman's time, I understand. At this moment the first date of Miss Yatman is not in my mind, but I think it was some two years after November 1882.

6567. Then you think that Miss Yatman's complaints occurred after you had put straight the feeding of the nurses?—Yes; I imagine that they apply to the last time that she was there; because, if it had been so bad in the first instance, I can hardly understand why Miss Yatman should have wished to return.

6568. It is possible, I suppose, that she may have heard that you had taken the thing in hand, and got some reforms carried out?—Quite so; and I think she would have found them.

6569. You are quite clear that after you had made the complaint, and the committee went into it, the food of the nurses was quite satisfactory?—Only by degrees it became so. It was uphill work. The sub-committee got something, but only very little, done; it is only since the 1st April 1886, and that by gradual upward steps, that we have been able to get the food as it is now.

6570. But from 1886, do you think it has been satisfactory?—Yes; as soon as the new nursing arrangements could get into order. I do not mean that from the date when the nursing home kitchen was opened it was all we could desire.

6571. Is there any superintendence in regard to the inspection of the nurses' food?—Yes; I have a paper brought to me by the night sisters every morning on which is printed every meal, and these meals are signed for. There is written down the condition of the meal, and that is signed for by whoever has presided over it; that means the night sisters for some of the day nurses' meals, and the home sister for the night meals.

6572. That would include the food given to the probationers, I suppose?—Yes; sisters, nurses, and probationers, and night nurses and probationers.

6573. Then would the probationers have an opportunity of laying any complaints before this nurse who makes the report?—Certainly; I should wish them to do it in the first instance; but they have many opportunities; many of them go from time to time and stay with the chairman; and other members of the house committee are personal friends of the probationers. I should think they have often opportunities of complaint.

6574. There was one visitor whose report we heard, who had dinner with the sisters?—Two or three house visitors had dinner with the sisters; and one, General Keatinge, had dinner, I remember distinctly, with the probationers and nurses.

6575. And in the reports that you have received, have you never had any complaint since 1886, of the food?—Yes, I have often had complaints. I asked to have a few picked out with complaints in them, that you might see that they did not hesitate to complain if there was anything wrong. Shall I read some?

6576. Yes?—"Night sisters' dinner, good; (signed) A. E. A.:" that is the night sister. "Day nurses' dinner, good; two puddings over-cooked;

Earl *Spencer*—continued.

(signed) M. E. W.;" that is the assistant matron or home sister.

6577. What date is this?—The 12th day of June 1890. "Sisters' dinner: good;" that is signed by myself. "Night sisters' dinner; good;" that is signed by the night sister, A. E. A. "Night nurses' supper; good; (signed) M. E. W.;" that is the assistant matron or home sister. This all refers to meals on the 12th June 1890. "Night nurses' ward meal: good;" signed again by the assistant matron or home sister. "Day nurses' supper; good;" signed by the other night sister, J. H. "Day nurses' breakfast; good;" also signed by the other night sister, J. H.

6578. Would that include the day nurses and the probationers?—Yes. When these are brought to me I make frequent inquiries. If I had heard through any day sister that so-and-so had been complained of, or that the question was asked, "Was so-and-so as good as it used to be?" I should immediately make particular inquiries in reference to it.

6579. Had you any reports like that made at the time when Miss Yatman was last there, because that would be direct evidence on the subject; it may have been altered since she was there?—I will have them very carefully looked up, but I am rather afraid that it has been the custom to destroy them on the 1st of January. They would have been open for inspection during the year, and they would then be taken away from my office; but I will have them looked up. I have had a fortnight's dietary copied out of the diet book, dating backwards from the day when this inquiry commenced (*producing the same*). If you would rather have it made out for any earlier date, or have the whole book brought before you, the two volumes are here.

6580. Then as to the food of the nurses employed in the wards, do they have their food in the wards, or do they go out to have their dinner?—They have their dinner in the nurses' dining room. Attendance at meals is compulsory; they are booked by the sister responsible for the meal as late, absent, or in time. They are not allowed to absent themselves from meals without permission.

6581. But there are some meals that they take in the wards themselves?—The actual ward meal in the middle of the night, that they would take in the wards in cases where there was no lobby; but in the majority of cases there is a sort of central lobby that divides the four wards, and most of them take it there.

6582. During the day no meal is taken by the nurses in the wards?—They might take tea there, but they are not bound to do so. On every floor of the nursing home there is a boiler, and a little arrangement to fill a kettle, and an arrangement of filtered water, and a little sink for washing up tea cups and saucers; so that any who do not care to take it in the ward might get it in their off-duty time, between two and four, or between four and six.

6583. Then at night, do they sometimes fry bacon in the ward?—They have done it lately. It was suggested to me by the home sister that they would find the bacon much more appetising if they might be allowed to cook it, and she asked, was there any objection. I thought it

Earl *Spencer*—continued.

over very carefully, and I said, "No, not unless any complaint is raised by the patients, or it interferes with the comfort of the patients; if so, it must be stopped." There are a number of patients on hydro-carbon diet for whom bacon must be cooked by six o'clock; and it seemed to me a fine point to deprive nurses of an appetising ward meal at two or three a.m., when they must cook it between five and six for the patients themselves. I have never had the slightest complaint from the patients on the subject, or I should have stopped it. I have not allowed meat to be cooked in the ward; they have had sausages, and eggs and bacon.

Earl of *Kimberley*.

6584. I think the sisters take their meals separately, and the staff nurses and probationers take theirs together?—Yes; the sisters have their dinner all together in the sisters' dining room in the nursing home, at seven p.m. They have their other meals, breakfast and luncheon, in their own rooms, off the wards. The food is equally supplied from the home, but is taken individually to the sisters.

6585. Is there any difference between the food supplied to the sisters and that supplied to the other nurses?—Not in the actual quality of the meat, bread, and butter itself, but the sisters being only 20 in number, have certainly things that we could not provide for 120, I mean in the way of cooking; and they have more courses at their dinner than the nurses would have.

6586. What is the reason for that; do you suppose that their work is more severe?—It is more mental work, more responsibility.

6587. You treat them as a sort of upper servants, and the others as under servants?—Yes, if they are treated as servants at all.

6588. Do you personally sometimes test the food?—Yes; and I am very particular about anything being brought to me if it is the least doubtful. If the milk is even questionable they bring it to me, and if I think myself it is so I take it on to the house governor's office, or send it on by my assistant.

6589. I think I saw some complaints of the butter; is that salt butter or fresh?—They have Dorset butter. I am thankful to say that since September 1888 there has not been trouble about the butter. Prior to that it was a disgrace to any institution; I never had such trouble as I had for six months before that. I have various reports that would explain the exact circumstances. After that date I asked the committee to break the contract altogether, and leave me free to get it from any provision merchant who cared to supply it.

6590. To turn to another matter entirely; in Miss Yatman's evidence, at 4940, she makes some observations about the linen in the wards which I will read to you. She is asked, "As regards the linen in the wards, is there a sufficiency of linen, and towels, and so forth?" and she says, "No; there certainly is not a sufficiency of linen in many of the wards. The patients are not provided with towels at all; they provide their own. There is one round towel generally in a ward; this is hung up and used for drying their hands on, as a rule." Then

at

Earl of *Kimberley*—continued.

at 4941 she goes on, "They provide their own towel; if they have none you must find something for them; if they cannot provide it you get the round towel, and use it for them when they wash themselves, or when you wash them." And then she is asked, "How often is that round towel changed?" and her answer is, "In some wards once a week; in others, twice a week." Have you any remarks to make upon that?—I believe it to be absolutely impossible that any towel is used round from patient to patient like that. I have carefully asked the night sisters, and various day sisters have volunteered the information that such a thing could not be done. The sisters have inventory books of their linen which are examined at least yearly, and signed by the house governor and myself; and special towels are provided for patients who do not bring in their own. The routine way is for patients to bring in their own. Round towels are very frequently employed for giving the patients a bath in the first instance, their own towels being very inadequate to the purpose; and it also happens that in the two male surgical wards, instead of having a small pattern of ward towels like the others, the sisters prefer having extra round towels for the purpose, but equally set aside for use for the patients, and an abundant supply in proportion. I do not mean that they are reduced to using the round towels allotted for other purposes, as patients' own private towels.

6591. Then if I understand you rightly, the patients in the first instance provide a certain number of towels; are they required to bring in so many towels with them?—They usually bring in a towel and a piece of soap and a comb; and when their friends come, on the following visiting day, they take away the dirty towel and leave a clean one.

6592. Is it a rule of the hospital that they should bring in a towel?—Yes, I believe it is; at any rate, they are always told to do so. I remember the complaint of a patient that a nurse had not been kind to him, because he had not a towel, and had told him he must get one. That charge is impressed on my mind, because the house governor and I went up to see the patient and inquire into it, and one was provided for him.

6593. If a patient was brought in who was suffering from a severe accident, and whose friends had not provided him with a towel, what course would be taken?—He would have the use of one of those ward towels which are allotted for the purpose of supplying those patients who do not bring in their own. They are on the inventory of every sister's ward; not only on the inventory, but, after this charge was made, I sent my head assistant round to investigate the towels, and see if the sisters had what was on their inventory, and if the custom was observed.

6594. I suppose many hospital patients require a frequent change of linen, from the nature of the case?—They do, indeed, and many towels in the first instance.

6595. Then are towels ever taken from one patient to another?—It would be strictly against the rules for them to do so; and I also think

Earl of *Kimberley*—continued.

that the patient would complain. I cannot conceive of a patient not complaining first or last about it.

6596. You consider that there are proper arrangements for a sufficiency of towels for the patients?—I do, indeed.

6597. Could you give us any statistics which would bear upon that, as the matter is a very serious one?—I will have them sent in. They vary in every ward, according to the size of the ward, and according to what the sister thinks is about the proportion required, judging by the average number of patients who do not bring in a towel.

6598. You will give us the average number of towels provided in an average ward?—I will ascertain that.

6599. And we may presume that there are special cases where a much larger quantity of linen may be called for?—Yes.

6600. One single question with regard to the special nurses. Are the duties of a special nurse, as compared with the ordinary duties of a general probationer, more or less hard and more or less responsible, as a rule?—They are light. The special nurses may have greater responsibility; but if a probationer is fit for a responsible case, or for one which would be very responsible to her, and is not very well; if, for instance, her feet are tired, or anything of that description, is the matter with her, we should put her on special duty.

6601. But in the case of an inexperienced nurse (I am not going back upon the other question) you would hesitate to place her on a special case; it would be regarded as more responsible than the ordinary duties of probationer?—It would depend so much, not only on the nature of the case, but also on where the patient was situated; if she had it in a ward where there was a nurse and a probationer, not to speak of the sister, I should not consider, unless anything skilful had to be done to the patient, that she had too responsible a post.

6602. There might be cases that were merely cases of watching, and not doing anything?—Just so; just simple watching.

6603. Now, upon another matter: in Miss Yatman's evidence, which begins at 4876 and 4877, without going through all the questions and answers, you will see that she says this: "In many cases I have known the adult helpless patients begun to be washed about four in the morning; the children are begun even earlier;" and then, further on, she says in answer to 4882, "the babies required to be fed in the middle of the night, and so they were washed then to economise time; and the other children were woke about 4 o'clock; they had their breakfast given them, and then were washed; the children did not mind it so much as the adult patients, but the adult patients often complained very much of being woke so early." Can you tell us what the practice in the hospital is, and whether Miss Yatman has correctly described it?—I carefully asked various night sisters, and those who had taken night duty, and they say that it is not the case. I found that there was a case of a patient, who complained that she was disturbed at five o'clock; the doctor reported it to me, and asked if I supposed that it was justifiable;

Earl of *Kimberley*—continued.

fiable; I made an inquiry, and found that they were getting lax on the subject. The rule in the hospital, not my rule, not the nurses' rule, but the rule in the hospital is, that all patients should breakfast at 6 o'clock. I then called the night sister's attention to the point, and asked how it had happened, because, having been night sister in the hospital myself, I knew perfectly well that it was not the regulation of the hospital that patients should be disturbed before that time. But the patients themselves asked me, before this went on, if, when the men woke up early, they might not get up and go to the lavatory where their washing arrangements are, and wash themselves before breakfast; I said that if they woke they might certainly do so, but that the gas was never to be turned on till 6 a.m., when the breakfast was quite ready; after that, the water would be handed round to the patients who were in bed.

6604. But with regard to the children, is it true that they are woke up at 4 o'clock in the morning, and even earlier, for the purpose of washing; because Miss Yatman says further on, that unless they were woke up as early as that, a considerable increase in the staff of nurses would be necessary to enable them to perform the duty before the time that the night nurses' duty ends?—I carefully questioned the sister of the children's ward, who was previously night sister on that side of the building, and she said that when the children began to wake up for their early meal, about four, they would be begun to be washed, but never before a sufficient number had woke up for them to be under no necessity to wake up others. These little children are under seven years of age, and settle off to sleep at 6 o'clock in the evening. Therefore, though it sounds a distressing arrangement, I have no knowledge that they are distressed by it, or that they would be treated with any want of gentleness.

6605. I do not think Miss Yatman alleged any want of gentleness; the only question is, whether, owing to there not being a sufficient number of nurses in these wards, they have to be begun earlier than is right?—No, that does not happen; that would be a want of gentleness, and the night sister assures me it is not the case.

6606. In No 4888 Miss Yatman said: "The nurse generally sat outside all the wards, and then you could hear anything that happened in each ward. (*Q.*) Was there any provision for warming that passage?—(*A.*) No, none. (*Q.*) Was it ever very cold?—(*A.*) Sometimes it was very cold indeed, and very uncomfortable." Is it the case that the nurses have to sit out in the passage in the winter without any provision for warming the passage?—I never knew it, and never found the nurse so; I have been much puzzled to understand what Miss Yatman meant.

6607. Where do they sit?—They might sit in the lobby where there is a large fire, but generally they would sit in the wards. If Miss Yatman refers to the attics on one side of the building, there is a little place just taken off the passage that has no fire, a cupboard-like kind of room, where the nurse can sit if she is not in the

Earl of *Kimberley*—continued.

ward. These are small rooms, these attics; I do not think that any have more than four beds in them; and she would usually sit with the patient that most required her attention.

6608. I wish to ask you about the nurses who are supplied to the public. The advertisement says, that "Thoroughly trained nurses" are supplied on application?—And they are so.

6609. I will read what Miss Yatman says. At No. 5142 she is asked: "Do you consider that the people who send to the hospital for these nurses, are aware that they are probationers, and not certificated nurses"; and her answer is "I do not know; but of course in the advertisements it is advertised that thoroughly trained nurses are supplied. (*Q.*) And in many cases they are not certificated nurses?—(*A.*) They are not certificated; they are probationers." Is it the case that nurses are supplied, as thoroughly trained nurses, who are probationers?—None who are not thoroughly trained.

6610. But are any who are probationers sent out?—Certainly.

6611. Then can a probationer be said to be a thoroughly trained nurse?—Quite so; she has never been sent otherwise, and we have sent to 3,000 odd cases. I have not the exact number of cases, but there are papers to testify to the actual efficiency of all of the nurses sent out

6612. But you do not treat the probationers in the hospital as thoroughly trained nurses, because there are certain duties that are not entrusted to them?—It depends upon the capabilities of the probationers. The probationers, as you know, are occasionally even made sisters before they have their certificates, and then they have very responsible duties entrusted to them.

6613. Do you think it consistent with plain English to offer a "thoroughly trained nurse," and then to send a nurse who is termed in your own language a probationer, are "a probationer" and "a thoroughly trained nurse" identical terms?—The estimation of the public is that a trained nurse is one who has had a year of hospital experience; without investigating all these cases, I could not absolutely say that no nurse had ever been sent out within the year, but I should be much surprised if it were so, or if more than one could be found who had been so sent by accident. The term "thoroughly trained nurse" must be taken by the general standard. At the majority of hospitals (and perhaps Miss Yatman does not know this) the certificate is given at the end of one year. It suits our arrangements, for various reasons, to keep a number of nurses who are trained on the probationer's list, it gives them a better training, because, without moving them too often from ward to ward, we can give them the fullest opportunities in the medical work, surgical work, and so on; all of which are things that must require time. I should consider it a great breach of confidence to send an incompetent nurse to any doctor or member of the public who applied to me for a nurse. I am bound to abide by the result of the unsullied reputation of our nurses throughout the country. Physicians whom I have never seen would, I am sure, testify to that. Take Dr. Robson Roose for instance; I have never seen him, but I am sure that he would

testify

Earl of *Kimberley*—continued.

testify to the competence of our nurses. The test is generally in the results, and in the favour that our nurses meet with; and I contend that we do send out thoroughly trained nurses.

6614. How soon do you send a probationer out?—Not generally, except towards the end of the second year, unless in a very exceptional case, or unless she had had special training at a special hospital, for the case for which a nurse is required (before she came to us.) In that manner I might send a nurse more specially fitted for the case than I could furnish from those trained in our own hospital.

6615. Would you send out a nurse who had had no previous experience to private patients after six months' training in your hospital?—Certainly not, unless there were altogether exceptional reasons. It is certainly by no means the practice to do so; the idea would be rejected.

6616. Is such a thing possible?—I should hardly think so. I would not like to swear that it had never been done, unless I looked through the 3,000 odd cases, but I have no recollection of it in the least.

6617. What is the shortest period of training that you can recollect has been passed through by a nurse sent out from the London Hospital?—I have no recollection of sending one out under a year, and it would be seldom as little as that; I am speaking now trusting to memory merely. It would not be convenient to do it in that way. But nurses think, "when I have finished my training I would like to join the private nursing department," and I would have a message sometimes brought to me by the sister to whom a nurse had said this: "If matron has a case that she thinks I could manage will you let her know that I should like to go out"; and then there is an appeal for a nurse and perhaps a private nurse coming in that night, and the question would be would she care to take that case.

6618. Then you would consider that a probationer who had been for a year in the hospital might be a thoroughly trained nurse?—Certainly.

6619. Then how is it you do not appoint these thoroughly trained nurses to the higher positions in your hospital, if they are thoroughly competent?—I do, occasionally.

6620. After a year?—After a year if they are thoroughly competent; but they would remain on the probationer list, in order to get a greater variety of experience that you can furnish when anyone is appointed definitely nurse, sister, or private nurse. When a probationer has had a certificate she is definitely fixed in her ward; she is sister so-and-so; whereas, while she is gaining her certificate, even if she takes a ward, she is not fixed there, but all sorts and varieties of experience are still open to her. A sister, for instance, is ill, and she has the advantage of taking a large medical ward, or she takes a surgical ward for a time; but when she once has a certificate, we feel that the hospital has done its utmost for her, and now she takes a permanent post, which saves me an immense amount of trouble. If I had a fixed permanent staff in every ward of the hospital my duties would be reduced at least one-half.

6621. Does it not seem that, in your opinion,

Earl of *Kimberley*—continued.

they are not trained at the end of one year, because you think it desirable that they should remain another year to get further training?—Not for training, but for experience. I do not wish to quibble about words in the least, but that does make a difference.

6622. I think I understood you to say you had never had any complaint of nurses you have sent out?—I think I may say so; certainly no complaints of those that have not been certificated nurses on the private nursing staff; when there have been complaints it has not been of want of skill.

6623. I think you said you had not had complaints from those who employed them?—No, I have had complaints of want of tact sometimes, but that not in the case of those who were not certificated nurses.

6624. Not complaints from medical men?—No; many have criticised the manner, but they have never complained of want of skill.

Chairman.

6625. Have you never had nurses returned to the hospital as incompetent, or owing to want of skill?—I have no recollection of it at all; I must look through all the cases before I can say it never happened.

Lord *Saye and Sele.*

6626. I think I am right in saying that you, the matron, by the bye-laws of the hospital, are only obliged to report to the house governor such matters as you may deem of sufficient importance; is that so?—Yes, I should think so, unless it related to any technicality in regard to getting rid of an unsatisfactory nurse. I should report to the house governor anything which it occurred to me that he ought to know, whether it was technically my duty or not.

6627. But, practically, you have unlimited power?—In making arrangements for the nurses, yes, but not in suspending a nurse from duty.

6628. I suppose it is quite possible that a house surgeon might have been the worse for drink without its coming to your knowledge?—Certainly it is possible, but I should be surprised if no one mentioned it to me. I see so many people who would be almost sure to tell me.

6629. If such a thing came to your knowledge you would think it of sufficient importance to report it to the house governor?—Yes, certainly.

Lord *Clifford of Chudleigh.*

6630. I want to ask you a question about the case of nurse Lambert. At Question No. 5780 Miss Homersham is asked: "Have you any experience of nurses working when ill?" and her answer is: "On one occasion I was sleeping in the bed next to a nurse who asked me to take an excuse down and say she did not feel well enough to go on duty. I was told to take back the message that the matron said everybody was to go on duty that night; this nurse went on duty, and I subsequently heard from the night sister that on the visit of the house physician to the ward she was found to be covered with the rash of scarlet fever, and that he refused to allow her to be moved to the fever hospital, saying that the case had gone too far." Would it be

Lord *Clifford of Chudleigh*—continued.

possible for a nurse to send down a message of that kind and not see a doctor before she came to the ward?—No; but it would be customary in the case of a nurse who was not at all ill in the morning, and had no high temperature at the time (that would be taken by the sister), for that nurse to come to the ward to see the doctor; and at that time they were all put straight into the ward. But on this point perhaps you will not mind questioning nurse Lambert herself. She was with us for three years, and left us on the 5th December 1888; she was with us from the 3rd July 1884; she gave complete satisfaction in every respect. She was an excellent *masseuse*, and a thoroughly efficient nurse. She left to take up district nursing at or near her own home, and we parted with mutual regret. She had scarlet fever from the 25th March to the 24th July 1885; I have her home and her present address, and she would be able to tell you more than I can recollect or ascertain. I never knew that she had the slightest grievance.

6631. I wanted to know whether the circumstances mentioned here were in any way possible; whether, if a nurse sent down a message to the matron to say she did not feel well enough to go on duty, she would be sent on duty on the evidence of another nurse, or would at once see the doctor?—The sister would use her judgment; she would see the nurse and take her temperature, and then be guided in forming her opinion as to whether it was necessary for her to see the doctor before getting up, or whether the quickest and simplest plan would be for her to come to the ward and see the doctor there; she would not be sent on duty until she had seen the doctor.

6632. This was a case of night duty?—She might be required to get up to see the doctor in the ward if the sister thought she was in a condition to do so, not otherwise; that would be the promptest way of seeing the doctor.

Lord *Monkswell.*

6633. As to certificated nurses, you say that uncertificated probationers are sometimes put as acting sisters in command of certificated nurses?—That is so sometimes. I think some confusion arises from the fact that Miss Yatman ascribes an imaginary value to the certificate.

6634. You consider then that uncertificated probationers are sometimes more versed in nursing than certificated nurses?—Very often.

6635. You do not think that the system of putting certificated nurses under the charge of uncertificated ones causes friction?—I never had a case of it. Of course the one who is acting as sister must be the superior.

6636. Now, as to this charge of drunkenness against Dr. Buksh, I see that in answer to Question 5920 Miss Homersham distinctly asserted that she told you that she thought Dr. Buksh was the worse for drink?—Unfortunately I have no recollection of it; you know it was five years ago, and I cannot recollect the circumstances.

6637. Surely it would be rather a startling thing to be told by a nurse that a doctor was the worse for drink; it does not often happen, I suppose?—No; but it was comparatively likely

Lord *Monkswell*—continued.

to happen in those days. We are speaking of five years ago, when all were much rougher, nurses as well as doctors.

6638. You cannot say that Miss Homersham was mistaken?—It would have been so exceptional that my conviction is that she must have been mistaken.

6639. You have no knowledge whether she told that to you?—Certainly not.

6640. As regards Miss Homersham's dismissal, you say, very distinctly, that she never asked you for permission to leave. I do not think your attention was called to a definite statement by Miss Homersham that she did ask you for permission to leave. In answer to Question 5833, she says, "I would say that I pointed out to the matron that a week's holiday would have been due to me in another month, and I asked if it would not be possible to allow to have that, if nothing else (at my first interview that was), and she said that it was quite impossible; and at the second interview my brother asked for a fortnight, and then for a week, and she distinctly refused both." According to you, that is an entire mistake?—An entire mistake. I feel justified in being confident on that point, because this exhaustive inquiry for the House Committee took place close on the time, and therefore the report that was written then was written close on the time.

6641. Did the house governor, or anybody, see Miss Homersham?—That responsibility would not rest with me. I have a copy of the notes of the Homersham affair, if you would like to hear it.

6642. Again, in Question 5854, she repeats the same statement; and again her brother says, in answer to Question 5926, "I asked for leave for my sister, and the matron said I could not have it"?—I have never, since I have been matron of that hospital or any other, refused leave to anybody to go at once to any dying relative, or any relative seriously ill; I may say I have never even delayed them, whatever the pressure or difficulty was in the ward.

6643. I point out to you that your evidence is distinctly contradicted by Miss Homersham. After hearing her evidence you still think you are correct?—Quite certain.

Earl *Cathcart.*

6644. Now there is in last Saturday's "Times" a London Hospital advertisement, which speaks of obtaining assistance for reforming sanitary arrangements: is there any fault to be found with the sanitary arrangements?—Yes; the drains have given us a good deal of anxiety from time to time.

6645. Then probably the nurses who complained of the drainage being out of order had some justification for those complaints?—The specific complaint made by Miss Yatman of sewer gas coming from the basins, I referred at once to the house governor, and he said, on investigation, it proved to be nothing but ordinary coal gas, which is very unpleasant in smell, but not as unwholesome as sewer gas.

6646. But as in the advertisement you have admitted that the sanitary arrangements are defective, they probably are?—They probably are;

Earl *Cathcart*—continued.

are; but, of course, I have no knowledge of the actual difficulty there. I did investigate about that ward.

6647. That is sufficient for my purpose; with regard to the water supply, one of the ladies complained that the water supply in the home was deficient; I apprehend that that was the hot water supply?—I understood that to refer to Philpot-street, the houses taken for paying probationers, where there would not be the same supply as in the hospital; but the bath arrangements in the hospital, now that we have the home, would be open to the probationers in Philpot-street, if they choose to take advantage of them.

6648. There probably was not a sufficiency of water then?—I think it was not as good a supply as in the nursing home; I have had no complaint that the servants there did not supply them properly with the hot water required.

6649. With regard to the dietary; you must have in your own mind some estimate of the cost per head per week of the nurses; can you say so much per day or so much per week is the average cost of maintaining each one?—A sister, 11*s.* 3½*d.* per week; a nurse or probationer, 8*s.* 11½*d.*; a servant, 8*s.* 4½*d.*

6650. Now, pardon my asking you, have you any pecuniary interest whatever in the victualling of these people?—None whatever, of any sort or kind.

6651. That is managed by whom?—By the steward's office, as far as the accounts go.

6652. Is there any stint allowed; any allowance of a pound of meat, or any stint of that sort?—No, we altered that in reforming the cooking arrangements, because we found that it did not allow us to get enough fruit and pudding and that sort of thing which the nurses prefer; they have an unlimited quantity now.

6653. Then, in the dietary, the subject of beer and other drinks, such as ginger beer, has not been mentioned; what is your arrangement with regard to that?—We used to have a difficulty, because the porter and ale drawn was drawn early in the morning, and was very flat by the time the nurses came to dinner; and I also thought it was a waste; so, with the sanction of the house governor, I made arrangements to have small half-bottles of ale and porter, and these are placed on a sort of sideboard in the dining-room, and every nurse who likes takes one and helps herself; there is also an unlimited supply of milk and water, and they take what they like.

6654. Is there any allowance in lieu of beer?—Not any.

6655. Is it a good arrangement to have a money allowance in lieu of beer?—I think not; I think it is better to have ale and beer treated as any other article of diet, and not to make a difference, if a nurse does not take it any more than if she does not take meat.

6656. Why does a Jew bring his own pillow to the hospital and a Christian does not?—I have often wished I could have answered that myself; the foreigners rejoice in those large eider downs or feather pillows.

6657. But the sister would object to an ordinary patient bringing a pillow; it would not be consistent with the hospital regulations, would it?—I think not; patients of a little better class have been allowed pillows in the Christian wards.

6658. As compared with the Jewish cooking, is the other cooking equally good?—I think the Jewish cooking is better; it is fire cooking instead of gas, and in smaller quantities. I may be fastidious, but it always appears to me so.

6659. Is the meat for the nurses cooked with gas?—It is all gas cooking in the home and in the hospital.

6660. But that is apt to be sodden and distasteful if not carefully done?—That does not rest with me.

6661. Now, to return to another matter. Sir Sydney Waterlow, at Question 2575, told us that prayers are read in each ward by the sister at St. Bartholomew's every morning; have you any similar practice?—Yes; the sister either reads prayers herself, or if she is a Roman Catholic, or if she has any objection to reading prayers, she is responsible for seeing it done.

6662. Have you had any friction with the nurses and sisters with regard to the arrangements made by the late chaplain, Mr. Valentine; was there any difficulty as regards the arrangements made between yourself and the nursing staff?—Mr. Valentine created difficulties in every direction between myself and the nursing staff.

6663. Where did the friction arise?—He seemed to be possessed with a constant desire to interfere, and make it out that it was impossible to do things that might be arranged. He once sent in a report to the committee that Nonconformists were not allowed to go to their own places outside the hospital; but I have the chairman's letter, as well as my own report, to show that that proved an imaginary grievance.

6664. How was the nurses' service arranged in the morning; was that arrangement that nurses should attend in chapel sanctioned by you?—I fixed the hours, but Mr. Valentine fixed the chapel.

6665. Then the relations between you and Mr. Valentine were evidently strained?—Evidently.

6666. From the time that he first came?—Almost immediately, so far as my recollection goes.

6667. To the latest period?—Certainly, to the latest period.

6668. I will trouble you no further on that matter. I wish to ask you whether you are personally acquainted with Miss Louisa Twining?—I met her once only; I met her on the occasion when she read that paper on nurses' diet.

6669. You refer to a paper read at a meeting of the Hospitals Association on the 20th of May 1885?—Yes, I went there; I entirely agreed with her views.

6670. You are aware that Miss Twining is of the same view now as she was then?—I have not seen her since that I recollect.

6671. The matter has been brought before us by Mr. Bousfield, who spoke in the highest terms of Miss Louisa Twining, and mentioned to us that she had been 10 years engaged in organizing and completing the arrangements for improving the nursing in infirmaries; the concluding passage of Miss Twinnig's paper (and she is of the

Earl *Cathcart*—continued.

the same mind at the present day) is this: "During the two years since this paper was written, I have had constant confirmation of all the facts I stated, and additional proofs of lamentable neglect even in training homes for probationers who pay largely for their board. One of two results must thus occur, an entire break-down of health, or a large expenditure upon food privately obtained, a practice in every way objectionable." Now do you agree with Miss Twining in that statement, namely, that there is a "lamentable neglect in training homes for probationers, who pay largely for their board"?—Not in our training home for probationers.

6672. It does not apply to the London Hospital?—No, it does not apply to the London Hospital.

6673. Then do you think (because it was mentioned by one of the nurses) that it is not a bad thing to have nurses obtaining food privately when they go out?—I think it is dreadful if it is a necessity; I see no reason to raise an objection if it is a luxury.

6674. I understood a nurse to say that she did go out to get a good square meal?—I think that was in 1885; I do not think it was a common practice by any manner of means; I was not actively responsible then.

6675. Would you recommend their Lordships, if they want to understand this subject of diet thoroughly, to read Miss Twining's address, as containing reliable information; you said you agreed with it?—I remember the fact that I agreed with it; I do not remember the details of the address now.

6676. It is full of details, giving dietaries?—Yes, no doubt.

6677. Miss Twining says the nurses have not appetites, as a rule, and that that arises naturally from the horrible things that they sometimes see and smell; and that another reason is that they do not take adequate exercise; that owing to their work in the hospital they get footsore, and for that reason they do not take the exercise they ought; is that your experience?—Most of our nurses go on the top of trams, and on penny steamers, and in that way many gain in weight when they come to the hospital.

6678. Are they, from the nature of their duties, apt to get footsore?—Yes, many get tired.

6679. And that is a reason, if they are kept in the house, why more appetising food should be given to them?—Yes.

Lord *Thring.*

6680. Just to clear up the matter with respect to this doctor: I understand you to say that Dr. Buksh was never reported to you as being the worse for drink?—I have no recollection that he was ever, and I think I must have remembered it if he had been.

6681. If he had been reported to you, I understood you to say you would have reported him to the house governor?—Certainly; I should have taken the nurse in to the house governor.

6682. Would the house governor keep a record of that report?—I believe the house governor reports everything to the house committee fully.

Lord *Thring*—continued.

6683. Therefore you say that if the doctor had been reported to you as being drunk, or the worse for drink, a record of that must be with the house governor?—I should say so.

6684. And then, if he was not reported to you, have you any knowledge yourself that he ever was the worse for drink?—No, not any; I distinctly recollect Mr. Buksh, although I have not seen him for years.

6685. Have you any reason to think he was ever the worse for drink?—I have not had the slightest reason ever to think so.

6686. I understand as to the food, you have no pecuniary interest in the feeding, but you are allowed a certain definite allowance for the nurses, the sisters, and so forth?—After all these complaints had gone on, I offered the committee to take charge of the nursing home and housekeeping for 12 months if Mr. Nixon would kindly furnish me with the then rates of payment for the nurses. That was sanctioned at the rates I quoted just now. I kept more or less within the margin the whole time; I had nothing to do with checking that.

6687. You make no profit, and can make no profit out of it?—Neither I nor my assistant; it is not possible.

6688. Who is responsible for the goodness of the food primarily; is it the steward?—Scarcely; with regard to that served at the nursing home; I imagine it would be received by my assistant in the nursing home.

6889 And your assistant would be responsible for the goodness or the badness of the food?—Yes, she would examine it and send back what was not fit to take in.

6690. There is one other question on the food; I understood one of the nurses to say that there was no fancy food allowed to the patients at the London Hospital, by which I understood her to mean that they are not allowed champagne?—That is the case. If any doctor went to the house governor, or sent any sister to him with a request for it, he would certainly provide it, as an exception.

6691. I understand then that that statement must be modified by this; that if the higher physicians order champagne or any expensive luxury, the house governor is not restricted from supplying it?—No, the house governor is not.

6692. He would supply it?—He would supply it.

Lord *Zouche of Haryngworth.*

6693. I think you said that the house committee appointed two house visitors to go round?—Yes.

6694. Do they inspect the food?—They are most helpful in that respect; they have helped me many a time, both as to the patients and the nurses. I have begged them to go to the dinners to see things that I have found it difficult to get remedied, and report it for me.

6695. Are these house visitors members of the committee?—Yes, two members of the house committee.

6696. And are they generally the same gentlemen or do they often change?—They change every fortnight, I believe. Some of course come more

Lord *Zouche of Haryngworth*—continued.

more than others and serve in different departments of the hospital more than others. There are several I should not hesitate to ask to go and see the food; and several that would go and look at it and tell me what they thought of it.

6697. Do they inspect the cooking as well as the quality of the food?—Yes, both for the patients and nurses.

6698. And do they report always that it is well cooked, or is there sometimes a report to the contrary?—I believe they always report that it is well cooked. In the former years of which I spoke there were many reports to the contrary, but of late there have not been.

6699. I suppose you have a separate cook for the nursing home and a separate one for the hospital?—Yes.

6700. Now take the hospital cook first; is that a man cook?—It was formerly, but when that man died I believe the woman who had served under him took the post, and she has since done it: but that is not my department.

6701. Is she a first-rate cook; is she supposed to be highly qualified; does she receive a large salary; I am speaking now of the hospital cook?—I suppose she would be a very good plain cook; I should think not more than that.

6702. Then with regard to the cook in the nursing home, would she be a rather inferior cook?—No, not for a cook for an institution; you could not get a very first-class cook who would come to an institution; but she would have to send up rather a better style of thing than for the hospital.

6703. She, in common with the other cook, is under the inspection constantly of these two visiting members?—Yes; they go everywhere.

6704. Who actually orders in the food for the nursing home; do we understand that it is ordered in by the steward?—The order is posted from the steward's office, but written out by my assistant with a check on one side of the book; she brings it to me to sign; she delivers the orders in the steward's office, and they send them out. The invoices are addressed to me, and my home sister checks them over with regard to the quantities, and the steward's office checks them over with regard to price, to see that the charges are as they should be.

6705. And who deals directly with the outside tradesmen, the steward?—I imagine that as to such things as come by contract, the contracts are made with the committee every six months; as to some things in the nursing home we are independent of contract.

6706. May I ask who is steward; is he a member of the House Committee?—The steward works immediately under the house governor.

Earl of *Lauderdale.*

6707. With regard to these nurses specially sent out, do you send some form to be filled up by the person who employs them?—Yes.

6708. And that form contains something showing what their behaviour has been during the time that they are engaged as nurses?—Both from the employer and the doctor.

6709. And if there were any complaints they would be there?—They would be there on record.

Earl of *Lauderdale*—continued.

6710. You do not remember having received any?—No, not as far as I recollect. There are copies of them if you care to look at them. That (*producing a form*) is a blank form; I have some that are filled in, in reference to nurse Sabel. I thought I would put them before you when you inquire into her case.

Earl *Cadogan.*

6711. With regard to some figures that you gave as to the cost of the food of the nurses and the servants, what I want to know is this: is that cost the result of a rule of the hospital, or of any orders made by the committee?—That was the estimate that the house governor made when it was proposed to hand the cooking and the feeding of the nurses over to the Nursing Home Department.

6712. I am not asking about the estimate, I am asking about the result. Are those figures that you gave the result of a certain dietary which you, yourself, think necessary and proper for the various grades of nurses in the hospital?—I have found no difficulty in keeping to it at all.

6713. It is not a fixed charge per head for the maintenance of those in the hospital; it is merely the result of a diet, which is, I suppose, in accordance with your own directions; is that so?—Yes. I have been able to keep to it for the diet. I have not myself gone into those figures. I have looked at what the weekly maximum would be, and seen that they kept within it.

6714. If you were to-morrow to decide that the dietary should be on a more generous scale, naturally the figures would work out differently; the cost would be larger?—Yes.

6715. Do you think that the cost that you have given us represents a proper dietary for those for whom it is intended?—Yes, I do think so.

6716. A noble Lord wishes to know whether beer is included in that figure?—I believe so, but I am not responsible for the figures; they are given to me. But then I should also remind you that many of these things are supplied at contract price, and they do them for large numbers.

Lord *Saye and Sele.*

6717. Who makes the contract?—The committee.

6718. Every year or how often?—Every six months; and a great number of these things are at contract prices, so that it does not represent the idea that it would otherwise do.

Earl *Cadogan.*

6719. I hope I clearly understood your answer. The point I wished to put to you was this: those figures you have given are not a fixed charge fixed by the committee, but simply the result of providing a dietary which you consider adequate to the various persons to whom it applies?—Yes, that is so. I undertook to provide one adequate at about that rate.

Chairman.

6720. Supposing that some of these nurses and probationers do not drink beer, can they have milk?—Yes, an unlimited supply.

Chairman—continued.

6721. For dinner and tea?—For dinner and supper.

Earl of *Kimberley.*

6722. Do you find tea, cocoa, and coffee for the nurses?—Tea and coffee.

6723. You do not find cocoa?—I think we have done so occasionally when a doctor has recommended a nurse to drink cocoa; it is not served as a matter of routine.

6724. I think you said that the cost of the servants' board was the same as the cost of the nurses?—The estimate brings it out a little less; but I daresay practically it comes to much the same thing. To be frank I have not troubled myself much to keeping within this limit; I have trusted to be pulled up, if we exceeded it.

Earl *Cadogan.*

6725. You spoke just now of a limit; who fixed the limit?—My instruction was, when I undertook this, to keep within these rates, while the food was being supplied at that rate, and see if I could do it. That rate must have been fixed by the house governor and sanctioned by the committee; it was not my making out that this could be done at all.

Earl of *Kimberley.*

6726. Have you any table of dietary?—I have had a fortnight's dietary copied out for the use of the Committee (*handing in the same*).

Earl of *Arran.*

6727. Is there any book kept containing the reports of the employers of the outside nurses; are the reports that are sent in copied into a book?—We keep the original reports in cases; they are all there. We copy the rough details into a book, but the actual reports are in the original.

6728. You can turn to the record of any nurse in a moment?—Yes; of any nurse who has been out, and we can follow out her career in a moment.

Chairman.

6729. Is that book in the room?—The book is, but not the cases with the original reports as to the nurses.

Lord *Thring.*

6730. On what principle do you undertake the feeding of nurses?—I thought that if the house committee would undertake to pay the expense of the extra service, the nursing staff could be better fed at these rates than they had previously been fed for the money.

6731. There is one question I should like you to clear up entirely. I asked you with regard to supplying the food to the nurses in the hospital generally; I understood you to say, that you undertook that they should have better food at a certain price; do you or not, make any pecuniary profit, according to whether the food costs either more or less?—Not any. I leave the entire responsibility of the cost to the house governor or the house committee. I should feel that they ought to say to me: "You are spending too much," or "You are spending too little." I only attend to the orders of the food that are sent in.

Lord *Thring*—continued.

6732. I put the question in the strongest possible form; whether you feed them on little or much, or whether it costs little or much, nothing goes into your own private pocket?—Nothing could, not if I wished it ever so much.

Chairman.

6733. You do not pay the bills?—No, I do not even check them over; I have nothing to do with the bills.

6734. Who does?—To see that the quantities are right, my assistant checks them and initials the invoices; then they are sent in to the steward's office, and there our responsibility ends.

6735. Who orders the food; do you?—I sign the orders for the food. My assistant writes out the quantities she thinks necessary.

Earl *Cadogan.*

6736. You order the food?—I sign the orders for it.

6737. Who provides it?—We are told the names of the tradespeople we are to get the things from.

6738. Who is the contract made by?—That is made by the house committee and the house governor, if it is a contract.

6739. You have nobody in the hospital whose special business it is to cater for the food of the hospital?—No.

6740. Contracts are made by the committee?—Yes.

6741. Not by any special officer on the staff?—No, by the committee; they would be influenced by the recommendation of the house governor no doubt. In the case where the bad eggs were supplied, I sent in a report telling them in a polite way, that I would take no more trouble with the nursing home food, if the contract was allowed to continue so bad.

6742. On the general question of catering for the food of the hospital, we may take it that the house governor is the head official?—He is the head official certainly.

Chairman.

6743. You have a statement that you wrote to the house committee that you desire to read?—I do. It was written at the time when this arrangement was made.

6744. Perhaps you would read it to us?—"London Hospital, Whitechapel-road, E., 16th March 1886. Gentlemen,—All the members of the nursing staff who now occupy the new nursing home are anxious that I should convey to you an earnest expression of their genuine gratitude for the comfortable surroundings that you have so kindly provided for them. They feel that however appreciative future occupants of the home may be, none can be so fully conscious of its advantages as those who have experienced the previous discomforts, especially those of the last 18 months, and they are very desirous that you should know how thankful they are for what has been done for them. The marked satisfaction of the day nurses and probationers makes those who are on night duty look forward with renewed eagerness to the time when they also may share the privilege of having a separate room to rest

in

Chairman—continued.

in after their night's work. It is proposed to begin cooking in the new kitchen after 31st March, the completion of the hospital quarter. Mr. Nixon has very kindly prepared a clear account of the present rate of expenditure down to the minutest items of the details, and the cost of the housekeeping for the nursing staff and the servants connected with that department. The total cost of the maintenance of a sister per week is 11 *s.* 3¾ *d.*, or a nurse or probationer 8 *s.* 11¾ *d.*, of a servant 8 *s.* 4¾ *d.* This allowance per head respectively amounts to a complete total of 90 *l.* 19 *s.* 7¾ *d.* per week; total for the year 4,731 *l.* 1 *s.* 7 *d.* I am desirous of obtaining your sanction for undertaking the entire management of the nursing home housekeeping at this rate per head, according to present prices, the total cost varying, of course, in accordance with the actual numbers from time to time. Mr. Nixon agrees with me that with the existing arrangements, the plan I suggest would rather facilitate than complicate matters, as far as the sending out of orders from the steward's office is concerned; and I believe that this system of rendering the nursing home housekeeping department complete in itself, will produce a good result. It is impossible to state definitely that the variety of diet, which is such an important consideration, can be secured at this rate until the experiment has been actually tried, but I am distinctly of opinion that with full scope for judicious management complete success in this direction may now be achieved. I shall be glad to take the responsibility of trying this arrangement, say for 12 months at any rate, if the committee approve the suggestion; and whilst realizing the many difficulties inseparable from the beginning of a work of this sort, I anticipate the result with confidence. I am not yet in a position to speak clearly as to the exact increase of service required, because only temporary arrangements can be made while the whole Nursing Home rooms and the Grocers' Wing rooms are not available. Until these are ready I do not propose to engage the full amount of help previously sanctioned. As yet only one additional servant has been taken on. The cook and kitchenmaid will not come until March 29th, and in the meantime I have made temporary allotments of work for the other servants, supplementing their labours with varying and so far a very small amount of extra help as the circumstances connected with getting 'settled in' render necessary. By the time all the alterations are complete, I shall be able to report definitely what changes will be essential to carry on the work. As soon as possible we hope to dispense with the women who have hitherto been provided with uniform for the purpose of carving for the nurses, and we shall endeavour to get two or three of the Nursing Home servants instructed for this task." That is all that refers to the cooking; I do not know whether you desire that I should continue.

6745. What does the rest relate to?—Lectures to probationers on nursing, and the attendance of the medical staff on members of the nursing staff.

6746. Will you read what you said on those points?—" Mr. Treves finished his useful and interesting course of lectures to the probationers on 'Elementary Anatomy and Surgical Nursing,' on Wednesday last, and to-morrow Dr. Sansom has kindly arranged to begin his next set of lectures on 'Elementary Physiology and Medical Nursing.' The advantages of retaining the same lecturers to the fresh sets of probationers who attend their classes every year are considerable, and both Mr. Treves and Dr. Sansom are specially kind in continuing this work, and in giving each lecture with unfailing regularity. I must ask your kind attention also to a question concerning the method of obtaining the medical advice needed for members of the nursing staff. Some five years ago Dr. Fenwick consented, at your request, to see all regular probationers after their month's trial, with a view to deciding whether they were physically fitted for hospital work. He has been most kind and helpful in this matter, and has occasionally allowed himself to be referred to further, when any of these probationers have been requiring any special medical advice. But the general rule has been that any of the nurses or probationers who are out of health have been seen by the house physician on full duty for the time being, with the result that they have been warded in different parts of the building, nominally under the care of any physician who may be 'taking in.' This arrangement, sufficiently undesirable in itself, has been further complicated lately, *i.e.*, for about two or three weeks, by an idea emanating from some of the house physicians that it would be more convenient to them if the one on half duty saw the sick nurses. In the majority of cases nurses requiring medical attendance are sufficiently out of health to be ordered 'off duty,' or in other words 'to be warded'; and it now stands that the house physician on half duty is summoned to see the sick nurse, in the first instance, and that she has to be immediately warded in the beds of the taking-in physician; that is that she is then transferred to the care of the house physician on full duty and has to go into all the details of her illness a second time before anything can be done for her. Thus every probationer who has a cold or a headache becomes an object of solicitude to two house physicians. It is obviously impossible for such an arrangement to continue. Many nurses very naturally object to consulting the young doctors about their own health, and in many other cases the present system is subversive of discipline. That they should be consigned to the care of two young doctors, in each instance, scarcely diminishes the difficulty; neither is it customary in most hospitals for the junior members of the medical profession to attend the nursing staff. The remedy for this undesirable state of affairs has been kindly proposed by some of the senior staff. Dr. Fenwick and Dr. Sutton have authorised me to say that, if the committee desire it, they are quite willing to share the responsibility of attending all the sick nurses, and to give them beds in their respective wards. If any medical aid was required in the intervals of their visits, one or the other of their house physicans would be expected to see the patients. This would limit the house physicians who would have anything to do with the nurses professionally, to two instead of five,

Chairman—continued.

an obvious advantage. It would also diminish the necessity for troubling them at all. Mr. Treves is kind enough to say that he will see and give up beds for any nurse requiring surgical treatment, and as this is not nearly of such frequent occurrence as medical treatment this help would be sufficient to depend upon, supplemented with such aid as could readily be obtained from some of the other surgeons if required. In this case, only one house surgeon would have anything to do with the nurses professionally, instead of five in turn as at present. If the committee think it desirable to make this arrangement, I know the gentleman I have named would be pleased to hear from them to this effect. I must apologise for entering into the matter at this length, but it is one of some importance in the daily working of the hospital, and the number of nurses laid up with comparatively trifling ailments this winter has made the best method of securing efficient medical attendance for them, a somewhat anxious question. Probationers Anscombe and Hayward have completed their training, and, after prolonged holidays they will return, the former as a private nurse, and the latter for ward duty as staff-nurse. Probationer Gregson writes that she is not able to continue her training in consequence of unforeseen home duties, another disappointment for us in the way of losing a worker immediately she becomes efficient, but the circumstances of the case appear to justifiy her decision."

6747. I do not think you need continue that. Now, you mentioned to us the other day that you had 211 nurses of various kinds?—I am very sorry, but I should be glad to correct those figures; the clerk in copying them made a mistake.

6748. Perhaps you will give us the figures. There is first one matron?—One matron, four matron's assistants, 23 sisters, 34 staff nurses, 52 probationers in second year, 82 probationers in first year, 14 paying probationers, and nine institution nurses.

Earl *Cadogan.*

6749. Have you no probationers who have been with you more than two years?—They become nurses or sisters then.

Chairman.

6750. Those institution nurses are not on the actual staff, are they?—The come for six months at a diminished payment, less than that made by the paying probationers; they come on half the sum for paying probationers.

6751. These are all the active list in the hospital?—Yes, engaged in the hospital. That makes the whole staff, 218 for the hospital.

6752. Does that include the night sisters, and so on?—It does, because I have put night and day sisters together. Then there are 25 on the private nursing staff. That makes a total for the hospital and private staff of 243.

6753. But for the actual hospital, 218?—Yes. Out of the probationers in their second year, I find now that 11 have had previous experience; out of probationers in their first year, 25 have had previous experience.

Chairman—continued.

6754. Some of those 82 probationers in their first year have been in the hospital a very short time?—Yes; but 11 out of those 82 have just passed a satisfactory examination; they are nearly in their second year, but I take the date of 3rd July.

6755. All those people are nurses?—They are all on the nursing staff. This is a complete list of their names and dates, and the length of time they have been with us (*producing the same*).

6756. Have you, in addition to them any ward-maids?—Yes, we have 22 ward-maids non-resident. They have certain rules applying to all of them, which I believe have been handed in.

6757. Do the nurses perform any other duty besides nursing; have they any menial duties to perform?—They have a good deal of what you may call rough work, but nothing heavy; sweeping and dusting, but no scrubbing, no carrying of heavy things; that belongs to the ward-maids. These (*producing some rules*) are the rules for the ward-maids, and the nurses have to supplement that.

6758. Do the nurses have to clean sinks and lamps?—They clean lamps and inkstands at night.

6759. And sinks?—They would only have to clean them sufficiently to use; having used a sink they must put it in a fit state to use again for their own use; but they would not be required to clean the sinks for the morning; that would be for the ward-maids to do.

6760. These duties of cleaning lamps and other things must take a considerable time?—That depends a great deal upon the probationer. They can do it sitting down by the side of a patient in the early part of the night.

6761. Cleaning a lamp is dirty work; there is the oil about it?—They put on gloves, I imagine. These lamps are carried round with the doctors.

6762. I should imagine it was not nice to have a nurse near you who had been cleaning lamps, if you were in a sick condition?—I have never had any idea that a patient has suffered from it.

6763. I does not add much to his comfort?—Nor take away from it, if I may say so.

6764. At any rate it takes up a certain amount of time?—It takes up a certain amount of time, certainly.

6765. Do not you think the patients suffer in consequence of that?—No, I do not, because the work that nurses used to be obliged to do has been very much diminished. I felt that patients would suffer if too much work was put upon the nurses, if she had to clean all the lamps and inkstands, or else get into trouble; and therefore, I appointed that it should not be a large proportion. I should not be sorry if we could double our ward-maids; but that is a question for the house committee. I do not consider, however, that the work is hard for the nurses themselves, or that the patients suffer by the amount they have to do.

6766. Have you ever suggested to the committee that they should increase the number of ward-maids?—We have talked it over with the house governor, and the chairman at one time and another.

6767. And

Chairman—continued.

6767. And it has met with no favour from them?—The expenses have been increasing so enormously for the last 10 years that I cannot wonder at their reluctance.

6768. Do not these menial duties take away from the time of a probationer, which she ought to be devoting to learning her trade of nursing?—I have never found a probationer slower at learning her nursing than I should expect from the time allowed her. I was never conscious myself, when, as part of the night-work, I cleaned lamps and inkstands, that I was any slower in learning nursing.

6769. Do paying probationers perform these menial duties?—We make no difference between paying probationers and others. Paying probationers are not necessarily ladies; regular probationers are often ladies.

6770. Do they clean the lamps?—The lamps belong to the night staff, and the paying probationer would not be on night duty except at her own request.

6771. The lamps belong to the night staff?—The lamps and inkstands are done in the early morning, or the quiet time of the night.

6772. But we have been told that the duties of the night nurse are very heavy, especially in the children's ward?—I think you have received an exaggerated account.

6773. You do not consider that a strong enough case has been made out for representing it to the house committee, that the work of the night nurse is heavy because of this menial work?—No, I could not honestly say that. I felt it was a sufficient hardship, although I should never oppose its being removed.

6774. Do the nurses or probationers sweep out the wards?—The nurses or probationers do. They divide the work; they are swept thoroughly in the morning, after dinner slightly, and again in the evening.

6775. Who drew up the regulations about the duties; was that done by the house committee?—They were all sanctioned by the house committee at the end of 1880, or the beginning of 1881, and, with the exception of the agreement with the probationers, there has been no alteration since; none that I can recall.

6776. Are those rules drawn up in conjunction with the medical staff; do they advise about them?—I do not think they did advise about the exact rules about the probationers; they do advise about things that affect the actual nursing, but I do not think the regulations on which the committee accept probationers, would be a question for the medical staff.

6777. The nurses have to do with the washing and cleansing of the patients, have they not?—Certainly.

6778. Do the nurses make the patients' beds?—Yes.

6779. Who makes the nurses' beds?—The nurses make their own beds, but the servants cleanse their rooms and keep their stands right and everything else.

6780. Servants are employed for that?—Dormitory maids, we call them.

6781. How many are there?—There are 12 servants altogether in the Nursing Home, and I think four go by the title of dormitory maids. The dormitory maids are supplemented by regular scrubbers, who come in in the early morning, when the night nurses' rooms would be free. We have to put on a disproportionate number of helpers at that time.

6782. Scrubbers are different from the ward-maids?—Yes; ward-maids have a uniform and are subject to exact rules.

6783. Would you read the rules relating to ward maids?—"Ward-maids are to be on duty in their respective wards punctually at 6.30 in the morning. The work is to be carried out in the following order:—Clean grates and make up fires. Carry down the milk cans, thoroughly cleaned, to the basement by eight o'clock precisely. place the milk cans, when filled, together with the ward supply of bread, in the lift and proceed to the lift floor above, in order to at once take the supplies of milk and bread to the wards, clean lobbies, sculleries, lavatories, bath rooms, and brasses. At 11 o'clock fetch the ward beer from the lift. At 12 (noon) help to carry dinners from lift. Sweep up grates and make up fires; fill ward kettles; then wash dinner tins and place them near lift, for removal by the porters before two o'clock. At two o'clock take down clean milk cans, and proceed as with the morning delivery of milk. At 5.30 take down beer cans, thoroughly cleaned, to basement, and bring back the ward supply of eggs from kitchen. Between the hours of 2.30 and five in the afternoon ward-maids are off duty for two hours, as the sisters may be able to arrange. In the evening, scrubbing work as fixed by sisters. Make up fires, sweep up grates, and fill ward kettles before going off duty at eight o'clock. Ward-maids are required to wear the uniform provided for them; to keep themselves clean and neat; to avoid talking on stairs and in lobbies and corridors; and to conform strictly to the rules laid down for their guidance. They are not allowed to leave the hospital, except at the time specified, without a written permit signed by the matron. They are expected to have finished their work on Sundays before 11 a.m., the time fixed for attendance in the hospital chapel. They are off duty on Sundays after two in the afternoon." There is then a "memorandum of special duties on certain days" to be arranged by the sister. On Friday there is this: "In the evening to clean and roll up oilcloths in preparation for next day's scrubbing. By Order, London Hospital, November 1885."

6784. What is their pay?—Ten shillings and sixpence a week, and their dinner, and beer or milk. Practically I think they get their food from the patients' supply; the bread and tea that a patient does not want the ward-maid would take; none would be ordered for the ward-maid.

6785. Is there not any danger that the patient might suffer in respect of that by not having enough of these things for themselves?—No; because the ward-maids are not due in the wards until the patients' breakfast is over; they are not due in the wards till 6.30.

6786. Who is responsible for them, the sister?—The sister is responsible to me for them.

Chairman—continued.

6787. Is there a ward maid to each ward?—Yes; there is a ward-maid to each ward, and one to the out-patient department. One sister has got two ward-maids, which makes the number a little different from that of the sisters, because this sister has two sets of wards that she has charge of; but throughout the hospital it is one ward maid to one sister.

6788. Do you consider the staff of nurses, 218, sufficient for the requirements of the hospital?—I think that supplies them very well indeed, judged by any standard I know.

6789. Take a rough average, it is 3¼ patients per nurse?—Yes.

6790. That is considered good, is it?—That is considered very good.

6791. Do you think that the patients and nurses would be better off if some of these menial and heavy duties, what I call heavy duties, like lamp cleaning and so on, were given over to ward maids?—I do not think the patients would be better of; it would be pleasanter for the nurses, certainly.

6792. They have enough to do?—Sometimes they are very busy, but the heaviest times are often followed by quiet times. After a heavy week they might frequently have extra times of four hours given them off daily.

6793. Then the scrubbers, what are they, charwomen?—The little army of scrubbers come in on Saturday morning and scrub all the wards in the hospital nearly on one day. Then there are certain charwomen who come to supplement the servants in the nursing home at times of pressure; just at meal times, or just for getting the night nurses' rooms ready, or washing up for a short time. We find that the most economical and satisfactory way of supplying that kind of help.

6794. How are they paid, by the hour?—They get 1 *s.* for what they call a half-day, and 1 *s.* 6 *d.* for a day, and their food.

6795. What represents a day, how many hours; do you know what time they come?—I would rather ask that you should ask the home sister, to be strictly accurate about that. They come at different times. I know that some come at two in the afternoon, the only time when the nurses' dining room is available; but the home sister makes her own arrangements, with my knowledge at the time; they are not at my fingers' ends.

6796. How do you manage about scrubbing the wards; do you scrub half a ward a day?—They scrub one ward and get 1 *s.* 6 *d.* for doing it, and they go when they are finished. We find no food for the scrubbers of the wards.

6797. I thought you said the ward maids scrubbed them?—They only scrub in the small wards, where they have fewer grates, so as to make the work the same; the ward maids would scrub the lobby, dividing the wards and the bath-rooms, but it would only be in the small wards that they would be able to scrub the whole floor.

6798. And who lays down these duties of the ward maids; the matron?—The house governor and I did it in the first instance; and they were modified at the suggestions of various sisters, and finally he and I put them into print as in the sheet of rules before me, leaving a margin for each sister to arrange everything as she thinks best in her own ward within the limits of those rules.

Chairman—continued.

6799. The ward maids are on the regular staff, are they not?—They are non-resident but quite regular. They get a weekly holiday as the servants would do. They have full pay.

6800. What opportunities have you of supervising the patients' food?—I see it in going round and into the wards. Always as the dinners are being served I go up and notice it, and ask the sisters what they think of it, or the patients if they find it hot and like it; and then, besides this, reports are brought to me every morning, the day's reports for every diet mentioned; the sister gives them to me, and I question her about everything that is not good. If one sister, for instance, were to say, "The beef tea is not good," I should question the next sister if hers was good, and if not, why she had not told me of it.

6801. Is the beef tea in the nurses' sick room as good as the patients' beef tea?—It is generally supposed to be better; there is more variety about it; it is made in small quantities, you know.

6802. But now, as regards your own duties, you told us the other day that you went round the hospital from time to time?—Yes.

6803. Has it ever occurred to you that it would be a good thing for the head nursing official of a hospital to go round the hospital every day; I am not asking as to the London Hospital only, but as a general question?—I do not think much would be gained by it in our hospital, because our sisters occupy such a different position from any others I know; they have such a large number of beds under their charge. My assistants would go, and I go, and investigate thoroughly; but while there have been times when I thought it desirable to go twice a day, until things grew into shape, when I make most careful visits, I scarcely find any reason to regret that I have not been oftener, beyond the personal pleasure of going into the wards.

6804. You are very careful, then, about the selection of these sisters?—Very; it is my greatest anxiety altogether, choosing the right people for sisters.

6805. Have they had long experience in the hospital?—Not necessarily. You need such a variety of qualifications for a sister; she must be a good nurse, but she must be able also to control her subordinates, to keep her linen in good order, to manage well the diets of her patients, that is to say, to see that they are nicely administered; she needs all the qualifications of a general head of a household, to be a really good sister.

6806. You think that is sufficient supervision of the food of the patients?—With the amount of supervision that they get from me and my assistants. I did not mean that I did not myself see anything of the food of the patients; I merely meant that I could not give you a regular definition of the actual time when I was able to go and inspect it.

6807. Then when the sisters report to you, do they bring verbal statements, or give written reports

Chairman—continued.

reports of what goes on in the wards?—They are partly written, and they supplement them with verbal reports. Every sister brings in her cooking report, her night memorandum sheet, on which she has written all the principal orders for the patients; and she brings in a paper containing the list of the probationers in her ward, and the probationers taking staff duty in her ward, and on special duty. These (*pointing to some sheets*) are a few specimens of those that were brought into my office this morning; the yellow ones represent surgical wards, the white ones medical wards.

6808. Is the health of the nurses pretty good in the London Hospital?—I think it is improved immensely since the new nursing home. Dr. Fenwick has frequently remarked to me that he considers them much less anæmic than formerly. Of course we take great pains to select those who are suitable.

6809. Have you had any opportunity of comparing your sick rate and mortality rate with those of any other large hospital?—I do not know whether the house governor has done it.

6810. Now, taking the list of nurses that you have given us here, 23 sisters, 34 staff nurses, 22 probationers, and 82 first-year probationers, that leads one to suppose that the bulk of the nursing falls into the hands of probationers?—Of those on the probationer list. Probationers have been spoken of as incompetent or untrained people, but I have explained that we keep them on the probationer list for the convenience of payment, for the advantage of their own experience, for the convenience of their passing in and out, that the hospital gate is arranged with the numbers they have for the time they are off duty. There would be great confusion in checking them if they only went by name.

6811. These 82 probationers in that list have not got the certificate yet?—No.

6812. They are learning their work still?—So are the sisters, and so are the staff nurses. When I say that they are probationers in their first year, I do not mean that I do not consider them nurses. Nearly every other hospital in London that gives a certificate at all will give it at the end of the first year; we do not do that.

6813. Still, at the same time, these 22 and these 82 are people learning their work; they are not certificated nurses?—They are not certificated nurses, but they are trained nurses; they will have attended their courses of lectures and so on.

6814. How long does a probationer have to serve before she goes up for her first examination?—A year, as nearly as possible; it might happen that they have been longer; my lectures begin at the end of August, or the beginning of September, and all who have joined in time to come to them are eligible for the next year's examination, at the end of the summer. I am followed by the surgeon who lectures, Mr. Mansell-Moulin, and by the physician, and then the annual examination takes place. Probationers attend the lectures from the time they come to the hospital, but they will only be put in classes to be prepared for examination if they are there in time to attend the full set. I should not refuse anybody to go in for the examination if they desired it.

Chairman—continued.

6815. To come to the sisters; we were told that the accommodation for the sisters is inadequate, that they sleep in rooms only divided from the wards by a thin partition, and that, in some cases, they are exposed to very objectionable smells from the wards?—I never heard the sisters complain of it in the least. I do wish the sisters might sleep out of the wards; but there is no accommodation for them to do so. It is not so much on the ground of health, in the way suggested by Mr. Valentine, that I wish they could sleep away from the wards, but because I think the noise of the wards, the walking up and down, would disturb light sleepers in some wards. But I think a great many sisters would object to leave their wards. Whenever I have said, "I wish you could have some rooms somewhere else," I nearly always get the answer, except in these wards I speak of, "Oh, I am very glad we cannot, I much prefer to be here."

6816. The sister is the responsible person in the ward?—She is not responsible at night, practically.

6817. She is responsible in the daytime?—Yes.

6818. Now, in the case of an accident occurring, the wrong medicine being given, or anything of that sort, what happens?—It would entirely depend upon the whole circumstances, upon the sister reporting it, and how it had occurred. In some cases, of course, I should speak very strongly to the nurse, and tell her that the responsibility of sending anybody thoroughly careless into the wards was greater than I could continue to take till higher authorities had said what was best to be done; but in the majority of cases, when an accident has occurred, the nurse who has had the misfortune to give a wrong medicine, or anything of that sort, has felt it so deeply, that I have had more trouble to persuade her to persevere with her nursing than any need to reprove her on the subject. I think people must have had experience themselves of it, to realise the truly awful feeling of a nurse who is willing to sacrifice her life for a patient, who administers a wrong medicine. I never had it but once, when, as a probationer, for about three minutes I was under the impression that I had done that. I should find many probationers, if they did that, wanting to leave the hospital (it would not be a question of being sent) till I had assured them again and again that I was sure it would be a sufficient lesson to them. There has been no fatal accident I know of through that cause during the last 10 years.

6819. When the sisters are ill do they go to the sick room in the nursing home?—No, they stay in their own rooms. They see any physician or surgeon they prefer to see; I ought to have mentioned that the other day in connection with that point.

6820. They go to their own rooms, but in many cases those rooms look on to the wards?—They would prefer not to be removed from their rooms; if it were necessary to make any special arrangement we should put them into the sisters' day room opening from the wards.

Chairman—continued.

6821. Do you put cases of serious illness among them into the wards?—Cases of typhoid or serious illness we should put in the wards; infectious cases we send to the Fever Hospital, except diphtheria.

6822. There was a case mentioned the other day by Mr. Valentine, of a nurse who went away to strangers, when her temperature was 103; I will give you the actual statement; it is in his answer to Question 5489. In course of a statement which Mr. Valentine made in a letter to the chairman of the house committee, he said, "I have known a nurse sent away to strangers as convalescent, with a temperature of 103 degrees, to be seriously ill, and bring discredit on you"?—I cannot recall such a circumstance, and I should say it was not possible. I should not allow a nurse to go, even at her own request, with a temperature like that; and the sisters constantly report to me; from the sick room I get at least six reports a day regularly, if anybody is in the sick room off duty, and I get them from different people. I get them from the sister in charge; I get them from the home sister, who looks after the sick room to see that their domestic wants of sick nurses are supplied, and I get them from the sister belonging to the ward where the visiting physician or surgeon sees the nurses when they are not seriously ill. Those reports come quite as a matter of routine to my office, apart from times when I see these sisters myself, because I happen to have a minute to spare.

6823. Then there is another case of a nurse who went away not well, from scarlatina, speaking of which Mr. Valentine says, "I have known another to be sent with scarlatina, which was discovered immediately by a general practitioner"?—That is quite true; it is a circumstance we all regret, and it was fully reported to the committee. Miss Constance Lawson had been nursing a tracheotomy case in one of the women's wards, and complained of sore throat. Our fear was that she might have taken diphtheria; it proved to be nothing of the kind; she was treated for tonsilitis; she had no temperature, and was very anxious to go to her friends; they were anxious to have her, and she was pleased herself with the prospect of going home. To our great dismay we had a letter from her friends saying that the doctor found she was suffering from scarlet fever. Later on she wished to return both to make up that three months, and also to renew her agreement for another three months, which she would scarcely have done if she had thought that we were so absolutely to blame; beyond the misfortune, which we must acknowledge.

6824. But in the case of the nurse who went away with a temperature of 103 degrees, she must have got leave from somebody to leave the hospital?—She must; if I knew the name I would see if I could trace it out.

6825. She must have got leave from somebody?—From the doctor, unless it was near her holiday, when the sister might have said to me, "Do you think she might go a day or two before?" and I should probably have said "Yes," if the sister thought her not up to the mark. But if she had at all implied that she thought her ill, I should have said, "She must not go till she has seen the doctor;" because to some people it would be a serious expense to have an invalid come back home in that way.

Chairman—continued.

6826. And the sister is one of these experienced people whom you have great confidence in?—Yes; and then the nurses and the probationers call attention to it, and the home sister constantly does. If they do not eat much dinner the home sister says, "What is the matter?" or she will say to me, "I do not think probationer so-and-so is looking well;" or my assistant will say, "I do not think she is looking the thing;" or I myself may say, "You must see a doctor again." We have far more trouble with the probationers to make them see a doctor; that is their great grievance, that we make them see the doctor. We do it because we cannot have the responsibility resting upon us.

6827. Is there not a fear among the probationers that if they are continually seeing the doctor, or complaining, they will not be considered strong enough by the authorities to go on with their profession?—I do not think you would consider there was any ground for that fear, if you saw how long the breaks are which we actually allow in the two years, after which they may come back. It is never, unless the physician or surgeon thinks it is not safe to keep her, that she is sent away on the ground of health.

6828. Have you had among your nursing staff any infectious outbreaks?—Yes; in October 1888 we were most unfortunate. I think it is fully reported in my report of that date. We thought it was entirely due to patients who had brought it in, but we never had so many nurses ill; they came from one ward.

6829. What steps were taken to remedy that?—The nurses were sent away, and then I represented to the house governor that I was unhappy about the ward, that I could not take the responsibility of sending fresh people into it, as this had been the result, and I thought it should be fumigated, closed, and cleaned, and painted.

6830. What was the nature of the inspection?—May I read the report itself, to remind me exactly of the circumstance?

6831. Will you please do so?—"London Hospital, Whitechapel-road, E., 29th October 1888. Gentlemen—I much regret to report that two of our paying probationers are suffering from scarlet fever, and, have been removed to the Fever Hospital. Miss Violet Dickinson is the daughter of Dr. Dickinson, of St. George's Hospital, and, at his desire, accommodation was secured for her as a private patient. Miss Woolley only came to us on the 22nd of this month. They were both working in Charlotte Ward, but we are unable to trace the exact source of the infection. I am sorry to learn that Miss Dickinson and Miss Woolley have a severe form of the disease, and are both very ill." And then, on the 6th of November the following week, I wrote: "It is with much regret I have to report the death of Miss Katharine Woolley at the Fever Hospital. She entered upon her hospital duties just a fortnight ago to-day. In a week she was obliged to be removed to the Fever Hospital, and she died on Sunday. In

Chairman—continued.

In writing to her mother I have said that I am sure the committee would prefer to return the 13 guineas paid for the training thus disastrously cut short. I am thankful to know that steps are being taken for the thorough disinfection of Charlotte Wards. It is an alarming fact that three nurses have taken diphtheria there, and three have taken scarlet fever, making six nurses in less than three weeks laid aside with most serious illnesses, each one having been on duty at the same end of Charlotte Wards. It is a grave anxiety to arrange for the efficient carrying on of the work in such conditions. In the most favourable circumstances of recovery, none of the remaining five nurses will be able to resume work for three months, and probably some of them will be longer in regaining their full measure of working strength." That is all that directly refers to that. The wards were closed and cleaned, and there were no more infectious cases.

6832. Were there diphtheria patients in this ward?—Two or three were brought in, one after another, with it; we had no cases of patients taking it in the ward; but perhaps the fact of the nurses having such an alarming amount of illness made us take pains to remedy the apparent source of infection.

6833. Is there no method of isolating these patients that come with scarlet fever?—We do not willingly receive them; it is afterwards discovered that they are suffering from it.

6834. Do you immediately send them to the Fever Hospital?—Yes; unless they are too ill and cannot be moved, and then there is an isolating ward.

6835. What details in the ward do you allow sisters to settle for themselves, as compared with other details that they report to you?—I should let a sister decide which nurse went off duty at which time, which would go off duty at the regular hours, 10 to 12, two to four, or four to six. I should allow a sister to give a four hours' pass to a nurse that she could spare within those times; but I mean not over six o'clock, the regular hour; for that she would have to come for special permission. All details of her work, as long as her wards were in good order, and those distinctions of what the ward maids did, and the nurses and probationers did, were rigidly adhered to, I should let her arrange as she thought best. She would probably not ask me about every little thing before she made any arrangement. And they have a sisters' book, the unwritten law of the hospital, by which they settle many of their difficulties.

6836. Would you allow them to take beds out of one ward and put them in another?—No, certainly not; that would be a doctor's question.

6837. He might recommend it, and then it would be done?—I cannot recall a case of such a thing being done. She might perhaps say, "That patient is in a draughty place there," or "The patient could get on better in such-and-such a position;" but I am sure she would not move the bed into another ward without the permission of the doctor, or unless she felt sure that he would approve when he was told what she had done.

6838. Now about the wages; you told us that some sisters got 40 *l.* to 60 *l.* a year, without

Chairman—continued

washing?—Yes; we do not find washing for any of our nurses.

6839. Now, what do any of the other nurses get; probationers get 12 *l.*?—Yes, the first year; and 20 *l.* the second year; we consider them quite good enough for 20 *l.* the second year, though it is a great jump, as you see.

6840. What is the maximum that they rise to?—If they are appointed as day nurses, on the day staff, they will begin at 22 *l.* and rise 1 *l.* a year to 25 *l.*; if they are appointed as night nurses they would begin at 24 *l.*, and rise 1 *l.* a year to 27 *l.* The private nursing staff is much better paid.

6841. What do they begin at?—They would begin at 28 *l.* in their first year, with outdoor as well as a certain amount of indoor uniform, the same amount as is supplied to the hospital staff. They get their washing at the rate of 2 *s.* 6 *d.* a week when at a case, which is practically always, and then they rise 2 *l.* a year up to 40 *l.*, if they learn massage. If they do not learn massage, they equally rise to 40 *l.*, but by 1 *l.* a year instead of 2 *l.*

6842. What do you charge for nursing; two guineas a week?—Two guineas; and a guinea and a half is the lowest sum we send out to a case for. I will read the card: "For ordinary cases per week, or portion of a week, 1 *l.* 11 *s.* 6 *d.* For special or infectious cases per week, or portion of a week, 2 *l.* 2 *s.* For non-infectious cases, nurses will be supplied in special circumstances, at a charge of per day, or part of a day (returning to the home to sleep), 5 *s.*; per night, or part of a night (returning to the home to sleep), 7 *s.* 6 *d.* For massage cases per week, 2 *l.* 12 *s.* 6 *d.* For massage cases per hour, 5 *s.* After eight weeks' attendance, if the same nurse is retained, the fee will be increased one half, but no nurse can be kept in attendance longer than 12 weeks, except under special arrangements."

6843. Then, when they are receiving their 31 *s.* 6 *d.* or two guineas a week they are boarded and lodged?—Yes; and to show what happens in case of illness, I may mention that a nurse the other day took typhoid; she was off duty for five months; the hospital sent her to a convalescent home, and she had her full pay the whole time. The private nurses have no outgoing expenses, and they have holidays according to the kind of case, and the necessity of the holiday, that is to say, the length of time that they have been away. They are paid, whether at work or not.

6844. That system of private nursing results in a profit to the hospital, does it not?—Yes.

6845. Do the nurses who go out participate in the profits?—No, we have no system of percentage. Personally I do not approve of the system of percentage; I would rather that their salary was better; it places them in a more independent position, I might say.

6846. Have you any system of pensions for nurses?—Yes; I think that our system of pension is very good. For any of the nurses the hospital will pay half the premium into the National Pension Fund; that will secure them a minimum pension of 22 *l.* 10 *s.* at the age of 50. The hospital pays this into the Returnable Fund, and if

Chairman—continued.

any nurse leaves the hospital and keeps it up on her own account, at the end of 12 months she is at liberty to draw out the whole money paid by the hospital if she chooses to do so, or to keep on with her payment for the pension. I like it very much, because it gives a great independence and freedom to the nurses. The special conditions are stated on the paper in my hand, if you would like to have them.

6847. If you please?—"The London Hospital and the National Pension Fund for Nurses. It has been decided by the house committee: I. That the hospital is prepared to assist all sisters, staff nurses, or private nurses of the London Hospital under 40 years of age who may desire to join the 'National Pension Fund for Nurses,' by paying one-half of their annual premium whilst they remain in the service of the hospital. II. That these premiums shall be paid into the Returnable Fund of the 'National Pension Fund for Nurses,' on Table B., to secure a pension of 22 *l.* 10 *s.* (minimum), to commence at the age of 50 years. III. That sisters and nurses withdrawing their own half of the premium whilst in the service of the hospital, or within 12 months after leaving, will forfeit the amount paid to their name by the hospital, but that after that date the amount will be considered as belonging to them. IV. That any sisters and nurses who are discharged by the hospital, or who leave within 12 months of their appointment on the permanent staff, will forfeit the amount paid by the hospital to their name in the National Pension Fund. V. That in every instance money which has been paid by the London Hospital and forfeited in the Pension Fund shall remain in the fund for the benefit of London Hospital sisters and nurses. VI. That probationers in the London Hospital Training School for Nurses who may join the 'National Pension Fund for Nurses,' under Table B., to secure a pension of 22 *l.* 10 *s.* (minimum) at 50 years of age, shall, if appointed on the permanent staff on completion of their training, receive from the hospital one-half of the premiums already paid by them to the National Pension Fund. VII. That the committee are prepared to consider what help should be given to sisters and nurses over 40 years of age, with a view to making such arrangements as may seem best in each individual case. VIII. That those desirous of joining the Pension Fund on these conditions shall send in their names to the matron. Printed by order of the house committee, G. Q. Roberts, Secretary. London Hospital, 16th July 1889." I should also add that pensions are provided independently of that (they are or have been in the past) for any who have had long service in the hospital.

6848. Have you many nurses in the hospital who have been there over 40 years?—Not many now.

6849. Have you any idea what the average of your nurses' service is?—No, not the average; I can supply the figures, and get the house governor to make that out. The exact length of time that any nurse has been now in the hospital is in the paper I handed in just now, with the numbers.

6850. Now, in the case of probationers, some of them stay a very short time?—Some leave at the end of their two years; an increasing number remain.

Chairman—continued.

6851. But do not a great number leave before they have been in the hospital one year?—Not a great number, I think; those we look upon as disappointments. The longer they stay the more valuable they become.

6852. Did you ever know of any case of a paying probationer who left your hospital and went to another?—Yes; I have known those who have done so, and have come back to the London Hospital again, after having investigated the other hospital for themselves.

6853. To return for a moment to this pension arrangement: the wages of these nurses are practically increased by the amount of premium that the hospital pays for them?—Very much increased, because the money is actually theirs. It is considered, I believe, the most libera arrangement made yet by any hospital with regard to the nurses. It was the deliberate intention of the committee, I believe, to increase their salary in that way.

Earl *Spencer*.

6854. You were speaking on the question whether the nurses in the wards were overworked, and I think you said that at present there were about three-and-a-half patients to a nurse; is that so?—That was the house governor's calculation taken from the books.

6855. Has that number of patients per nurse diminished lately?—Very considerably.

6856. Within the last few years?—Yes, distinctly, since 1880. The house governor reports that the proportion of sisters and nurses to patients in the September quarter, 1880, were: Sisters, day, 17; night, 1; probationers, 5; total, 23, or one sister to 24 patients; nurses, day, 50; night, 30; probationers, 27; total, 107, or one nurse to 5$\frac{1}{2}$th patients.

6857. That was in 1880?—That was in 1880. Then in 1889, 23 sisters (counting the night and day together, now), or one to every 26$\frac{1}{10}$th patients; 192 nurses, probationers, and paying nurses, or one to every three-and-a-quarter patients.

6858. That is with regard to all patients, including children, I presume?—Yes, it includes children. We have a very large number of children, because those over seven go to the adult wards; under seven they go to the children's ward.

6859. There was a question asked, at 4879, of Miss Yatman, in answer to which she described the number of nurses for the children's ward; there were, I think, two nurses and one probationer to 53 cots; would you consider that number rather under-nursed?—Not for night duty; and it must be remembered that the 53 cots are very seldom full.

6860. Now have you increased that number of nurses since that time?—No, except when the cases have required it; I have sometimes sent two extra probationers to their aid when the cases have required it. It depends so much upon whether there are very bad operations, or a great number of accidents together. I have known

Earl *Spencer*—continued.

known children come in from a scalded glottis, and two tracheotomy cases at once, and perhaps a burnt case comes in. I should send help in proportion, taking it from the other wards were it could best be spared.

6861. There was one case of a hare lip, mentioned by Miss Yatman as being in the ward on that occasion, and some other case with regard to the eye, which required constant attention; in those cases would you send special assistance?—Certainly. Unless I saw anything special myself, I should be guided by the day sister and by the night sister. The day sister sleeps close to the ward, and would not like to have a child crying all night if a special could prevent it. Miss Yatman was notorious for not being able to get through her work, and wanting more help than the night sister thought necessary; and therefore it is likely that the night sister did discourage her in her appeals for more help. But, of course, with regard to cases of hare lip, it is not to be conceived that surgeons with the reputation of the leading men of our hospital would, in justice to their patients or themselves, allow operations to break down from insufficient nursing, without making the most grave complaints to myself or to the committee; their own reputation is at stake.

6862. You have not had many complaints from them?—Certainly not many.

6863. Any?—I cannot recall any at this moment, since the new *régime* of nursing.

Earl of *Kimberley*.

6864. With regard to the question about cleansing lamps and inkstands, I quite understood you to say that it was on the ground of economy alone that nurses were called upon to do this work?—It is an old tradition in the hospital; things die out so gradually; nurses have from time immemorial cleaned their lamps and their inkstands.

6865. Do you consider it suitable work for them?—It is dirty work but not exhausting.

6866. You do not approve of it, I gather, but it is on the question of expense that you would allow it?—I do not see any hardship in it; I should certainly not protest against an alteration if there was a suggestion that it could be altered.

6867. But on the ground that nurses would have more time to give to their patients, would it not be desirable that they should not perform these duties, which are the duties of the house scrubs?—I do not think that the nurses have sufficient house work to interfere with their giving proper care and attention to the patients. It varies so; and the nurses' attention to their patients varies very much, or their ideas of what they can do for them vary very much.

6868. There would be more time for their nursing duties if they had not to do that other work?—Unless they read or wrote letters, or did that kind of thing, which I think is quite likely.

6869. You think this work is a kind of pastime which they can indulge in?—I think some of them may regard it in that light; but I am sure that they would not let that work come before the needs of the patients. Supposing the needs of the patients had obliged a nurse to neglect her inkstand and lamp, more help would be sent. It sounds very much worse than it is. I speak, having done the same work myself; so I am not imagining what it would be.

Earl of *Kimberley*—continued.

6870. Work such as cleaning grates you object to for them as too heavy?—Yes; cleaning inkstands need not hurt their hands, because they can put on gloves; but scrubbing and dirty work would spoil them for nursing.

6871. I think you mentioned that in the case of infectious diseases you either sent them to the Fever Hospital or, if they could not be moved, to the isolating ward, but not in the case of diphtheria?—Until October 1888 we had to nurse all diphtheria cases that came to the hospital, and then so many nurses had it and there was so much difficulty about it, that, in conjunction with Dr. Steele, at Guy's Hospital, and other hospitals, the committee arranged with the Metropolitan Asylums Board that these cases might be sent to them as we should send scarlet fever cases; so that all those patients have been sent there ever since. Occasionally we are obliged to take in a case of a person who is too ill to be sent away; but we should keep the nurses at the London Hospital.

6872. You would isolate the case?—Yes.

6873. Formerly you were not able to do so, because you had sometimes a good many?—Too many.

6874. But now you have got rid of that difficulty and remedied the evil?—Yes.

6875. You have spoken about this agreement with the nurses; what is the agreement with the sisters?—We have no agreement, except that they know that if they are appointed on the staff, if they are appointed sisters or staff nurse, it is understood that they remain for a year, other things being equal; a month's notice on either side would terminate the agreement.

6876. That is the case also, is it, with the staff nurses?—That is the case also with the staff nurses.

6877. In the case of the paid probationers under the new arrangement, the agreement is what may be described as one-sided, that is to say, you may give them notice, but they cannot give you notice?—They constantly do, you know, or want to do so.

6878. I understood that your new agreement was that they should not be able to give you notice?—They never had any right to give notice. If I might read my report on this agreement also, it would make the matter clearer, I think.

6879. The right to give notice would depend on how the agreement was to be construed?—Yes; what I meant was that that was not the intention of the agreement; I did not mean to say that it did not imply that.

6880. I should construe it to give the right?—That is why it was altered.

6881. I want only to know what the new arrangement is, which I understand is so distinctly framed as to exclude the right to give notice if they ever had it?—The agreement was thought to bear that interpretation, and it was deemed undesirable that they should feel it was simply their right for them to do it. We do now frequently take into consideration any justifiable reasons, such as, wishing to go abroad,

Earl of *Kimberley*—continued.

for instance; in those cases it is broken upon perfectly amicable terms; I am not sure if you have a copy of the existing agreement.

6882. Perhaps you will put it in?—Yes.

6883. Under the new agreement, you say it is understood that they have no right to give notice to leave, though you take into consideration any special reasons which there may be for terminating the agreement?—I believe that was the impression upon the mind of the probationer, that that was what it was intended for; but we did not think the former agreement carried it out.

Lord *Saye and Sele.*

6884. It has been stated that the nurses sleep in rooms divided only by lath and plaster from the wards; do they suffer in health in consequence?—I think not, certainly not.

6885. Do you know any reason why those partitions should not be made of brick?—I never heard the question raised; I heard that the sisters made a very careful examination of their rooms when they heard what hardships they were exposed to the other day, and they failed to find that it was actually the case that they were exposed to them.

Lord *Lamington.*

6886. It has been stated, that owing to the number of probationers being out of proportion to the number of the nurses, they take up a great deal of the time of the nurses for instruction; do you think that is so?—I think there are some types of probationers that would take up a good deal of the nurses' time, but I do not think it is so unduly in any other way. They learn as they can; they give a certain amount of subordinate help and get instruction as they go on, beside the theoretical instruction which is so fully arranged for in the London hospital.

Lord *Clifford of Chudleigh.*

6887. There is some evidence here given on the authority of Miss Homersham's brother; it is in a letter of his which is given in the answer to Question, 5759, "As to the matron's construction of this agreement, I would point out that the promised 'uniform' is translated the materials for three cotton gowns and three caps. (Miss Lückes, in writing, informs probationers that they must provide themselves with 12 fine white linen aprons.) All 'making' is at the probationer's expense in time or money." Is that so?—That is clearly stated on the lithographed letter sent to them. This is the letter; so they quite understand how it is, the agreement of course is the making of the house committee, the regulation that it should be so; but it is always explained in this letter, that there should be no misunderstanding of the terms on which they enter. May I read that portion of the letter?

6888. Please?—"Prior to the entrance of a probationer we forward material for three print uniform dresses, three caps, and the pattern for the aprons, which have to be made of fine white linen, and are not provided by the hospital; it is found that about a dozen aprons are required. If a regular probationer is not appointed after

Lord *Clifford of Chudleigh*—continued.

the month's trial, she is required to return the caps, and to pay 10*s.* for the print material, otherwise no charge will be made.

Lord *Monkswell.*

6889. I think you told us with regard to Miss Homersham's allegation as to nurses being obliged to sleep in beds occupied by seamstresses, that that was not so?—It was so at the time, certainly. We were under pressure of great difficulties, and our committee have since spent over 10,000*l.* in building the nursing home; we were under great pressure at that time.

Earl *Cathcart.*

6890. There is one little point which perhaps you will kindly explain. You said that on the occasion of the outbreak of illness, when the nurses were ill, they had been at the end of the Charlotte Ward; what do you mean by "the end" of the ward; probably the sanitary arrangement?—No; what we commonly call the Charlotte Ward is a ward divided into four; there is a ward called Charlotte, and Redman, and Milward, and Adelaide, and that is generally spoken of as the Charlotte Ward.

6891. That is virtually a separate ward?—A separate ward; there are four divisions, and it was at one end that these cases occurred.

6892. You do not mean to imply that it was because of any sanitary arrangement in that end of the ward?—No, a careful examination was made.

6893. You have put in a dietary of the nurses and sisters from 17th June to 30th June 1890?—It ended on the day before this inquiry began, but any other could be easily copied.

6894. This is a longish document, and I will trouble you only with one particular day which I select; that is the 20th of June, which was a Friday. On that day the day nurses and servants' breakfast was tea and coffee, bread and butter, sardines, and marmalade; the matron's assistants' breakfast was tea and coffee, bread and butter, and eggs and bacon; the night sisters' dinner was fish, cold meat, pickles, potatoes, greens, boiled currant puddings, cheese; the night nurse's dinner was fish, cold roast mutton, pickles, potatoes, boiled ginger puddings; the sister's luncheon was fish, cold meat, tongue, pickles, salad, pudding, cheese; the day nurses' and servants' dinner was similar to the night nurses'; the sister's dinner was fish, boiled mutton, caper sauce, fried steak and onions, asparagus, potatoes, ginger pudding, pancakes, cheese; the sister's supper I pass over; the night nurses' supper was tea and coffee, bread and butter, sardines, and marmalade; the night nurses' ward meal was pickled mackerel; the day nurses' and servants' supper was hard boiled eggs, and watercress, and cheese; the night sister's supper was fried steak, vegetables, pudding, and sardines. Now that is a correct statement, is it not, as regards the dietary on that particular day which I have selected?—Yes, I fully believe so. It is made out by my assistant and brought to me once a week; I examine and sign it; I am not responsible for the ordering of it.

6895. I understand

Lord *Thring.*

6895. I understand you to say that one nurse to 3½ patients is a proper proportion?—I believe it is universally acknowledged to be a very good standard.

6896. That is rather a high standard, is it not?—Rather a high standard it is said to be.

6897. When you calculated your nurses to be in that proportion, did you reckon for the nurses who were sick and away?—They are the house governor's figures made up from the books as they stand; I am not responsible for the calculation at all.

6898. You do not know whether they have deducted the nurses away and the nurses sick?—No; I imagine it would be the full staff there at the quarter day, and they would be on the books, even if they were away ill.

6899. As to nurses' work; you work two shifts, a night shift and a day shift?—Yes.

6900. The night shift work 12 hours, and the day shift 12 hours, do they not?—No, they overlap; they actually work 12 hours, but their day extends over 14, because they get two hours off duty. In order that there shall not be this tremendous pressure in the ward, the day and night nurses are on duty together from 7 a.m. to 9.20, and that is an enormous staff to be in the wards of any hospital actually working. It has been said to me by sisters before now, "They are running over each other; I do not want so many."

6901. Do you think that an ordinary woman is, or is not, overworked by 14 hours' work with two hours off; that is to say, by 12 hours?—I think nurses are not ordinary women, or they never would come and choose work that causes so much tax to their energies, physically and mentally, and their feelings altogether; but they are not overdone with that amount of work under the conditions under which they work.

6902. May I ask you to answer the question put in this way: A woman at work for 14 hours, with two hours off, at such work as they do in your hospital, do you think, or do you not think, that would be too much for an ordinary woman?—If her health is good, I think she would not suffer from it at all.

6903. A woman of ordinary strength and ordinary good health?—Yes; she would not suffer from it at all if her health is good, barring accidents incidental to the work.

6904. Now with respect to that work, what number of hours, I do not mean to say specifically, but what number of hours about, is she standing; what is she doing; is she standing usually?—That varies a great deal. They have very tiring days when they stand a great deal. But the sisters have the most work in standing, not the probationers; the sisters have so much going round with the doctor.

6905. Take the ordinary nurse who goes and works her 14 hours; how many hours, on the average, is she standing?—Of course a special nurse is sitting nearly all the day.

6906. As a general thing I mean. I want to get at this; whether it would be better for her to have less work; is she standing half the time?—Quite half the time, I should think. I was trying to think out the work. She gets, of course, her clear two hours in the middle.

Lord *Thring*—continued.

6907. That two hours is the only time allowed for exercise?—The only time except by extra grant; they have a great deal more, but that is the only thing they can demand.

6908. She is not resting during those two hours?—Not necessarily; she often has a book in the garden.

6909. Then when she is not standing, what is she usually doing; sitting down by the bedside, or is she moving a patient?—Yes; there is generally a table in the ward, called nurses' table, where they put their little books or flowers; and she might sit down by that table. She might sit down by a patient if she liked.

6910. She is, we will say, one-third of her time sitting doing nothing, not working?—I suppose that would be a fair calculation. If I might think it out a little more, I should understand it better, but it is very difficult to explain how it would be, the work varies so immensely. I think it would be that, as near as I could guess.

6911. Assuming (I say deliberately assuming) that economy was no object, would it not be better to have three shifts; I am quite aware that economy is an object, and ought to be?—If economy was no object, throughout the country I should like to see every nurse having more holidays, and shorter hours, and better pay. Those are the three legitimate means by which I hope nurses will progress all over England.

6912. Assuming that a hospital was sufficiently supplied with funds, would it not be better, both with regard to the health of the nurses and the service altogether, that they should have more holidays, less work, and be better fed?—If we had an unlimited supply of funds and more accommodation; that is the stumbling block.

6913. You would not consider it a waste of public money?—No, I consider nothing too good for nurses.

6914. If it were expended in giving nurses more holiday, feeding them better, and giving them shorter hours, you would not consider it wasted?—I should not, indeed, think that any waste of money; I should think that money well spent.

6915. Have the doctors any control over the nurses, or are they entirely under you?—The doctors have no direct control, but of course they are responsible to the doctors for carrying out their orders concerning the patients, and the doctors would, I am sure, report to me any failure of that being done.

6916. It would be absolutely the duty of a doctor to report to you if he saw the nurse herself, in his opinion, overworked, or a patient neglected?—Certainly.

6917. Both would be his duty?—Both would be his duty, and I am sure they would recognise it as such.

Chairman.

6918. It is not the duty of the doctor to find fault with the nurse, but to report to you?—Yes.

6919. Not directly to reprove her?—No.

Lord *Thring.*

6920. Then, with respect to the insanitary condition of the hospital, I am afraid that the insanitary condition was, I will not say very bad, but bad?—"Very bad" would not be accurate, but examination of the place was needed, and rebuilding, too.

6921. Is that done or doing?—It is doing; it was immediately reported to the committee, and a sub-committee appointed, and every possible precaution taken.

6922. A very expensive business, I suppose?—Very expensive.

6923. What has been the mortality amongst the nurses lately?—On our hospital chapel tablet I find that since 1880 we have lost 15 nurses, not all from hospital complaints, but that is the number of those on our tablet.

6924. Has not the mortality been greater of late years; have not some considerable number died since 1888; do you know whether six have died since 1888?—I have not here the dates of the deaths, but I can easily furnish them.

6925. Have the 15 you refer to died from the fact of their being in the hospital?—No, I have an account of that. Two died of kidney disease and bronchitis; one of phthisis after being many years in the hospital; one was after an abdominal operation; one of peritonitis; one of brain disease; one of cancer; two of pneumonia; one of diphtheria; two of scarlet fever; two of typhoid fever; one of blood poisoning.

6926. What number of those complaints would you consider attributable to the hospital; I suppose the fever cases were?—I think those were the direct results of contact with patients suffering from scarlet fever.

6927. And the others were organic diseases?—The others were organic diseases, all of them, except the case of typhoid fever, and the case of blood poisoning, which was that of a probationer who came very shortly before she took it. She was working in a medical ward.

6928. An injury in the hand?—Yes. There was no open wound of any kind, and she denied having anything the matter with the hand, but the physician thought that some germ or poison had gone into the hand without her knowing it. She died of cellulitis.

6929. What is, on the average, the number of nurses unfit for duty in the hospital?—On the day I had that report made out, July the 3rd, three probationers and one private nurse were recovering from scarlet fever; one from rheumatic fever; one with sprained wrist; one was under the care of an aural surgeon; one probationer was in the nurses' sick-room, where she had been since June 27th, recovering from a mild attack of pleurisy.

6930. The average was the question I asked?—I daresay that was a fair average.

Lord *Zouche of Haryngworth.*

6931. We may take it that you do not consider hospital nursing an unhealthy occupation?—No; barring accidents.

6932. But the work of the night shift is the more trying of the two, I suppose?—Many nurses prefer it; there is so much less running about. I consider it trying work for any length of time, and disapprove of permanent night nurses, though we have some.

Lord *Zouche of Haryngworth*—continued.

6933. I suppose you sometimes change the nurses of one shift with the nurses of another; the night nurse would not always be on night duty?—No; except in the case of a few permanent night nurses; about three months, and three months is the average arrangement; there is no rule to that effect, but that is our custom. That gives them time to get accustomed to sleeping in the day time, and it gives them sunshine again when they are beginning to feel the want of it.

Lord *Thring.*

6934. You said that you would not consider it a waste of public money to have more of it employed in giving comfort to the nurses; would you be prepared to recommend your governors, in the particular case of the London Hospital, and under the particular circumstance, to ask for more money in order to relieve the nurses?—I could not honestly tell them it was their duty to do so, as compared with other hospitals.

Chairman.

6935. You wish to make some statement with regard to some cases mentioned the other day, those of Miss Stockings and Miss Furnace, and Miss Sable and Miss Scott?—Yes. I was surprised to find the names of nurse Furnace and nurse Louisa Scott, in the first instance, brought into it, because I had no reason to suppose they were not content. In the case of Louisa Scott, for instance, she has finished her two years' training, and she came back to begin afresh, on the private nursing staff, on the 2nd July. I find she signed that paper which the nurses spontaneously sent in to me the other day. She is at a private case, and I sent her own friend in the hospital to ascertain and let me know, in a letter written with, her friend (that she might in no way be biassed), what her trouble was, if she had any; and this was the letter sent to me yesterday:—50, Leyspring-road, Leytonstone, Essex, 9th July. Dear Matron, I am quite surprised to know Miss Yatman has dragged my name into this wretched business. I never worked at the London Hospital except only when fit to do my duty. I had a week's holiday for my bad finger, and it healed it at once. During my probation I was warded twice in the sick room, and was well treated each time. Trusting this letter will be of slight service to you. Believe me, dear Matron, yours faithfully, *Louisa Scott.*"

6936. Then the case of Miss Furnace?—She has also made a statement in writing, and she also signed the paper to which I have referred: "The Nursing Home, London Hospital, 8th July 1890. Dear Matron, I hear that my name was mentioned in the House of Lords the other day as one who had been kept on duty with a poisoned hand and as I have never really had a poisoned hand, I think there must be some mistake. Last summer, just after I returned from my holiday, I had a few spots come out on both hands; those on the left faded away again, and those on the right hand developed into hard boils. At the time, I was working on night duty

Chairman—continued.

duty in Talbot Ward, and had two rather bad cases that required a lot of attention, and it is probable that I may have got some infecting organism from them. I did not show my hand to anyone, because I did not consider it bad enough, and it was doing well under my own care. A few days afterwards I had a sore throat, which I showed to the night sister, and she immediately took me to one of the house physicians, who said that I had better go off duty for a few days. He looked at my hand at the same time, and said the fomentations (which I had been using) had better be continued a little longer. I then went to the sick room, and was there two or three days; after that I had a day off and went back on duty, my throat and hand having quite recovered. As you were away at the time I thought you would like to know the facts. Believe me, dear Matron, yours faithfully, Probationer *Furnace*."

6937. Then Miss Stockings?—As she had gone to Africa, my only means of ascertaining was to write to this lady I spoke of last time, from whose house she wrote to me and resigned; and this is her answer——

6938. Is this the Convalescent Home?—Yes, the Missionary Home. It is written to my assistant: "8, East Cliff, Dover, 6th July 1890. Dear Miss Walker, Miss Stockings never complained; she spoke most gratefully of the great kindness shown to her at the hospital, and especially of matron's goodness in getting her the invitation to Dover. I am boiling over with wrath. Can I not be of any use in giving evidence, as an old probationer? I am writing to "The Times," but I don't believe they will print my letter. If they do not, I am told the "British Medical Journal" will. I am coming up to Guy's to-morrow to stay a night with my sister, and on Tuesday I shall be at the London. If I can be of any use to matron, please let me know. I can never forget her kindness, and her teaching has influenced my life for good. Yours very sincerely, *Emma S. M'Manus*. Excuse this hasty letter; I wish to save this post."

6939. And the case Miss Sabel?—On the 19th July 1889, Nurse Sabel came back from a holiday. On the 22nd she was sent to the Children's Hospital at Shadwell on a tracheotomy case. The patient was a little girl two-and-a-half years old, who died; the nurse returned the following day, 23rd July. On 27th July she again went to the Children's Hospital to a tetanus case, a boy aged 10, who also died; and she returned in two days. On 31st July she went to Mrs. Jones, Clarence House, Southend, a lady who recovered; she was there for one week, returning on the 6th August. My own entry is: "On the 8th August 1889, Nurse Sabel was taken ill with a severe form of diphtheria, contracted through a bad finger from the case she had nursed at Shadwell Hospital. Every effort was made to save her, but she was seriously ill from the first, and sank rapidly; she died in the Currie Ward day-room early on 13th August 1889. Poor Nurse Sabel was not a specially clever nurse, but she was a bright, pleasant little woman, devoted to children, and very gentle to them. Her loss filled us with

Chairman—continued.

great regret, and her home relations were so unhappy that her hospital friends were the most real mourners. She had been eight months on the nursing staff and done better work than during her hospital training." I have been looking up the dates and the evidence, to examine these cases. These are the two forms sent back about the cases she had nursed at Shadwell Hospital: "The services of Nurse Sabel being no longer required, I herewith forward the sum of 1 *l.* 11 *s.* 6 *d.* in payment of her services for one week. During the time that Nurse Sabel has been here her conduct has been most satisfactory; she showed great skill and patience in nursing a very trying case." The other is to the same effect: "During the time that Nurse Sabel has been here, her conduct has been most satisfactory. (Signature of engager), *Frances A. Davies*, Lady Superintendent." And on the other side: "Nurse Sabel has performed her duties thoroughly satisfactorily (signed) *E. B. Hastings*," who was doctor there. I sent my assistant to inquire if they had any recollection of Nurse Sabel, and if they thought her in the least out of health when she was attending the case, and the answer was emphatically no. The doctor has sent me up a letter. In the first instance, may I read the one from the other case? She was sent down to Southend to this case by the sea. The patient there was the wife of a doctor; so a doctor was there the whole time, and this is the letter I have had from him: "Clarence House, Southend-on-Sea. To Miss Lückes. Madam, Nurse Sabel (who nursed Mrs. Jones about 12 months ago) had, when she came, an inflamed finger, of the nature of a whitlow. I expressed to her the fact that she would not be able to lift the patient, but with assistance she did all that was necessary. The finger was dressed every day. To all appearances her health was good. I remain, yours truly, *G. F. Jones*, M.R.C.S., L.S.A." The report in her case was also to the effect that her work had been satisfactory.

6940. Then this bad finger was contracted out of the hospital altogether?—Yes; in that case just on her return from a holiday. My assistant's account of it is this: that when she came back, telling her of the death of this little patient whom she had attended for one day, she noticed a little white mark on her finger, and my assistant said, "You must see a doctor"; to which she said, "Nonsense, it is nothing." She was delighted at the prospect of going again to the Children's Hospital; and the doctor, the house surgeon, who had seen it, said, "Her finger is all right, she may go." The doctor there said it was not a finger he would have kept any nurse off duty for; the doctor on duty at Shadwell, I mean. His letter I have here, but I may hand it in later, perhaps. When she came back, Miss Walker did not think the finger quite healed, but the girl herself said it was much better, and this case that she went to was a light case by the sea, and she was in good health, as you see, and when she came back the finger was nearly well. The doctor said it had "got quite well"; but on the morning of the 8th (she came back, on the 6th) "she complained of slight sore throat, and

Chairman—continued.

was immediately sent to the sick room, and transferred to the house physician on the 9th." That is signed by the house surgeon, who saw her at the close of that time. This is the house physician's letter: "Dear Matron,—Having heard that the case of Miss Sabel was mentioned at the Royal Commission on Hospitals, will you allow me to state the facts of the case: Nurse Sabel was transferred from Mr. Treves to Dr. Fenwick, on Friday afternoon, 9th July 1889, suffering from diphtheria. She was seen immediately by Dr. Sansom, who was acting as Dr. Fenwick's substitute during the month of August, and sent to the Currie ward day-room; she stated that she had only noticed the sore throat on the previous evening. The following day I telegraphed to Dr. Sansom about her condition, and he came down to see her about mid-day. I telegraphed again on the 12th, and Dr. Sansom came down immediately. She died of exhaustion at 3 a.m. on the following day, the attack having proved to be of an exceedingly malignant type. During the whole of her illness I saw her every two hours during the day, and constantly during the night. Miss Palmer, who was acting for Sister Currie, hardly ever left her room, behaving practically as a 'special' upon the case. Very sincerely yours, *W. Soltau Fenwick.*" That is the house physician. There is a letter here to my assistant, proving that her friends were satisfied, if you would care to hear it: "Hampstead, 28th August 1889. Dear Miss Walker,—Your long kind letter was only forwarded here yesterday, and I hasten to thank you for it. After writing to you, I could not rest until I had seen my parents, and heard all I could about dear Ellie. My visit terminates on Friday, and I have not the heart just now to go over Ellie's last home, or else I should have liked to meet you. Besides, you have all been so good and kind, and it is not right for outsiders to take up your time and recall past sorrows. Believe me, I shall always be grateful to you all for your goodness, and hope later on I shall be able to see you and talk about my sister. We were the nearest in age, and before my marriage we were such companions as sisters only can be. I am going down to Ilford to-morrow with my mother, and we shall choose the stone before returning to Scotland. I do so wish that you could come up and stay with us some time when you are free from your professional duties. I have a very beautiful home, and if you cared to come so far it would make me very happy to have one of dear Ellie's fellow workers with me. You must excuse me, but I cannot write as a stranger, and if it is not possible for you to come so far, I will endeavour to see you next time I am in town. Will you also convey my grateful thanks to the good brave women who watched by Ellie's bedside. Yours very sincerely, *Marion Malcolm.* My home address,—Auchnacraig, Isle of Mull, N.B."

6941. When nurses or probationers complain, do you see them apart from the sister or in the presence of the sister?—Complaints of their own, do you mean?

6942. Yes?—I think if they had a real

Chairman—continued.

grievance they would come down to the office to see me; but every Tuesday night, except when notice is given to the contrary, I am at home to the nurses and probationers from seven to nine; they come and go as they like; it is my best opportunity for getting to know them, even by sight, to be quite sure who they are. We then often talk over hospital difficulties and anything of that kind freely; it is the way I endeavour to make them feel the friendly interest I take in each one of them. If they had anything they wanted to speak about privately, I think they would come to the office or come sharp at seven o'clock (as they do), on the chance that no one else has arrived. They have an opportunity of seeing me quite apart from any sister or official.

6943. What registration do you keep of the service of a nurse?—We keep a careful account from the time she is appointed; her name is entered in the register; her previous experience and age; then on the other side of the register is kept a regular account of what she has done every day that she has been in the hospital; holidays, sickness, work, day or night duty. We place those things accurately on record through a little black memorandum book which is furnished to every probationer; she has to ask the sister under whom she has been working to fill it up, and then she sends it into my office on the last day of the month. It is then looked over and stamped, and the record is placed in the register. That is how I am enabled to know what work each nurse has done, whether she has been too long on day or night duty. This (*producing a book*) is one of the books employed for that purpose.

6944. Are you in favour of what is called the British Nurses Association, for the registration of nurses?—No; I think it is a terrible mistake; I think it is doing everything to retard the progress that nursing has been making.

6945. Why?—It places good and bad nurses on a level. It is excellent for bad and inefficient nurses, and fatal to the good ones. Take the tests they might apply; it cannot be true that time is the test, or Miss Page would have been a splendid nurse. Or if you think of provincial hospitals, three years in a small quiet provincial hospital is not to be compared to the value of six months' experience at a London hospital; they would see so much more and learn so much more there. Then the theoretical examination, which is another test they might apply, is no guide whatever to the practical fitness of a woman for her work. It is my experience, and that of many other matrons, that those who come out best in their theoretical examination are often the least fitted either for good nursing or for managing a ward. You can no more make a nurse of a woman who has not a gift for nursing than you can make a musician of a person who has no ear for music and no notion of the thing. Then I think that anything which places them all together on a register like that, when you have no distinct, definite, reliable basis, must make it more difficult even than it is at present to know whether you can obtain reliable women, or whether the qualifications

Chairman—continued.

qualifications are imaginary, as it were. If I might I should like to complete the account of the registration that we ourselves make. We copy the certificate into the probationers' register, we sum up her various qualifications, if she is appointed a staff nurse or private nurse she is so entered in that register, and a record is kept there; and finally, at Miss Nightingale's suggestion, we have established a supplementary register, and when a nurse leaves she is given a paper which informs her that if she chooses to take the trouble to send me word what she is doing and how she gets on, her record of that will be entered for her benefit in this supplementary register. I am thus enabled to make inquiries as to what she has done in the interval, and to help her on further or to give full information concerning her. Therefore every nurse who once gets a hospital certificate can get every good from her own hospital, and the standard by which she is judged is very real all round.

Earl of *Kimberley.*

6946. Have you ever considered at all how it would be possible to provide nurses for poor people, in the country especially, who cannot afford to pay for such nurses as you supply?—Our institution nurses help in that respect. Supposing any one in the country wished to send a woman they thought suitable, to get a sufficient amount of hospital knowledge to do for her purpose, without being a trained and certificated nurse, or even if they wished her to remain long enough to become a trained and certicated nurse, they could, by paying a reduced fee, send her to us, or any other hospital, and get her qualified.

6947. What sort of payment would such a nurse require for attendance per week?—I fear I am hardly qualified to give you that information; all nurses are too poorly paid; that may be taken as a general fact.

6948. I am not in the least wishing to say that nurses are too well paid; on the contrary, it seems to me that they are very poorly paid; but has it ever been brought to your notice what difficulty there is in finding nurses for persons who are not rich enough unfortunately to pay even such sums as your nurses get now?—I know it is very difficult. I am overwhelmed with applications of all sorts for nurses like that; but I think the real defect lies in the fact that the nurses cannot get taken into the hospitals to be trained; the hospitals have not the accommodation for the women that are wanting work; there were 1,500 or 1,600 applications to our own hospital last year; we have no room to take in any more than we do. I think that if you could train more nurses in the country, you would be much better supplied all round, and find work for a great many women who now have no chance of getting it. There is a good opening for women, but the hospitals must have more room to take them in.

6949. Do you think there might be some kind of slight training for such cases as require ordinary nursing, and to qualify such nurses as would not require to be highly paid; would it be possible to make any arrangement for such a purpose as that?—If there were a little more room. Now it would not pay the hospital to take these persons when they want the room for their own people. The only way in which workers can be taken in will be by better accommodation; the money question is at the bottom of it all.

Earl of *Kimberley*—continued.

6950. My question relates, not to the few patients your nurses go to, but to that great mass of patients who live in the country, who do not require to go to a hospital but frequently require nursing; a difficulty in getting nurses exists in those cases, and I wish to know whether you know any method of getting a better supply of nurses?—We do train for exactly the cases you require; we always have at least two, sometimes more, with us.

6951. Supposing that the parish were empowered to give something to enable a nurse to get that kind of training, might she not be taken in possibly on moderate terms, even in London hospitals?—We could not afford to do it; we want the room for the better class of nurses.

6952. That suggestion might meet the difficulty, might it not?—Yes, but not at present, because at present we have too many nurses in training for our own work to be able to spare the room. I should like to say that if my pamphlet might be looked upon as evidence on the subject of the registration question it would express my meaning without taking up your time now.

Chairman.

6953. Do I understand you to say that, instead of being a protection to the public, you consider the British Nursing Association very much the reverse?—Very much the reverse, for the reasons which I have stated in that pamphlet. Also I may say that I am not singular in that opinion. I should like further to put in the protest signed last July by the authorities of nearly all, several at least, of the hospitals.

6954. Do you think it is no protection to the nurses themselves?—No, I think not; I think it is very easy for nurses to get certificates in that way, and be passed off as better nurses than they are. I have heard of cases of that being done. Of course it sounds plausible when you read it, and yet it is most misleading; because any nurse trained at any hospital ought to be able to refer to her own hospital as an association. All hospital bodies of workers are associations in themselves; they are obliged to be, as it were; therefore the nurse has a natural connection with her own hospital.

6955. You assume that every nurse must be trained at some hospital, and therefore you say that such hospital is the proper place for her to refer to?—Yes; I think also it gives the public the chance of employing all sorts of nurses, and it is hard that any should be put aside. A nurse, for instance, trained at a quiet provincial hospital, if a nice woman, might do for hundreds of cases in private life, and might be more suitable for them than a highly trained nurse who only

Chairman—continued.

gave her mind fully to what are called interesting cases. Only that, when the public pay for a nurse like that, I think they should know what they are doing, and deliberately choose it. I think there is room for all of them, but I think it should be easy for the public to understand what they are doing.

6956. Is there anything else you wish to say to the Committee?—I would only like to repeat that I am not alone in my opinion respecting the British Nurses' Association. I should like to put in as evidence a copy of the protest against their system signed last July, expressing the opinion of other hospital workers on the subject.

Chairman—continued.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 14° *Julii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Clifford of Chudleigh.
Lord Sandhurst.
Lord Sudley (*Earl of Arran*).
Lord Thring.

The LORD SANDHURST, in the Chair.

Mr. FRANCIS CULLING CARR-GOMM, is called in; and, having been sworn, is Examined, as follows:

Chairman.

6957. Are you on the committee of the London Hospital at present?—Yes; I am now a member of the committee; for five years I was chairman of the house committee, from December 1884 to December 1889.

6958. And have you any experience of other charitable institutions, or Poor Law institutions for the relief of the sick?—No.

6959. What is your particular line of business?—I am of Her Majesty's Madras Civil Service, retired, and am at present a member of the London county council, but I have no other public work.

6960. Have you had an opportunity of looking at the evidence which has been given here?—I was here on Monday last; that was the only day, and heard part of Mr. Roberts' evidence, and part of the matron's evidence.

6961. We were told, I think, by one of the witnesses that the number of your board is 31?—Thirty.

6962. And with an average attendance of about a dozen, I think?—Yes, I think we generally manage to get on an average about a dozen, and not always the same dozen; so that out of our 30 members there are, I think, certainly two dozen who take a very active part in the management of the hospital.

6963. We had the powers given by the charter, and so forth, read by the secretary of the hospital; so I will not trouble you for them again. What are the duties of this board or committee?—The committee meet once a week, with certain adjournments throughout the year, and they have presented to them reports from the heads of the different departments each week, and every fortnight they appoint two house visitors who, if there is anything special that occurs to them in their visits round the hospital, may make a report or otherwise; in most cases not finding anything noteworthy, they make no report; but each fortnight we have two visitors appointed. Then we receive a report from the house governor, from the chaplain, and from the matron.

Chairman—continued.

6964. The matron is responsible to the house governor in the absence of the committee, is she not?—The house governor has really absolute control and full power in the hospital, subject only to the house committee. It is only when the committee is sitting that they are in active command, as it were, in the hospital. At other times the full powers are delegated to the house governor.

6965. But then, I suppose, as is the case with most institutions of the kind, the policy of the board is substantially the policy of the chairman?—Yes, I think I may say so.

6966. The chairman is the chief director?—The chairman is the chief director.

6967. Used you to be frequently in the hospital when you were filling that position?—Yes, I was.

6968. More than the once a week?—Yes, more than once a week.

6969. And did you visit the wards?—I visited the wards, and also conferred with the officials of the hospital whenever I came into it.

6970. Do you think that you had an opportunity of seeing whether things were generally in proper order?—Yes, I had every opportunity of seeing that; of course, in a very large institution such as that there may be cases which escape the eyes even of a very careful visitor or chairman.

6971. You cannot ensure any rule not being broken sometimes; but do you consider that you gained experience enough during your time as chairman to be able to perceive that the business of the hospital was properly carried on?—Certainly.

6972. Did you ever visit the dining-room of the nurses, of which we have heard a great deal, during meal times?—Yes, I have done so on various

Chairman—continued.

various occasions; not frequently, but from time to time.

6973. Did you ever examine the report-book containing reports of the food?—Certainly.

6974. And if anything had occurred which was improper you would have noticed it?—Some years ago there were frequent complaints of the quality of the food that was supplied to the nurses and to the sisters in fact, but I do not think that we have had any complaints recently, either of the quantity or the quality of the food.

6975. Is that because more attention has been paid to the contracts, or for what reason?—Certainly; during one year we were unfortunate with one of our contractors, whose supplies were not at all satisfactory, and it was during that time that there were a good many complaints.

6976. How long would it take for these complaints to go on before you changed the contractor?—I do not think I can say how long it was.

6977. What I mean is this: had you any power in your contract which, supposing the supplies to be not up to the sample, would enable you to return them, and to buy other supplies at the expense of the contractor?—Yes, we did do so on many occasions before we broke off from the contractor; it was chiefly with regard to groceries, butter, cheese, eggs, and those things, that there were a great many complaints.

6978. I think since the change of the contractor the food has been more satisfactory?—It is not only since the change of the contractor. The complaints chiefly reached us, with regard to the food of the nursing establishment, during the time when we had only one kitchen, and when the things were all sent up from the one kitchen, which supplied both the patients and the nursing establishment, and also the staff. Some few years ago, in 1885 or 1886, after we built the new home for the nurses, we put a separate kitchen, and placed that separate kitchen entirely in the hands of the matron and a special assistant, whom we gave her for that purpose, and they had the advantage of having the supplies all at the hospital contract rates. We calculated with very great care the exact sum per head that the feeding of the nurses had cost us during the last two or three years, and we then decided to pay that same sum, and to allow the feeding of the nurses to be entirely in the hands of the matron and the home sister.

6979. Were the contracts made by the board, by the committee, as in the case of the other contracts?—The contracts are all made for the general hospital; they are almost open contracts, or contracts which are sent in certain cases to chosen men, to a chosen number of suppliers; and these contracts apply to all the food which is given, both to the hospital patients and to the nursing establishment.

6980. Those are the contracts for the meat as it comes from the butcher, for the butter as it comes from the grocer, and the milk, and so forth?—Yes.

Earl *Spencer.*

6981. Not to supply so many dinners at so much the head?—No; it was entirely for the raw material. It was with regard to that that I was speaking just now of the complaints that came to us as to the quality of the food which was supplied.

Chairman.

6982. Then did you get this price that the nurses cost per head by taking the whole sum and dividing it by the then number?—I cannot say that I went into the particulars to calculate that price; that was done by the house governor.

6983. We can get that from the house governor. Now the board appoints all the officers, does it not, and the nurses, and so on?—No; the house committee have got the appointment of certain officers, and the court of governors have got other appointments, and the whole of the nursing establishment is in the hands of the matron.

6984. But I thought we heard that the committee appointed the nurses; does it not appoint them?—No, never.

6985. Then who dismisses the nurses?—The matron really dismisses the nurses and reports to the house committee. Sisters, when they are confirmed in their appointment as sisters, then appear before the house committee, and from them receive their confirmed appointment as sister; but nurses never do.

6986. What does this mean, the third bye-law on page 42 of the standing orders relating to the house committee: "The committee shall have authority to appoint such servants upon such terms and conditions as they may judge to be necessary and expedient; and in like manner to suspend or discharge them"; does not that give the power of dismissal and appointment to the house committee?—Of course the committee have authority to appoint, or at least I suppose they would have authority to appoint a nurse, but they never have done so to my knowledge.

6987. Has the matron more power in case of appointment than of dismissal, or is it an equal power?—She has absolute power in the case of taking on the probationers and employing them, but she reports in her weekly report all those who have qualified and who have come on to the regular staff. She reports them in her weekly report to the committee. Then if she has had occasion to dispense with the services of anyone she reports it also to the house governor.

6988. Yes; but your standing orders say that the matron is to report to the house governor, and that the house governor may suspend, pending the meeting of the committee, who will then dismiss; but now I understand from you that the matron's actual power is greater than that which is described in the standing orders; is that so?—No, I do not think so; because in any case the matron would not have the power at all to dismiss any nurse or sister of the hospital. The rule to which allusion has been made as being changed, applies to parting with probationers during the two years of their probation, when they have not shown qualities to fit them to be advanced on to the permanent staff; but the matron would have no power at all of her own authority to dismiss any nurse or sister.

6989. Or

Earl of *Arran.*

6989. Or probationers?—The probationers' services are dispensed with by her during their two years' probation.

Chairman.

6990. That was a change in the rule?—Yes.

6991. So that she had actual power over the probationers up to the time they got their certificate?—Yes.

6992. You approved of that change, I presume?—Certainly; I thought it was greatly to the advantage of the nursing staff, because otherwise a probationer, if she did not show good qualities as a nurse, might perhaps stay on during the whole of her two years; and it was considered by the committee that it would be advisable that the matron should have the power of getting rid of that probationer before that time. She would always report it to the committee; invariably.

6993. But in the meantime the probationer would be gone, would she not; the matron reports the dismissal, and in the meantime the probationer is gone before the next meeting of the committee?—Yes, I suppose she would have gone.

6994. Does not that leave room for the possibility of injustice?—Such probationer would always, if she chose, have the chance of appealing to the committee.

6995. I do not quite understand that, because the probationer would have got the dismissal, and in the meantime, before the committee meets, she may have gone; I do not quite see what the use of her appealing to the committee would be after she had been discharged from the hospital?—Because the committee would have a full power of reinstating that probationer. It is a power which I do not think ever has been exercised.

6996. Have the committee ever inquired into any case of dismissal?—Yes, certainly.

6997. With the result that they have always found the matron in the right?—With the result I think, as far as I recollect, we have always confirmed the decision of the matron.

6998. Now we will just follow that up and see how it works out?—I can only say I think so, because I do not know.

6999. If you look at Question 5657, you will see that the case of probationer Page is there referred to, and Mr. Valentine there says, in answer to me, after going through the circumstances mentioned: "As a matter of fact they" (that is the Committee) "knew nothing of her being dismissed until Sir Edmund Hay Currie put the question, hardly knowing that such a person had been in the hospital or had left it." Does that look as if the Committee knew or inquired into anything at all in regard to these matters?—I do not in the slightest degree remember the case of Miss Page; and when it is said that the Committee would not know that such a person had been in the hospital, that is perfectly true. The Committee have nothing to do with the employment of any probationer, nor is it even reported to them.

7000. Then they do not know that she has been in the hospital until she has left it?—No; until she has either left it or has finished her term of probation, and is taken on to the regular staff; then her name comes up as having passed the examination, as having been taken on to the staff, or, in the other case, because of her services being dispensed with; but, otherwise they would not know in the least degree whether anybody was in the hospital or not. But, in this case of her being dismissed, it certainly would have been reported to the house committee, and was, I believe, reported, on the 30th April, and she did not leave until the 30th of May.

7001. Do you happen to have the record in the room of Miss Page's dismissal?—I will ask the Secretary for it if you desire.

7002. Will you please do so. What I am leading up to is this: It appears to me from this case, which was put in by Mr. Valentine in the answer I have given you, that your chain of responsibility is not so faultless as it is supposed to be by the Committee; because here is a case of a probationer being dismissed and her case is not brought to the notice of the Committee, and the Committee would have known nothing about it if it had not been for Sir Edmund Hay Currie, as stated in Mr. Valentine's evidence?—I have received a note from the Secretary, who says it was reported on the 30th April. I cannot say that I remember it in the least degree myself.

7003. When did she leave?—Next month.

7004. Was she reinstated then?—I am bound to say I do not remember it.

7005. There is a record of it in the minutes?—There is sure to be.

7006. Are the minutes in the room?—The report is in the room.

7007. (To Mr. *Roberts.*) Have you got it in the registrar of nurses?—Yes.

7008. (To the *Witness.*) Have you the report of the case?—Not the report on the minutes, but the report is here as it stands in the register of probationers. Shall I read it at all?

7009. Is this in reference to the dismissal and reinstatement of Miss Page?—There was no reinstatement. The reason was that she remained in the hospital as a patient as I gather from this: "Probationer Page was finally warded in 'Charlotte,' under Dr. Anderson, on the 30th April" (that would be the date on which I have reason to believe that the report was put in to the house committee), "and left the hospital on 30th May 1889." I conclude that during that last month she was really under treatment as a patient. Shall I read down the whole report as it stands in the register of probationers?

7010. If you please?—"Janet Page was a very disappointing probationer. She had a prepossessing appearance, and with her previous experience I quite hoped that she would do well. However, she was frequently reported as incapable of getting on with her work, and neither efforts to encourage or reprove her produced any good results. She was not at all strong, and proved mentally and physically unsuitable for the work she had entered upon. It was rather unfortunate that she should have remained long enough to show that she was lamentably lacking in gratitude towards those who had proved exceedingly kind in reference to her health, and that she proved herself so much the reverse of straightforward,

Chairman—continued.

straightforward, that it was well her incapability for training removed such an undesirable influence and example. She left on the 30th May 1889, having been warded for a month prior to that date."

Earl of *Lauderdale.*

7011. Is there a date to that report?—That would be written, evidently, after her dismissal, because it says that she left on the 30th May.

7012. When was it written; is there anything to show that?—No, there is nothing to show that.

Chairman.

7013. When would those reports be written?—They would be written up generally at the close of every probationer's term of probation.

Earl *Cathcart.*

7014. The tabular statement preceding that would give the date of her leaving, would it not?—The last entry is "Operation Ward, the 5th March to the 29th April. Night." Then "Warded until the 30th of May."

Chairman.

7015. Then you know nothing of the intervention of Sir Edmund Hay Currie?—After reading this letter I remember that Sir Edmund Hay Currie spoke about the thing, but otherwise I do not remember it.

7016. But that secured some sort of inquiry, did it?—Certainly it would.

7017. "It would," you say, but did it. It ought to have secured it, but was there any inquiry?—We did that and were satisfied, I suppose. (*After a pause.*) No, there must have been an inquiry, because I see here is the report which comes in on the 26th of July, the report of the matron to the committee, which is initialed by myself.

7018. In what year was that?—1889, the 26th July: this is initialed by myself on the 30th of July. "In reference to your inquiry respecting probationer Page" (that shows that there was an inquiry by our committee, probably on the report of Sir Edmund Hay Currie), "she left, as duly reported to you."

7019. To the committee, that is to say?—Yes, to the committee; because, as we see, she was reported to the committee on the 30th of April, in the matron's regular weekly report. This is the matron's report, dated 26th July 1889:—"In reference to your inquiry respecting probationer Page, she left, as duly reported to you, having, after repeated trials, proved unsuitable for further training. This was the more disappointing, as she had had some previous experience at a workhouse infirmary, and this usually aids probationers to make some progress. She gave a good deal of trouble during the few months she was with us, partly though, I fear, not entirely, caused by her very bad health. She may have tried to improve, but she never appeared to do so, and when her deficiencies were pointed out, she always declared she could not do any better, and at last I came to the conclusion that this was the case, and that she really lacked the capacity for the work. The last work she did here was in operation ward on night duty, the lightest in the building, and it was the complaints concerning her carelessness or incapacity here which made me realise that it was useless to try to continue training her. After this, she gave us a good deal of trouble. As you are aware, Dr. Fenwick and Dr. Sutton acceded to your request that they and their respective house physicians should take entire charge of the nurses' health."

Chairman—continued.

7020. That we have had before, and therefore you need not read any further; but when you have a sub-committee to inquire into the case of a nurse, you take the evidence of the matron?—There would be no sub-committee to inquire into the dismissal of a nurse; I never remember such a thing happening; it is always done in full committee; never by a sub committee, that I remember.

7021. That is as to the dismissal?—Yes.

7022. But supposing you had a minute inquiry into a case, the matron may not always be in the right, and, on the other hand, nurses are not always in the right, and there may be a great deal to be said on both sides; would you consider such a case in full committee, or would you delegate it to two or three members?—I never remember delegating a case of that description while I was chairman; I remember inquiring into two or three cases, but that was always done in committee; I myself may have gone up and inquired to report to the committee in cases, but no sub-committee was ever appointed for such an inquiry.

7023. But now do you carry on this practice of sub-committees at all?—Undoubtedly.

7024. For instance, suppose you have to put up a certain building?—We have always sub-committees for such things.

7025. Out of fairness to the funds of the hospital, you thrash out the subject in that way?—Yes, by sub-committees; we have numerous sub-committees.

7026. Do you think nurses can better have justice on a full committee than by having their case thrashed out by a sub-committee?—If I had ever seen any reason to appoint a sub-committee for any inquiry, I should not have hesitated to have suggested such a course to the committee; but I never, in the course of the time I was chairman, saw any necessity for doing so.

7027. Do you think you were in a position to know whether there was a necessity for such a thing or not?—Yes.

7028. And then in the case of people accused or of people dismissed, have you heard the people so accused?—Yes.

7029. And you think that a full committee is a convenient way of doing that?—Yes.

7030. If you turn to the evidence of Mr. Roberts at Question 6198, he reads this entry from the Minutes: "After careful consideration it was determined that Rule XI. be altered as follows: 'Probationers may not break their engagement during their two years' training without special permission from the matron, but the engagement may be terminated by her at any time subject to an appeal to the house committee.'" That is the backbone of that rule, "subject

Chairman—continued.

"subject to an appeal to the house committee;" and I cannot understand from you that these probationers have any chance of making this appeal to the house committee?—I think they had. In the case of any probationers whose time was broken off by the matron, if the engagement was terminated by her, if they chose they might certainly have appealed to the house committee, and the house committee certainly would have gone into the matter.

7031. At any rate you are of opinion that while that Standing Order is used, being what it is, the probationers have the necessary chance, and you are satisfied with the rule?—I am perfectly satisfied with the rule.

7032. As a committee you are satisfied with it?—As a committee we certainly approved of the rule, and thought it a decided advantage to the hospital generally, and to the nursing staff. It was thought generally that a nurse would see that she was not considered fitted for the work in the hospital, and that she would have no desire whatever to appear before a committee of gentlemen; there would be no object in her doing so.

7033. Then after the allegations we have had made here, are you satisfied with your system of inquiry and so forth?—As regards the probationers?

7034. Taking the whole arrangements in the hospital with regard to these matters?—Yes, I think we are quite satisfied with the present arrangements.

7035. And you are not prepared at all to suggest any amendment of your present system?—No.

7036. I am afraid I gave you unnecessary trouble with regard to that case of probationer Page; I think it was probationer Raymond I should have referred to. Perhaps you will find that case out in the Nurses' Register?—"Mary Raymond passed a 'very satisfactory' examination, and received a certificate to the effect that her work was 'good' and her conduct 'good.'"

7037. Does it say what she was dismissed for?—It does not show that she was dismissed at all.

7038. She left of her own accord I understand you. I have now found what I want; it is at Question 5927. Miss Mary Raymond was re-called, and I will just read some of her evidence to you. "(*Q.*) Were you dismissed during the first year of your stay at the hospital?—(*A.*) Yes; I was told to go. (*Q.*) When was that; after what period of your stay?—(*A.*) I had just returned from my holiday; after my year's holiday. (*Q.*) What ground was alleged for your dismissal?—(*A.*) Everything in general. (*Q.*) What was there especially; was there no special ground stated?—(*A.*) I could not find any. (*Q.*) You were simply dismissed?—(*A.*) Yes; told to go. (*Q.*) What was told to you?—(*A.*) I was told that I was incompetent. (*Q.*) What happened then; you were dismissed by the matron, I presume?—(*A.*) Yes, dismissed by the matron. (*Q.*) As far as you know, nobody else was consulted as to your dismissal?—(*A.*) No; I got ready to go, and I should have gone if my friend had not taken it up. (*Q.*) What did your friend do?—(*A.*) He corresponded with

Chairman—continued.

the matron, and asked the reason of my dismissal. (*Q.*) And what was the end of the correspondence; what was the matron's answer?—(*A.*) She said the same thing as to me, everything in general; that I was quite unfit to become a nurse. (*Q.*) And what was the result of that correspondence?—(*A.*) That my friend wrote again; my father was too ill to take up the case; that is the reason why I was going away without making a to-do about it; but my friend took it up on his behalf, and entered into correspondence with the matron, and received a rude reply in reply to what he had written. (*Q.*) And what did he reply?—(*A.*) He wrote back and said that he would call the committee, or at least consult the committee about my dismissal. Thereupon she wrote a letter back, and I remained. (*Q.*) How long did you remain?—(*A.*) I completed the full term of two years. (*Q.*) And then at the end of that time you received the certificate of competency which you have shown us?—(*A.*) Yes." If that is correct, does not that look as if the appeal occurred in every case?—I cannot individually say anything about Miss Raymond, except that she never made any appeal to the committee; she never came to the committee; therefore the committee made no inquiry about it. She never was dismissed; she remained on till the time of the completion of her probation, and she received a qualified certificate.

7039. But would not any notice of this correspondence appear in the minutes of the committee, or in some of the books put in by the matron to be examined by them?—Not necessarily.

7040. In this register of nurses, for instance?—They would be called for if required. The matron keeps the register, and whenever required in any case, those are called for by the committee and examined.

7041. Do the committee ever examine those?—They have done so frequently. In cases of inquiry I generally called upon the matron to produce it, and to read it in the committee. The letters are all in the matron's hand which are referred to in the evidence, no doubt, but the committee had no knowledge of this because probationer Raymond never spoke a word to the committee.

7042. If this is true, she was actually dismissed, but taken on again when the matter was brought before the committee, or threatened to be brought before the committee?—Reading that evidence, I should say that the probability is that she never did leave the hospital.

7043. She did not leave the hospital; she says: "I got ready to go, and I should have gone if my friend had not taken it up;" and then on the threat of the committee being consulted, according to this evidence, this probationer remained?—Which shows that nothing came before the committee.

7044. Does it not show this: that if this girl had not been so lucky as to have a friend to take it up, she would have been dismissed?—Yes, probably; that is to say her services would probably have been dispensed with at that time, and then, on doing so, the report would have been made to the committee.

Chairman—continued.

7045. In the meantime, she would be gone, as we were saying just now?—Yes.

7046. Was not she rather lucky to have a friend?—Certainly.

7047. Supposing there had been no friend in the case, would not a great injustice have been done?—No; because I have no doubt at that time she was quite incompetent; and perhaps by remaining on in the hospital it may have been that during that further year she learned experience, and was able to receive that qualified certificate which I have read.

7048. Now, supposing that your niece or daughter had been in this position, should you have been perfectly satisfied?—If I found that a relation of mine was not qualified, not well qualified to act as a nurse, I should endeavour to take her away as soon as possible.

7049. But you would make some inquiry, would you not?—If there was any charge against her, certainly.

7050. But suppose she was charged with general incompetency, would you not see whether that was verified or not?—Yes; I should make make some inquiry about it.

7051. And she would be lucky in having a friend, would she not?—Yes.

7052. Then, after this evidence, you are still of opinion that your system is good?—I do not see any way in which we could alter it for the better. It would be perfectly impossible for the committee to make itself responsible for the consideration of the cases of the probationers; we leave it in the hands of a lady, whom we find most qualified to take this duty; and, as we have perfect confidence in our matron, we feel quite satisfied in that case. If we were not satisfied with her, well, I suppose things would not go on well; but, as it is, I do not see in any way how we could alter the rule to make it more advantageous to anyone.

7053. But as far as I can make out, from the system pursued by the committee, only one side of the case is heard, and that the side of the matron. I am not saying anything against the matron individually, but she may be mistaken, I suppose?—Only that side would be heard, unless the probationer wished to come up.

7054. I am sorry that I must repeat my question again; but is it not the case that the unfortunate probationer is generally dismissed before there is a chance of its coming before the committee; that is what it appears to me to be the result of the evidence?—Yes, I think it is so; but the committee have decided on leaving the taking on of the probationers entirely in the hands of the matron, and they have never seen any cause whatever to doubt the advisability of that course. They have perfect confidence in her. Might I read on this point a letter which has been put into my hand from a lady, who has had great experience in this hospital, and is not able to attend here; because it bears on this very subject?—She is a Mrs. McDonald, who was for some time known at our hospital as Sister George, and she writes to the matron and says: "I have been very much interested in the Metropolitan Hospitals Inquiry, especially in the reports of the last two meetings, where evidence was given on the nursing of our hospital. I much regret that my temporary loss of health prevents me going to London to speak in favour of the nursing in our institution, and the arrangements made for the comfort and well-being of its nurses. I think it is not too much to have hoped that my age and the proof I could give of a fairly wide experience of the world, would weigh a little in favour of my evidence, when compared with that already given by those late members of our nursing staff. probationers Yatman and Raymond both worked in my ward for a sufficiently long time for me to form a true idea of their value as nurses. They seemed certainly both to have mistaken their vocation, as they were very deficient in the qualities that go to make good nurses. Probationer Yatman was with me for a week, taking holiday duty, and I remember speaking to you then about her unsuitability; but I begged you to remove probationer Raymond, as it was quite impossible to trust her with the cases then in the ward. You reminded me of the time she had been in the hospital, and of the experience she ought consequently to have; but I told you that I should prefer a perfeclty new probationer, whom I could depend upon to obey instructions, to one whom I found so untrustworthy in her work. You removed her, but before she left she had broken, as I told her, or altered to suit her own convenience, every rule I had made for the management of the ward and the comfort of the patients. She failed constantly to carry out orders, and was very neglectful of her patients. And it was difficult often to discover where the fault lay, as on the surface the work had an appearance of being well done. It was not want of ability or experience that made her fail, but an intention to do as little work as possible and to do that little in her own way. In this she and probationer Yatman resembled one another. Consequently, I do not think either of them is capable of giving an opinion of any value on hospital management, or of defining 'hard work'; as all work seemed to be qualified by that adjective by them. They were exceedingly anxious always about their time 'off duty,' a peculiarity I, as well as others, have noticed in nurses of this type. Why they become nurses I know not. Evidently they neither like the work nor the patients, as they do as little as possible for them. They condemn everything in the institution, abide as little by its rules as possible, and make life in consequence harder for those, to whom hospital nursing is a serious matter, and not a passing excitement. When I see girls like probationer Yatman and Raymond become nurses, I often think that 'Punch's' reason is the only possible one, that there must be some one sick at home——"

7055. That is very interesting, but it has nothing to do with the principle whether a decent chance is given to probationers of obtaining justice at the hospital. I admit that it has to do with the character of these nurses, but that is not the point that I was asking you about?—On that point I would say that from the fact of the chairman or the house visitors frequently walking round the wards of the hospital, and speaking (as I did, continually) to the probationers, and the fact that the house governor is round in the wards

Chairman—continued.

wards every day, there would be no difficulty whatever in any probationer making any want of hers known to the authorities, other than the matron. I had no reason to think that there was any want of justice being done. I have frequently been round and talked to many of the probationers whom I knew, as well as to others whom I only saw there in the wards, and there would be never any difficulty in anyone getting an opportunity of making any complaint; but on the contrary I always saw that, I may say as a rule, everybody was contented. We went round for the express purpose of hearing if there was anything to grumble at, and as I said, when the food was bad, we had frequent complaints. Of course, those complaints chiefly came to us, and came to us in an authoritative way, through the matron; it was chiefly the matron who made those complaints as to the food; but I have had them from others, though not of late years. So that I do not think there is any reason to doubt that a full right of appeal, a full right of being heard, was given to every probationer if she wanted it.

7056. Now in regard to complaints of food, supposing that a nurse or patient complains of the food, or that any of the paid staff of the hospital complain of the food, would that complaint necessarily come before the house committee?—No.

7057. Whom would it go before?—A complaint about the food of the nursing establishment would come, no doubt, in the first case before the Nursing Home sister. A complaint by a patient of food would be made first to the sister, and would then be reported to the house governor or the steward, but certainly to the house governor; and he would at once go and make an inquiry about it.

7058. Would the house governor report and would the home sister report to the committee that such a complaint had been made?—Not in every case.

7059. Then, according to you, the house committee is in the dark as to what is going on?—No, but they do not hear of every single thing that comes up to the house governor. That is the object of the house governor, to right evils and mistakes that may go on; and when necessary, when they become serious, as when a contractor is continually sending in (as I mentioned before) large quantities of bad eggs, then at last he is obliged, after warning this man, to report him to the committee, and the contractor is brought before the committee.

7060. Then the house governor has a great deal of power?—Certainly.

7061. And would he not to get on as well if there were no house committee?—No; as far as regards the internal administration of the hospital I believe that the house governor could get on perfectly well without the house committee, but of course the house committee have got a large number of other things to do, such as the management of the estate, and other things which are not in his control. With the raising of the funds, the management of the estate, the making of appointments, with things of that sort the house governor has nothing to do; but in the internal administration of the hospital, the house governor

Chairman—continued.

is absolute, and it is only where necessary that we should interfere with that.

7062. Do not you think it would be a good plan if complaints, either to the home sister or to the house governor, were registered in some book, so that they could be laid before the house committee?—I do not see any objection to that at all.

7063. Does not the house committee rather hunt about for complaints, to see what is going wrong; or, if there are no complaints made to the house committee, do they take it for granted that everything is all right?—If you have officers whom you trust, if you have house visitors who go round occasionally, and a chairman who frequently visits one or other of the wards, and is ready to hear anything that may arise, and takes an opportunity of seeing the food from time to time (as I have frequently been round to see the food cut up by the sisters and distributed to the patients; or I have been to the Nursing Home at the time when the meals were on), I do not see that there is any want of supervision. If we could not trust our officers, well, of course, things could not go on properly.

7064. Do not you think that everybody is all the better for being looked after?—But we do look after them.

7065. Now, I will go to another subject. What is the salary of the house governor?—I think it is about 900*l.* a year.

7066. Does that include a house?—Besides a house.

7067. And also his board; is he fed as well?—No.

7068. He is the responsible man in the hospital when the committee is not actually sitting, I understand you to say?—Yes.

7069. Then you have a secretary at 400*l.* a year?—Yes.

7070. And, of course, these two gentlemen have a staff of clerks?—The secretary has two clerks now.

7071. And the house governor has five in his office?—The house governor now has five. It is only just now that the house governor has anybody at all; they have hitherto always been the steward's clerks, but the steward has now retired, and the steward's clerks are now called the clerks of the house governor.

7072. Then the matron receives 250*l.* a year, and board and lodging?—Yes.

7073. And there are two chaplains; one chaplain receives 250*l.* a year, I think we were told, or 270*l.*?—The salary of the chaplain is 250*l.*, and one of the vice-presidents has always given an extra 50*l.* to be added to his salary, which has made it up to 300*l.*, with the house. Before we built the house for the chaplain he had an extra 50*l.* a year, and he had to find his own house.

7074. Then he has an assistant, to whom 170*l.* a year is given?—He has now an assistant-chaplain and a Scripture-reader.

7075. Is the Scripture-reader paid?—Yes, 50*l.* a year.

7076. That comes out of the funds of the hospital?—Yes.

7077. Have you ever compared these salaries with

Chairman—continued.

with the salaries of the officers in other hospitals?—Yes.

7078. Are they in excess of those as a rule?—No; I think that taking the whole, our administration comes down rather at a low point compared to other hospitals; but in some cases of course we are paying higher, and in others not so high as other hospitals.

7079. Nothing occurs to you where you ought to reconsider the construction of your administration; I mean having special regard to one of your officials receiving 900 *l.* a year?—I think if we were to have another house governor we should probably not start him off on a salary of 900 *l.* a year; but I am quite sure that it has never occurred to anybody who knew anything about the hospital, that when we secured the services of Mr. Nixon (he is a man who has a more intimate knowledge of hospital administration, I think, than any other man in London) we were paying him at all too highly for his services.

7080. I will not embark on any personalities on the subject of high salaries, but my question was whether you thought you ought to reconsider the subject of the administration?—If we were to appoint a new man I do not think we should consider that he was entitled to the same salary. Mr. Nixon has had more than 40 years' experience in the hospital.

7081. I will only ask you one question, which is perhaps unnecessary: the house committee have great confidence in the matron?—They have the very greatest confidence in the matron.

Earl *Spencer*.

7082. I should like you to go back for a moment to the subject of the appeal of the probationers to the house committee. You said, as I understand, that the matron practically had power to suspend, but she could not dismiss without coming to the house committee; is that so?—It was so.

7083. Then came an alteration in the rule; could you exactly describe what change the alteration in the rule effected?—The alteration of the rule was that if during the first year of her probation the matron saw that the probationer was not competent in any way to fulfil the duty of a hospital nurse, she should dispense with her services. This, of course, does not apply in the least degree to any fault committed, or anything wrong done by that probationer. If there had been anything wrong done by the probationer, or any crime at all, of course that would have been reported; but the new rule was to the effect that if the matron saw that a probationer was incompetent during the first year of her probation, she should have the power of terminating her engagement without coming through the house governor to the house committee.

7084. Was it to be reported to the house committee?—Certainly reported.

7085. I think you said, in the earlier part of your evidence, that you thought it was desirable not to cause delay or anything of that sort by the keeping on of an unsuitable probationer for some time?—Yes; the retention of a unsuitable probationer up to the full two years is an actual loss to the hospital.

Earl *Spencer*—continued.

7086. Please keep to the first year; I will come to the second year presently. You have been speaking of the power given to the matron to terminate the probationer's engagement in the first year without appeal to the committee?—Yes.

7087. Why was it necessary to do that; why would not the power still have remained; would it have been a great delay to appeal to the house committee; if there had been suspension an appeal might be made to the house committee without any great delay, might it not?—The house committee would know nothing whatever about the competency of a probationer.

7088. I do not say that such a skilled person as the present matron would do anything that was unfair, but still there might have been a mistake, and in the mind of the probationer there might have been a mistake; and would it not have been right to give an appeal?—There is an appeal.

7089. But you told me just now that in the first year there was no appeal from the matron; that is one of the very points I want to be clear upon?—I think there always is an appeal.

7090. Do let us clear that up, because it is rather important. You certainly said, that there was no appeal?—I did not say no appeal; I said that the matron might terminate the engagement without coming in the first instance to the committee; but there is always an appeal; I believe there is now. The words end with "subject to an appeal to the house committee"; there is no doubt about the appeal to the house committee. (*The Witness's previous answer is read over.*)

7091. Do you wish to alter your previous evidence?—Yes; there always has been an appeal.

7092. Then you were incorrect in what you said just now, in answer to my first question, that for the first year there was no appeal from the decision of the matron?—Yes; there always is an appeal.

7093. That is the probationer is dismissed, and then the appeal takes place afterwards?—Yes; but there is no using of the word "dismissed." If there is a fault or a charge against a probationer then the matter would be reported to the house committee, and the house committee would inquire into it. If it was merely considered by the matron that the probationer was incompetent, she would have the right of terminating her engagement. It is rather more a difference, perhaps, in words than anything else; but, of course, the person would not say she was dismissed from the hospital.

7094. Then when the matron thinks it right to terminate a probationer's engagement there is no appeal from that to the house committee?—Yes, there is; and it is so stated in the standing orders that the matron has the right of cancelling her engagement, subject to an appeal to the house committee.

7095. Then I will put it in this way: In practice, has there been an appeal in cases of this kind to the committee?—I do not think there has; but, of course, looking back through some years, it is rather difficult to remember whether when a case came before one it was the case of a probationer

Earl *Spencer*—continued.

bationer or of a nurse; but I do not think there has been any appeal.

7096. Then I may put it in this way: that in cases of terminating an engagement there has not been an appeal from the decision of the matron to the committee, but in cases where the word "dismissal" has been used, there has been an appeal; is that so?—Yes.

7097. Now, going to the second year, was the rule altered with regard to the second year; first will you say when was the alteration made?—In the late autumn of last year.

7098. Will you explain what effect that alteration had?—It gave the matron power to terminate an engagement during any part of the two years.

7099. Still with an appeal or not?—Yes, always; subject to an appeal to the house committee.

7100. Now you are using the word "terminating," not "dismissing"?—Yes.

7101. I think we understood the standing orders were made by the house committee?—Entirely.

7102. Do they very frequently alter the standing orders?—Well, certainly, no year has ever passed by, I should think, without some alteration of the standing orders in some way or other.

7103. When a standing order is made it is made retrospective?—Yes, that is to say, retrospective in that any alteration of the standing orders would, as a rule, affect the whole of the establishment; but as regards any *ex-post facto* power that a new standing order would have, that, of course, is a different matter.

7104. It would not alter the conditions under which a probationer was admitted to the hospital without her consent, would it?—If there was any alteration of a standing order affecting the nursing establishment at all, that would be signified, when it was passed, to the matron, with the intention that she should promulgate it in the usual way to the whole of the nursing staff; and, of course, if the standing orders were altered, those slips which you give to every probationer as she comes in would be cancelled and new ones would be printed.

7105. Cancelled as to new probationers; but as to those who entered under different conditions, what effect would the new order have upon them?—It would be binding upon them.

7106. Without their consent?—Yes. With regard to their engagement that they have entered into, if any new rule was to be passed which would injuriously affect their position in any way, naturally if they wished to hold to the old rule, they would certainly be permitted to do so at once. As I say, we have made alterations from time to time, and when we have made an alteration we have invariably made it intending it to be for the benefit of the establishment; we have never made any alteration, except intending it to be a beneficial change.

7107. When a nurse or anybody in the establishment enters the service of the hospital, do they bind themselves to accept any alterations that may be subsequently made subsequent to their engagement?—I do not exactly recollect the words; if you would let me refer to the

Earl *Spencer*—continued.

words of the engagement I could say; they are printed words, and I do not exactly carry them in my head.

7108. Perhaps you can refer to them?—I do not find a copy of the engagement here, but it was handed in the other day.

7109. I will ask you another question: Would a nurse, who was engaged before the alteration of a rule, be subject to having her engagement terminated by the matron, in accordance with the new rule?—Yes, it would be so, because it was considered beneficial. If it was not beneficial to the nurse, if the nurse wished to hold by her engagement, and said she had engaged for two years, I apprehend that if such a thing had ever come before the committee they would certainly have said that she could do so. But with regard to the alteration of a rule, as I say, we never make an alteration of a rule, except considering it to be of general utility and beneficence. You certainly would not cut off the formerly engaged nurses from any advantage that might come by any alterations of the rules.

7110. But would you subject them to any disadvantage that might, in their opinion, come from the alteration?—No; I would not subject them to any disadvantage; if a nurse said to me that she had entered under a rule, which had been altered, in the slightest degree, to her disadvantage, and I am certain that the whole of the committee would uphold me in that.

7111. Would you do that as a matter of favour?—No; as a matter of right. But such a question has never come before us; it has not occurred to me till now.

7112. I rather think the matron said the same thing the other day?—Here is the printed form: "Having, after a month's trial, been accepted as a probationer to learn nursing in the London Hospital, I hereby promise to conform to all the rules and regulations of the hospital, and I agree to the following terms. That for the first year, from this date, my remuneration shall be at the rate of 12 *l.*, and for the second year at the rate of 20 *l.* per annum, including board, lodging, uniform, and a certain amount of washing. That, in the event of my leaving contrary to the wishes of the authorities, or of my being discharged for misconduct within two years from this date, I am to lose my claim to a certificate of training, and forfeit any payment that may be due to me at the time."

7113. Is that the older arrangement, or the new arrangement?—That is the old arrangement.

7114. Where is the new engagement?—The new engagement is here. I remember debating for a long time the alteration of the words, but I do not remember, without referring to it, what the result was. Here it is: "Having, after a month's trial, been accepted upon the conditions specified in the standing orders for probationers, as a regular probationer entering for the full term of two years' training in the London Hospital, I hereby promise to conform to all the rules and regulations of the hospital."

7115. But she does not bind herself to agree to any alterations in the rules which may in future be made?—No.

7116. I will

Earl of *Kimberley.*

7116. I will ask you one question about that agreement. There is nothing said, I observe, in it as to the right of terminating the engagement on the part of the hospital; but that is considered to be included in the "Rules and regulations" of the hospital: the agreement has in it nothing whatever as to the power on either side of terminating the engagement?—That is her engagement; the terms of our engagement are in the little slip of paper which is handed to her.

7117. But, I suppose one of the most essential parts of any agreement by which any one places himself in a certain position for a certain time under the control of others, is that it should be clearly shown whether either party or both parties, and under what conditions, either or both, can terminate the engagement. In the agreement that you have read, nothing is said on that subject?—That is her engagement; she cannot terminate it.

7118. But nothing is said about it in the agreement?—She cannot terminate it during the two years.

7119. You say that she cannot terminate it; but I want to know what there is in the agreement on the subject. There appears to be nothing; and my question was, I suppose that is to be inferred from the fact that she agrees to the rules of the hospital?—Certainly.

7120. The rule of the hospital is, that they can terminate the engagement, and she cannot?—Yes.

7121. The rules, I conclude, are read to every probationer on signing this agreement; read by you?—No, I do not suppose so.

7122. Do you think that a person should be held to have constructively agreed to be subject to a certain set of rules for a term of two years, merely by agreeing to rules not read to her?—Yes.

7123. Are you quite sure that that would be held by a court of law?—Yes, because when we give her that paper, she reads it. I do not know any legal principle that requires the regulations to be read to her.

7124. But she gets the rules at the same time that she signs that agreement, does she?—Yes; what you asked me just now was, whether the rules were read to her, and to that question I answered "No."

7125. So that placing them in her hands you consider is a sufficient notice to her as to her position with regard to terminating the engagement. Now, if she terminates the engagement notwithstanding, what takes place?—Well, she would forfeit all right to any certificate, and if she terminated it and went away, she would not get any pay that might be due to her at the moment; I do not think there would be anything else, except that she would have broken her word.

Lord *Clifford of Chudleigh.*

7126. Have there been any engagements of probationers terminated since the introduction of the new rule, do you know?—I do not know. Since the introduction of the new rules, I have not been the chairman; I have not been the

Lord *Clifford of Chudleigh*—continued.

chairman this year; but still I have never been away from any committee meeting, and I do not remember any particular case of that sort having occurred; if there have been any they are all recorded.

7127. The question I want to ask you really is, what facilities are given for the appeal which is allowed; in other words, is the termination of a probationer's engagement always placed subsequent to a meeting of the committee; is an interval always allowed between the notice of termination and its actually taking place, so as to allow of a meeting of the committee actually taking place before it comes into effect?—I do not think there is such an arrangement.

7128. Then it is quite possible for the appeal to be practically not available until the probationer has left the hospital?—Possible.

Lord Archbishop of Canterbury.

7129. Are there many probationers who leave before their engagements are terminated by dismissal on the part of the hospital?—No, very few.

7130. How many a year?—I should not like to say.

7131. Two or three?—There would be more than that, I think.

7132. More probationers than that whose engagements are terminated by the hospital authorities before the two years are over?—Yes.

7133. Could we know how many upon an average there are?—I could find out by reference to the records, but I could not say of my own knowledge at all.

7134. None of them ever appealed?—No, I think we have never had an appeal.

7135. Are these standing orders in the possession of the probationers?—Every one.

7136. Each has a copy?—Each has a copy.

7137. So that they know that they can appeal to the house committee?—It is so put into their hands.

7138. This (which is in the evidence of Mr. Roberts, at No. 6193) sounds very absolute (it is an extract from the minutes of the house committee), "that although the action of the house committee can only follow in such cases the report of the matron, the act of cancelling the engagement must, of necessity, be the deed of the house committee, who are, with the probationer on the other side, the only contracting parties." That seems to mean that the house committee have nothing to do but execute the deed; that they must follow the report of the matron; is that possible?—In practice it is so.

7139. Then, the matron has absolutely the power of dismissal, and she reports to the house committee, and they make out the document, or make the entry; but there is not really any inquiry by them into the case?—There is always an inquiry where there has been some fault committed; but there would be no inquiry at all with regard to a question of incompetence.

7140. Then, if a probationer has her engagement terminated, and goes away on account of incompetency, the house committee know nothing about

Lord Archbishop of Canterbury—continued.

about it except her name, and that she is gone?—Except that it is as reported.

7141. And you think that she is quite aware that she could appeal to the house committee if it happened to sit before she goes away?—Under any circumstances she may.

7142. But they may sit after she has left the place?—Yes.

7143. But by that time she has gone away and taken her property with her?—Yes; but the house committee sit every week.

7144. What did you mean by "a qualified certificate," might I ask, when you used the term just now?—Qualified by the adjectives used.

7145. Have you different forms?—No; the same form, but different adjectives.

7146. I think there was another answer of yours that I want to be clear about; what was the date of that entry in the book about probationer Page, which you read just now?—The answer was, that there was no record on the page showing when the entry was made.

7147. Is it in its perfect sequence, so that it was made at the time; is it clear that it was made at the time, and was not made some time afterwards; I refer to that elaborate report?—I cannot say that at all; but it would naturally, in the course of business, be made when the probationer left; but it is not dated.

Chairman.

7148. I think you said that these things were written up after the probationers went?—At the time. But I should like to correct my answer with regard to a probationer having left the hospital. It is a fact that though the report comes to us of what has happened during the previous week, they never, as a matter of fact, are permitted by the matron to leave the hospital until after that report has been read.

Lord Archbishop of Canterbury.

7149. To the house committee?—Yes.

Earl *Cathcart.*

7150. I think that Mr. Valentine's argument was that he disliked the agreement with the probationers because, I think he said, it was a one-sided agreement; that it did not sufficiently stipulate what the hospital was to do with the probationer; has any idea of that sort ever occurred to you?—No; we only drafted this agreement because we thought it was fair. I do not know whether Mr. Valentine disliked it or not; we never asked him.

7151. The Bishop of Bedford is a dignitary of St. Paul's, and a neighbouring incumbent; a neighbour of the hospital?—I cannot say.

7152. But, however, he is connected with the hospital?—He has had a great deal to do with us, but, at this moment, whether he is one of our life governors I am not quite certain.

7153. I want to ask you this: when the late chaplain left, the Bishop of Bedford and Mr. Kitto offered to make some suggestions with regard to the arrangements of the duty of the new chaplain, did they not?—Yes.

7154. It was stated, in the correspondence read out by Mr. Roberts, your secretary, that

Earl *Cathcart*—continued.

Mr. Kitto and the Bishop had offered to make suggestions for the arrangements regarding the new chaplain?—Yes.

7155. Could you tell us what those suggestions were?—May I read the recommendation that they made.

7156. If it is not very long?—No, it is quite short: "Memorandum on the Chaplain's office, presented by the Right Reverend the Lord Bishop of Bedford and the Rev. J. F. Kitto. (1.) The Chaplain should submit to the house committee a definite plan for (*a*) the services to be held in the chapel; (*b*) the services to be held in the wards; (*c*) periods of regular visitation in the wards. (2.) Orderly arrangements are absolutely necessary in a hospital, where the convenience of so many persons has to be considered. If it were known that a service would be held at a fixed hour, and that the chaplain would pay pastoral visits at a specified time, then the nurses and patients in the ward would be prepared for the visit, time would be saved, and a regular and orderly method would grow up, without in any way curtailing the chaplain's privilege of visiting the ward at other times. A notice, in accordance with this plan, would be fixed in each ward. The chaplain should be requested to note in his report to the house committee any occasions when he has been compelled to depart from the usual order. Changes of ritual and ceremonial in the services in the chapel should only be introduced with the knowledge and sanction of the house committee. (3.) The house committee should impress upon the chaplain the paramount importance of the careful and regular visitation of the sick at the bed-side. The nurses and staff may obtain opportunities of instruction in the chapel, or elsewhere, but the sick and the dying can only obtain what is given to them individually at the bed-side. It is assumed that the chaplain will receive an early report of those patients who are placed upon the dangerous list. (4.) Some means should be adopted by which the chaplain may be brought into close intercourse with the committee. The formal weekly report is insufficient for this purpose. We would suggest the appointment of a special sub-committee of which the chaplain should be the secretary. Matters affecting the work of the chaplain should, in the first instance, be brought before, and considered by this sub-committee. It would be the business of the committee to acquaint themselves with the chaplain's work, to consult with him upon any changes which may be thought necessary, to assist him by all means in their power, and generally advise the house committee upon this department of the work of the hospital."

7157. And did the board act upon those suggestions?—No.

7158. And for what reasons?—Because we appointed a sub-committee as therein suggested, but the sub-committee have never made any report to the committee since then.

7159. Then as you had unpleasantness with the chaplain, would it not be desirable that the sub-committee should be asked to make their report, and that some action should be taken in the matter?—I think, perhaps, the opinion of the

Earl *Cathcart*—continued.

committee may not be entirely in accordance, as far as I know, with that report.

7160. I will not trouble you further on that point. You mentioned that you were in the habit of visiting the dinners occasionally, that is to say, of the nurses and the probationers?—Certainly.

7161. You found the dinners always, when you visited them, comfortable, and such as they should be I understood you to say?—Yes.

7162. And the dinner that you would expect to find would be such as would be found in a comfortable middle-class family, or perhaps in the commercial room of a country inn, that sort of dinner; that is to say, as comfortably served and as comfortably arranged?—My experience of such is limited, but certainly, though the food was plain, as far as I saw it was good, with the exceptions which I spoke of, some years ago, when we had continual complaints of bad food.

7163. Do you ever act on the military principle of asking whether they have any complaints to make when you attend dinners in that way?—Yes.

7164. And you have received no complaints, not of late times?—Not of late times.

7165. Do you think it desirable that the matron should dine with the nurses, that the nurses should all dine together, and that the matron should be there?—No, I do not see that it is necessary.

7166. You are not aware that such is the custom at some of the large endowed hospitals, at one of them it is, I know, for the matron to dine with the nursing staff generally?—We have the matron's assistant always in attendance; invariably.

7167. That is the home sister?—The home sister.

7168. To turn to another subject: complaints have been made by these nurses who have complained, of sewer gas; have you heard of sewer gas being complained of in the hospital?—No, never; but at the same time I would qualify that answer by saying that we ourselves are now going to a very great expense in entirely re-arranging the whole drainage of the hospital.

7169. Thank you; I will not press you further on that. Have you rats (and you understand the significance of that question) about?—I never heard of them.

7170. Then probably they are not about?—I never heard of them.

7171. You have probably heard what has happened at Derby, where the whole hospital was broken up, and patients and doctors and everybody had to escape?—Yes.

7172. Miss Yatman and Miss Raymond both stated on oath here, that in their view complaints were useless; now could there be no committee of ladies to assist the matron as regards the nurses and probationers?—I should have much more faith in a committee of gentlemen.

7173. I incline to agree with you there. Now with regard to the register of nurses, has it never struck you that the statements in the register of nurses are hardly sufficiently business-like; that they are of a character too gossippy?

Earl *Cathcart*—continued

—It has always seemed to me that that register was eminently to the point.

7174. But there are in it long statements which one would hardly expect to find in an official book; I only referred to it the other day for five minutes, and I saw one or two statements in that book which certainly startled me. I do not mean to go into them now, but I will tell you privately what I referred to; but that has never struck you?—I think in some cases they might have been condensed; they might have been more terse perhaps.

7175. Now that book is a sort of defaulter book of the nurses, but it has this difference from the defaulter book that is known in the Army; in the Army no statements are put in that book which are not records of transactions which have taken place on inquiry when the offender was present together with his accuser and in the presence of the superior authorities; but this book is not so constructed; it is made privately by the matron in her own room?—Quite so.

7176. And consequently, if these records are to be made against these ladies for ever, it would be hard against them if mere gossip, or what was in the nature of gossip, got into that book and stood as a record against them, would it not?—Nobody would be any the wiser for an entry in that book unless they asked to have it read.

7177. I will do away with any delicacy, and say what it was that I referred to just now. It was said in that book, I noticed, of one lady that she was too free-and-easy in her manner to the male patients in the ward, and of another lady that she was given to flirting, not saying how far it went. Now those are statements which would be exceedingly damaging to them if that book got into other persons' hands, and they are hardly statements that should appear in an official book, are they?—But that book would hardly ever get into anybody's hands except in an inquiry of this sort.

7178. But it stands there as a record against these ladies; it is an official book that goes from one committee to another committee, does it not?—No; it has always been kept in the hands of the matron, and whenever we wanted to know anything from it she came and read it to us.

7179. Then your opinion is (I am not stating my own but asking yours) that the book is so guarded, and is of so confidential a nature, that it could not possibly damage these nurses outside?—It could not practically. Though I have been in the hospital for some eight years or so, I do not remember until to-day ever to have read or seen that book myself; I have heard it read on various occasions, but I do not remember ever to have handled it and read it myself.

7180. Would it not be better when an important book of that sort is brought before your Board, that it should be initialed and signed by the chairman, if it is produced and brought forward?—Yes; I think that where a minute is read it ought to be signed.

7181. It occurs to me that that book ought to be initialed by whoever is in the chair, to show that it has been brought forward?—Yes, I think it ought to be.

7182. Now a statement by Miss Raymond, in answer

Earl *Cathcart*—continued.

answer to Question 5916, made a great impression upon my mind. She said that, in consequence of their being short-handed, a man who was restless was tied in his bed. Now I have seen enough of nursing myself to have seen that in case of dengue fever and other cases it would be the utmost cruelty to tie a patient down because he was restless. Was your attention called to that statement?—No.

7183. You have not read the evidence given before their Lordships?—I have not had a copy of it.

7184. But Miss Raymond stated in answer to Question 5916 that they were short-handed, and because a patient was restless that patient was tied in his bed. Now, if that is true, I should be inclined to characterise that proceeding as monstrous, unless some explanation could be given of it?—Certainly; I think such a practice is certainly to be condemned entirely.

7185. Perhaps you will be so good as to make inquiry into that matter with a view to reformation if such a practice does exist of tying patients in their beds?—Certainly.

Earl of *Arran.*

7186. I just want to ask you this question as to dismissal: Supposing a nurse is dismissed for incompetency by the matron, would she be informed of the reason of her dismissal?—I cannot doubt that it would be so.

7187. Then supposing she chose to appeal, what course would she take?—Her wisest course would be to write a statement to be handed in to the committee at the next meeting.

7188. If such a statement was handed in, what action would the committee take upon it?—They would send for the matron and the probationer whose services were dispensed with, and would inquire fully into the matter in their presence.

7189. Then what evidence would be adduced before the committee to prove the matron's statement or the probationer's?—To prove the capability or otherwise of the probationer, the committee would certainly require to hear the evidence of the sister in whose ward she had been taking duty.

7190. So that it would come to this: that the same witness would practically be called both by the probationer and by the matron to prove their cases; because the matron's evidence, from what we gathered, as to the capability or non-capability of a nurse, would depend in a great measure upon the report of the sister?—I suppose so; but as it is a hypothetical case, I cannot quite say.

Lord *Thring.*

7191. I understand that practically the matron is necessarily the sole judge in your opinion of the competency of a probationer?—The sole judge employed by us; but her opinion would be formed chiefly from the report of the sister with whom that probationer had been working.

7192. True, but as regards the question she is herself the sole judge in your opinion?—Yes.

7193. Then I understand that you draw this distinction: that the matron has power to dismiss in that case, that is to say, to tell a probationer she is to go home; but if the probationer were to be solemnly dismissed, then it would be that the committee would intervene?—Yes.

Lord *Thring*—continued.

7194. I understand it is the same difference as there is between the master of a great school writing home to a boy's parents saying, "He is doing no good here," and in the other case expelling him. In the one case the master would have an absolute power; in the other he would have to bring it before the committee?—Certainly. I should never say of a probationer whose services were dispensed with on account of incompetency, that she was dismissed.

7195. If a nurse or a probationer commits an act detrimental to character, she would be dismissed, but it would be brought before the committee first?—Yes.

7196. If it were a case of simple incompetence you would rely on the matron to do justice?—Yes.

Lord *Zouche of Haryngworth.*

7197. You said just now that any complaint about the food of the nurses ought to go first of all to the nursing home sister?—Yes.

7198. Then would it get beyond her usually, or to whom ought she to make the complaint?—I do not suppose in a small case it would get beyond her. If someone complained that the milk was turned or anything like that she would come to the home sister, and say so.

7199. But then what would the home sister do in the case of a complaint made to her?—She would rectify it.

7200. It would not be her duty to forward the complaint?—Not unless it was beyond her power to deal with it; as for instance, if supplies are sent in bad, it is beyond her power to rectify that.

7201. And then to whom has she to send the complaint on?—She would send it on through the matron to the house committee.

7202. There is one question which I have to ask you on behalf of Lord Lauderdale: What means, if any, have the house committee of knowing what progress probationers are making during their two years' probation?—The result of the examination, or, if necessary, inquiry from the sister as to their practical progress.

7203. But is any record kept as to the progress which a probationer has made?—Yes, in this book (*pointing to the Register Book*).

7204. From time to time?—From time to time; and the result of the examination.

7205. That would be an additional means?—That would be an additional means of testing it.

Earl of *Kimberley.*

7206. You have been explaining very clearly indeed, that on the question of the competency of a probationer, you would regard the matron's opinion practically as the one which would always be adopted as a matter of course by the committee; but what is the meaning of your rule which says that there is an appeal to the committee. In point of fact, you do not regard the committee as competent to enter into the question?—There might be cases in which the matron having terminated an engagement for the reason of incompetency, the probationer might

Earl of *Kimberley*—continued.

might consider that she was unjustly treated and she would then come to the house committee. She might, I suppose (I may say that I do not remember any practical instance of it), come to the house committee; the house committee would then inquire into it, and if it turned out that there was some error of judgment in the matter, after inquiry, the committee might recommend her continuing.

7207. That, no doubt, is all possible under the rule; but you told us distinctly that the committee did not consider that they were able to enter into the question of competency?—Certainly.

7208. If that be so then the appeal must be absolutely a farce. I am not arguing the question whether there ought to be an appeal; possibly it may be that the opinion of the matron ought to be taken as that of the most competent person; but what is the use of having a rule which says that there is an appeal, when, in point of fact, there is no appeal at all. Is it not better at once to let the probationer know that she is subject to that dismissal by the matron?—No, I think it is advisable to keep that clause in the standing orders, because it prevents a person considering that she has been turned off by a matron without any right of appeal.

7209. But is it not the fact that it is really entirely misleading by your own showing, because it is put in for the purpose of making the probationer believe that she has some appeal, when, upon your own evidence, it is clear that she has no appeal. In that case, therefore, it is distinctly misleading to the probationer, is it not?—Well, if it might not be considered disrespectful to this Committee, I would say that it is exactly similar to this sort of case in a domestic house: If an under servant was reported by the upper servant as being incompetent, you would terminate that engagement; you as a master are not capable of judging of whether that under servant is competent or not, but at the same time you would not allow anybody to be turned out of your household without a power of appeal to the master of that house. I do not wish to be in any way disrespectful to the Committee, but I merely wish to quote that as an instance of how it would be.

7210. In point of fact, the appeal is nominal?—No.

7211. How can it be otherwise if you say that the appeal is one which the committee is not competent to try?—But there might be circumstances in which it was perfectly competent.

Earl *Cathcart.*

7212. The analogy about the private house does not hold, because in a private house you are administering your own affairs (of course, you are bound to be just), but in a large public institution you are administering public money and acting for the public?—Of course, the analogy will not hold good in all points.

Chairman.

7213. We have heard in the course of the evidence here, that the nurses, when ill, have the advantage of the assistance and advice of house physicians and house surgeons, and those are very often young men who have lately qualified; do you think that that is sufficient, or that they ought to have the advantage of the advice of more experienced medical men?—I should think it quite insufficient if that was the only advice that they had; but some little time ago we made a new arrangement, by which three members of our senior staff, namely, Drs. Fenwick and Sutton, and Mr. Treves, as a surgeon, specially undertook the charge of the nursing staff. Of course, whenever they are present, when it is their days for attendance, they personally see those who are sick: but when they are not in the hospital the sick nurses or probationers would be seen by their representatives, who would be the young men that you specify.

7214. All those officers to whom you have referred are honorary officers of the hospital, are they not?—Those are the visiting staff.

7215. But have you no medical officer in the hospital, who is the paid officer of the committee, the servant of the board or committee?—All the resident staff are the paid servants of the committee of the hospital, for the time being.

7216. But they are more directly under the medical council, are they not?—No, directly under the house committee; everything in the hospital is under the house committee; it is the house committee that appoints them.

7217. Of course, everybody is nominally under the house committee; you could dismiss the senior surgeon, if you chose?—Yes. Such an idea has never occurred to me; therefore, I replied with some hesitation, yes.

7218. I was only putting an extreme case, but they have that power?—Certainly.

7219. You do not think it would be advisable to have what is termed in some hospitals a resident medical officer, who is directly under the Board and has nothing to do with the medical council; not even a member of the medical council?—No, I think that our plan is decidedly better than that. All our resident medical men, house physicians and house surgeons, are duly qualified men, men who are competent to be placed out in any position of authority; and we have lately on the college board, had for each vacancy that occurs, a number of very competent men applying for these appointments, as they fall vacant: and our difficulty lately has really been to select between competent men.

7220. That leads me to ask this: who makes the selection?—The college board select the men and recommend them to the house committee, and the house committee, upon the recommendation of the college board, give the appointment.

7221. Are the college board professional men or lay men?—Half and half. The college board consists of, I think, six from the medical council and six who are nominated by the house committee.

7222. Does that body only meet when required for some special purpose, or does it meet weekly?—Once a month during the session.

7223. What is that session?—The medical college session.

7224. Then

Chairman—continued.

7224. Then when the medical college is not in session this body does not meet?—No.

7225. Now are any questions of nursing referred to that body?—No; they have nothing whatever to do with them.

7226. Are you quite satisfied with the medical advice as it exists for the nursing staff?—Yes, I am quite satisfied; I have had very good opportunities of judging of it, because when any of the nursing staff was seriously ill during the time I was chairman, I always took a very great interest in that particular case, and went to look after it myself; and it so happens that two probationers, in whom I was specially interested, happened to get very sick, dangerously ill, in the hospital, and I had an opportunity therefore of constantly watching how they were nursed; and I can only say that both of those ladies say they quite owe their lives to the careful way in which they were nursed in the hospital; and I think that is the experience of all those who have fallen very ill at the hospital. We have had printed extracts from a few of the letters which have been sent just now, since the beginning of this inquiry, to the matron, either from sisters or nurses, some of whom have been nursed during sickness in the hospital. These have been printed, and, if I might, I should like to put in some of these and read them, because they bear upon this very subject.

7227. Yes?—There is one, for instance, from Miss Herman: "I do not think it right to read all the complaints that are being made about the treatment of your sick nurses here without making known my own experience of that treatment two years ago. As you may remember, I had only just come from home; I was a probationer of nine days' standing when I went to the sick-room with a poisoned finger, and my one desire was to go back home directly. I mention this to show that I was not prepared to be very contented in the sick-room, nor very grateful for what might be done for me there. I was soon very ill, but not too ill to know that I was being treated with the utmost kindness by all who were responsible for the management of the sick-room. I can quite truthfully and unhesitatingly say that I wanted for nothing while I was a patient there. After a week the nature of my illness necessitated my removal to the erysipelas ward, where I became simply a hospital patient. The ward was not bright and attractive like the sick room, but the kindness I received there was as great, if not greater. I feel, however, that I must be more explicit if (as I hope) this letter is to be useful as evidence. I was a patient under care of Mr. Treves, who saw me frequently, and to whose treatment, humanly speaking, I most certainly owe my life. This treatment was carried out by his house surgeon, who saw me always twice a day, often three times, and frequently more than that. I had a special nurse, both by day and night; whatever nourishment I was ordered was made in the nursing home kitchen, and brought to me direct from there. It was always nice, always abundant, and always punctual. My sister stayed a fortnight with me, and was provided with a bedroom in the hospital; all my relations were at liberty to come to me at any time, and from you, yourself, I had several visits during the time of my illness. I have only one thing more to add to this statement. It is that I was nursed with the most affectionate care by Sister Blizard, the sister in charge of the erysipelas wards. I do not simply mean that she conscientiously discharged the duties of sister to patient, but I mean that she cut short, day after day, her own two hours' leisure on my account, and for my comfort. She treated my many visitors as her own friends, and she nursed me throughout with a skill and tenderness that I hope never to forget. This, then, was my experience, the experience of a perfect stranger in the hospital, who came without any influential recommendations, and who had previously known no life but the comfortable life of home." There are other letters which I put in to the same effect. I can add my personal experience, from having gone round and seen these nurses and probationers when they were sick.

Chairman—continued.

7228. Is there anything else you wish to remark upon?—Perhaps I may be allowed to say something in regard to the evidence that has been given here by Mr. Valentine. I was chairman during the whole time, from the time of his election, until the time of his leaving the hospital, and of course I am, therefore, the person who knows probably more about the reasons why he left the hospital, and so on, than anybody else. If the Committee wish to hear anything of that, I am prepared to give any amount of detail upon that point. I cannot help saying that, unfortunately, as he left us under those circumstances, I cannot help thinking that his evidence was very biassed. In fact, he himself told me on his leaving that he should not leave a stone unturned to do the committee and the hospital some injury, and therefore I cannot think that his evidence was otherwise than biassed, unduly biassed against us.

7229. Pray continue if there is anything else you wish to say?—I should like to state how it was that Mr. Valentine was prejudiced, and was biassed against the committee of the hospital. He was appointed really, one may say, upon the recommendation of Dr. Walsham How, the then Bishop of Bedford, and on his coming to us, we learnt, from his own statement, that he could not call himself as belonging to any school of the church, that he was a good churchman, and that he could only say that if he followed any one in the church, it would be Dr. Walsham How, and it was on that understanding that we appointed him, that those were his views. The reason why the house committee and he became out of accord was, because during the second and third years of his holding the office he certainly changed his position in the church, and he confided to me on one occasion, when we came back from our annual recess, that his views had materially altered that year, especially upon the subject of confession. I had a very long talk with him on the subject, and it eventually ended in this: I said to him, "Does your change of view in any degree alter your conduct with regard to others, or is it only and entirely to yourself," and he said to me most positively that it would

Chairman—continued.

would not have the smallest effect at all upon his relations and his dealings with those who were committed to his charge ecclesiastically, but that it was purely a personal matter; in fact, as I understood it, that he himself derived, as he said, immense comfort from personal confession to someone whose name I do not know, but that it would not make any difference at all in his work. When I heard that I said, "Then under those circumstances I do not think it need make any difference whatever to your position in this hospital," and we so continued, and I never mentioned this conversation or the result of this conversation to anyone. It was a private conversation, and I never mentioned it to anybody. It was repeated again with long detail in my own house. But there is no doubt whatever that, during the course of the year, in the end of 1888, his conduct certainly did change. It is scarcely possible to specify any exact particular, but his whole conduct certainly was that of a man who belonged to the extreme high church. I therefore thought that it would be better if I could consult Dr. Billing, who was then Bishop of Bedford, and I had a very long interview with him upon this subject, and the Bishop entirely agreed with what was my view of the circumstances, in saying that he thought it would be far better if Mr. Valentine would seek other employment; that was at the beginning of the year 1889, I think in February. Various rumours got about throughout the hospital then as to his change, and we were, for a long time, without an assistant curate; it was very difficult to get an assistant, and at last he selected and introduced to us (because we left the selecting of an assistant almost entirely in our chaplain's hands) a man who had come from a very high church, a Mr Malton, as his assistant, and he joined us in February 1889, and he remained on as our assistant chaplain until the time that our present chaplain, Mr. Mahomet, took charge; and, in fact, between the time that Mr. Valentine left and the time that Mr. Mahomet took charge, Mr. Malton, who had been introduced as assistant, was entirely in spiritual charge of the hospital, and I am bound to say that we had not in any way anything whatever to say against Mr. Malton; he was satisfactory in every way and worked well. I only mention the fact that his having been selected from a very high church place, naturally prejudiced those of our committee who were of another way of thinking against him, and against Mr. Valentine, who introduced him. He, about that same time, namely, at the beginning of 1889, introduced a hospital guild, with a medal of the guild, things which I considered, certainly as chairman, as perfectly harmless in themselves if not desirable; but it was considered generally by the committee that it was an indication of a change of view, which put him out of accord with the committee of the hospital and all the traditions of the hospital. Then there was a great deal said about that time, about the reports that the nurses were invited to come to auricular confession. I privately asked Mr. Valentine, because I was in continual intercourse with him at the time, whether that was so, and he assured me that never at any time had he heard a private confession from one of the nursing staff;

Chairman—continued.

but some time in March it was decided by our committee that we should ask him a definite question on the subject of confession. I do not say that the question was altogether politic or wise, but still the committee decided on putting this question to him. I do not exactly remember what were the terms of that question; I should rather read it, as the words are very short, than trust to my memory: "As it is believed outside the hospital that confession is invited by the chaplain, and as the London Hospital is a public institution, we request that the chaplain should send us an emphatic assurance that neither he, nor the assistant chaplain, ask, or ever have asked, or will ask, for private confession." On the 19th, a week after that question was asked, Mr. Valentine attended the committee, and read with great spirit a definite reply to that question, which answer, I believe, he submitted to his Grace the Archbishop and to the Bishop of London. Of course there was nothing tangible in that reply that we could say was wrong or against the Prayer Book; but it was the unanimous opinion of our committee, when we had heard the whole tenor of this reply, that if we had known what sort of a man this was whom we were appointing, not one vote would have been recorded for him at the election. It was that he took up a position which showed that he was out of accord with the whole tradition of the hospital. We therefore thought that the best thing to do was to appoint a sub-committee to interview him, and to urge upon him the desirability of resigning his position of chaplain rather than that there should be any public scandal which should bring our institution in any unfavourable way before the public. That sub-committee consisted of Mr. Ruggles-Brise, myself, and the rector of Whitechapel. I am not quite sure whether there was another gentleman; at all events he did not attend, but those were the three that attended. (Mr. Ind, I find, was nominally on it, but he did not attend.) We interviewed the chaplain, and very strongly urged that he should resign, but we were quite unable to prevail upon him to do so. This we reported, of course, to the house committee, and before the next court, before the Midsummer or the June court, we passed a resolution in the committee, that as the chaplain was out of accord with us, and as he did not choose to resign, we therefore would recommend the court not to re-appoint him at the end of the year. Every single appointment in this hospital is only held for a year, and we recommended that he should not be re-appointed. There was a very long discussion upon this, and the committee resolved by a large majority, to pass this recommendation to the court. It was just at this time also that I wrote the circumstances of this case and laid them before the Bishop of London, hoping that he possibly would act upon Mr. Valentine. The court in June, however, did not agree to our recommendation, and referred it back for our re consideration in the house committee; and we, in July, again considered this matter, and we reaffirmed our former resolution, as it was the feeling of the house committee that it would be manifestly to the detriment of the hospital if Mr. Valentine continued to remain on as its chaplain.

Chairman—continued.

chaplain. Circumstances remained like that until the recess of last year; and when we met after the recess, we received a letter signed by a large number of the clergy of the East End of London, urging us to have an inquiry into Mr. Valentine's conduct, and not to condemn him without a full inquiry. It was a very short letter, if I might read it: "Gentlemen,—We, a few of the incumbents in the vicinity of the London Hospital, having heard that a resolution has been passed, refusing to investigate the charges against the chaplain, and recommending dismissal upon a point of doctrine of the Church of England, venture to express our keen disappointment and real dismay at so painful a conclusion. We have felt that, prior to bringing the matter before the Rurideaconal Chapters in the autumn, some of us ought at once, in the cause of peace, to express our sense of the growing gravity of the situation. It is not for us to dictate to the house committee, but at the same time we cannot help feeling, first, as men, that no man should be condemned without full and free investigation of the charges brought against him; and, secondly, as clergy, that a clergyman in matters of doctrine must be answerable to his bishop. Earnestly praying the house committee to reconsider their decision,—We beg to remain, yours faithfully." That was followed by the names of certain clergymen in the East End.

Lord *Zouche of Haryngworth.*

7230. May I ask whether any of those clergymen were governors of the hospital?—Certainly; I think so.

7231. Some were not?—The first one, I see, certainly was; I see two names which are the names of governors; but I cannot say about the others at all. That was dated 17th September, or rather it is not dated at all, but it bears my indorsement to be brought up for consideration on 17th September 1889; we then, after debating upon that letter, resolved to ask the Bishop of Bedford and Mr. Kitto, or rather Mr. Kitto and the Bishop of Bedford (we must put Mr. Kitto first, because he was a member of the governing body, whereas the Bishop of Bedford was not; therefore, it was Mr. Kitto and the Bishop of Bedford), to inquire into Mr. Valentine's practice in the hospital, and to report to us. I must say that we had never thought of dismissal; we had never thought of charges; there were no charges whatever; there never were any charges; the whole thing was simply that he was out of accord with the committee, or (as it is impossible to say it in more clear words than those which are perhaps so commonly understood), he had become a very High Churchman, and we, as a rule, were of quite the opposite school. But there was no charge against him, and there was no talk about dismissal; it was only that we put before the court that he should not be re-appointed. At that time I received a letter from Mr. Valentine, saying that he had accepted another appointment. This of course I communicated at once in writing, both to the Bishop and also to Mr. Kitto. That was on 24th September; his letter was dated 18th September; but I communicated to the committee that he had received another appointment on 24th September. On the 5th of November Mr. Valentine wrote again more officially to the house committee, saying, "Gentlemen,—I beg to inform you that I have been instituted' to such-and-such a living; "please acquaint the governors with the fact of a vacancy." I was, therefore, deputed to see Mr. Valentine, and to ask him about when he would give over charge, because we did not want then to press him unduly; we wanted him to suit his own convenience as to when he should go; and we called for a special meeting of the court of governors, in order to receive this, which might be called resignation, which was really a virtual resignation, and to declare a vacancy. That court of governors met at one o'clock on the 19th, and the vacancy was then declared; and in the house committee, which followed immediately afterwards, Mr. Kitto put in to us the report, or read to us the report which he and the Bishop of Bedford had drawn up. It was very short indeed, and of course, to a certain extent, was rendered partly unnecessary by the fact of Mr. Valentine having resigned; and it was subsequent to that that these two gentlemen, Mr. Kitto and the Bishop of Bedford, put in at their own suggestion those recommendations which I have already read to your Lordship's Committee, and I would only say that after this report was received from Mr. Kitto we received one more communication from Mr. Valentine, which shortly said that he had received a copy of this, or had seen (I am not quite sure what the word was) this report of the Bishop, and he asked for an apology. This was the letter, "Gentlemen,—I beg to thank you for sending me the report made to you by the Bishop of Bedford and Mr. Kitto, and to ask for an apology." It was unanimously resolved at the committee that that letter required no answer. With that, Mr. Valentine's connection with the hospital ceased; but he expressed to me his bitter feelings against us, and stated that he certainly would do something to bring us into disrepute. I do not exactly remember the words, but that was the meaning of it. I said to him that surely, having been chaplain for four years, he would not think of doing anything to injure such an institution as our own; but he said that he would. That terminated, I think, our intercourse.

Earl of *Kimberley.*

7232. Did you make a report of these proceedings with the report of Mr. Kitto and the Bishop of Bedford to the court of governors?—We read the minutes at the December court, but not much was said about it, because at that time he had left.

7233. Mr. Valentine, I might mention, complained that this report which he considered as exonerating him from what he regarded as the charges brought against him, had not been communicated to the court, and it is in reference to that that I ask the question?—I will read the words that were read to the court: "The committee received the annexed report of the Bishop of Bedford and the Reverend J. F. Kitto, on the inquiry respecting the chaplain. A letter

Earl of *Kimberley*—continued.

was also read from the Bishop of Bedford and Mr. Kitto, offering to make a further report containing suggestions as to the duties, &c., of the chaplain, before the post is filled up; and it was decided that during the ensuing term, before the appointment of a new chaplain, Mr. Malton should be responsible for the duties."

7234. Is that the report of what took place at the governors meeting?—Yes, that is what was read, "and a letter from Mr. Valentine was read, acknowledging the receipt of the report from the Bishop of Bedford and Mr. Kitto." At that meeting also Mr. Valentine was present, not in his capacity of chaplain, but in his capacity of life governor.

7235. I understand that the report of Mr. Kitto and the Bishop of Bedford was communicated to the governors; that is stated?—It is not set out here, because the original report was there, but it says: "The committee received the annexed report from the Bishop of Bedford and the Reverend J. F. Kitto," and taking those words, "annexed report," and the fact that Mr. Valentine was present on the occasion, if there had been any necessity for reading it then it might have been read. I cannot remember that it was, but I am quite sure that both at that court and at the previous court I should do what I was always in the habit of doing, detailing the circumstances to the governors who were present, and asking for any comments which might be made by any one.

7236. You think that there is no doubt that the governors were made aware of the tenor of that report?—I am sure of it, fully; but we were always very anxious to make them understand that there were no charges whatever made at any time against Mr. Valentine.

Lord Archbishop of Canterbury.

7237. I asked a question which was not answered, about the number of nurses whose engagement was concluded; would it be possible for you to give a return on that point?—Certainly.

7238. Perhaps you might inform us at the same time how many applications you have?—Applications for admission, do you mean?

7239. Yes?—Of applications for admission, I believe, we had last year something like 1,600.

7240. But could we have that accurately stated, and the number admitted, and how many of those admitted are found incompetent, and how many leave from ill-health, and how many from other causes?—Those could be ascertained with the most perfect minuteness from our records, but I could not give them myself now.

Lord Archbishop of Canterbury—continued.

7241. But we might have them?—Yes. I am told by the secretary that four nurses have left this year under the new arrangement.

7242. As incompetent, do you mean?—As being unsuited. Some of them might be cases of nurses themselves wishing to go.

7243. That is since January of this year?—Since January. For instance, in some cases where the engagement is cancelled, we exceedingly regret that it is necessary to do so.

7244. Do not you distinguish between those who leave because they are found incompetent (of course we do not wish for names), and those who have to leave from ill-health, for instance, are they not arranged; could you not give us that information?—We could give it, but we have not now anything drawn out to show that.

7245. But in the course of a week perhaps you could furnish such a statement, showing the number of applications, the number of admissions, the number found incompetent, the number who leave from ill-health and from other causes, either specifying the causes or not specifying them; specifying them if they are recorded, but not taking trouble about specifying them if they are not recorded?—Yes.

Earl of *Kimberley.*

7246. Will you do that for the whole staff, including sisters?—Yes.

Lord Archbishop of Canterbury.

7247. But sisters do not leave as being incompetent?—No, from other causes. In the last few lines of the answer to Question 6746, at page 398, will be found an instance of a case where a probationer broke off her engagement. It is put in there for another object, but it incidentally shows, perhaps, how it is that some probationers may leave greatly to our regret: "Probationer Gregson writes that she is not able to continue her training, in consequence of unforeseen home duties; another disappointment for us in the way of losing a worker immediately she becomes efficient."

7248. They could be arranged under "other causes," or in whatever way you find most convenient?—They shall be arranged under different heads.

Chairman.

7249. Have you anything else you wish to say?—No, I do not think I have anything else to say.

The Witness is directed to withdraw.

Miss ELIZABETH ANNE MANLEY, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7250. You were formerly a nurse at the London Hospital, were you not?—Yes.

7251. What was your position there?—I was sister in the children's surgical and accident ward for three years, and I was one of the night sisters for 14 months.

Chairman—continued.

7252. Were you the nurse in charge of the case which has been mentioned before this Committee, which a certain medical man of the name of Buksh had to deal with?—I had a good many of Mr. Buksh's cases on my side of the hospital.

7253. The statement made to us was that Mr. Buksh

Chairman—continued.

Buksh was intoxicated, and, in answer to Question 5892, this was stated: "He then wished to inject a hypodermic of morphia, but the patient received a hint from myself to pretend to go to sleep, and the sister said that her hypodermic syringe was out of order, and I" (that is the witness, Miss Homersham) "carefully hid the ward syringe in my pocket, for I did not consider that he was in a fit condition to administer morphia to a patient." Then she was asked what the name of the sister was, and she said, "Miss Manley." Can you tell us anything about that?—I never saw Mr. Buksh in the ward intoxicated; I never refused to allow him to give a hypodermic injection, or encouraged the nurse to hide her hypodermic syringe from him.

7254. Was Miss Homersham the nurse?—Miss Homersham, I think, was the nurse in the operation ward.

7255. It was a case of excisionof the kidney?—Yes, I remember the case very well indeed; I remember the case, and I remember that it was a case of Mr. Buksh's.

7256. Do you therefore contradict the statement I have referred to, and say that Mr. Buksh was not intoxicated, and that you never gave instructions to hide the syringe?—I never on any occasion saw Mr. Buksh or any of the resident staff intoxicated in the ward; but if such a thing had happened I should certainly have reported it to the matron. Mr. Buksh was always exceedingly kind to the patients, and very pleasant indeed to work with. The only occasion on which I remember having any unpleasantness with Mr. Buksh was when I had occasion to report the sister of the operation ward and the nurse for concealing from me the fact of a burn on this patient. Then Mr. Buksh remonstrated with me very strongly, but in courteous language, because he was very sorry to have got the sister of the operation ward into trouble.

7257. At Question 5882 I asked Miss Homersham, "What reason had you to think that the man was drunk?" and she answered, "From his general appearance, and from the fact that I had seen him the worse for drink on one or two previous occasions; and on a subsequent occasion he was so much intoxicated that the night sister had to assist him in undoing a dressing; when, after an hour and a half he left the ward, she turned to the probationer assisting me and to myself, and requested that we would not mention Mr. Buksh's condition in the hospital, and we, both of us, promised we would not do so. I think it was a notorious thing in the hospital." Do you contradict that?—I contradict that.

7258. Emphatically?—Emphatically.

7259. You being the night nurse then?—I was the night sister.

7260. And you were the night sister she referred to?—Yes, certainly.

7261. And you say that this statement is without foundation?—That statement is without foundation.

7262. Do you remember who the probationer assisting you was?—No, I do not.

7263. Then, as regards the system of reports to the matron, how is it done, or how was it done?—The night sister, before going off duty in the morning, was expected to go to the matron at a quarter past nine and mention any irregularity that had occurred in the ward or any change that it had been necessary to make in the arrangements of the nursing staff during the night.

7264. That is to say, that supposing, for instance, a nurse had become ill herself, you would have had to get somebody else to take her place?—A nurse might have been moved from one ward to another; supposing there was too much to be done in that other ward in consequence of new patients coming in, or some of the patients being taken worse, the nurse might be moved to the other ward, and this fact would be reported to the matron in the morning; and the day sisters had similar opportunities of reporting anything that they wished to say relative to their cases.

7265. And these things were reported in person to the matron?—In person to the matron.

7266. As to the time of washing patients in the morning, we were told that it commenced at a very early hour?—Patients were not allowed to be washed before six in the morning. It was a thing that the night sister had to keep a sharp look-out about, because many of the nurses were anxious to begin before; but the matron was very strong indeed in enforcing that it should not be done before six, and the night sister lost no opportunity of putting it right when any irregularity occurred. In the children's wards they were allowed to begin earlier, because there there were so many helpless patients to be washed; but they were not woke before six; only the children who happened to be awake were washed first.

7267. Was there time to wash the patients, beginning at six o'clock?—Yes; a great many of the patients, of course, were able to wash themselves.

7268. Did the patients assist in making their own beds?—Not as a rule; I would not say that they never did, but it was not encouraged, because the sisters were very particular as to how the beds were made.

7269. And then, as regards the sisters' rooms, we have been told that they were close to the wards, and that the odours, and so on, coming into them from the wards were very injurious; have you anything to say to that?—When I was sister of the Queen ward, my room was comfortable and airy; I was nursed through a dangerous illness in my room, and Mr. Hutchinson and Dr. Sutton, who attended me, were perfectly satisfied with the room, and I made a most excellent recovery.

7270. Was it a room opening into the ward?—Opening into the ward.

7271. What was the nature of the cases in that ward?—Surgical and accidents; a great many cases of hip disease.

7272. And then, with regard to the supply of towels, what have you to say?—As regards the supply of towels in the Queen ward, each patient was expected to supply a towel; but, as I found that they were very often remiss in bringing them, I asked the matron to supply me with towels to give to the patients, and I was at once granted a sufficient quantity to fall back upon when the patients failed to provide their own towels.

Chairman—continued.

7273. We were given a case of a certain towel, a roller, being used by a great many cases in the ward, and not changed for several days?—That certainly was not the case in the Queen ward when I was sister there; and as night sister I had an opportunity of seeing the washing of the patients going on in many of the wards, and I feel sure that such a circumstance would not have escaped my notice; I never had any complaint from the patients as to the towels.

7274. From your experience do you think that the work of the nurses is excessive in the London Hospital?—No, I do not think so.

7275. Supposing there was more money at the command of the authorities, you would not think that they required more assistance?—Sometimes the work was very heavy in the medical ward.

7276. You think that sometimes the ward might be more crowded than at others?—Sometimes there were worse cases in the wards than at others, and perhaps there might not always be a larger supply of nurses provided; but there was always a special nurse to be had for any special case that required close watching.

7277. Could a special nurse always be had for the asking?—Yes, a special nurse could always be had for the asking.

7278. You mean to say that the number of the staff was sufficient for that?—Yes; I never have on any occasion asked for a special nurse without one being sent to me at once.

7279. Did you ask on your own responsibility or on the suggestion of the surgeon?—When I first entered the hospital it used to be done on the suggestion of the house physician or surgeon; they used to have the ordering of special nurses; but after the rule on that point was altered, the sisters had the responsibility of deciding whether they wanted special nurses or not, and there was never any difficulty in getting them.

7280. How long have you left the London Hospital?—Four years.

7281. As long as you were there did you consider the nursing staff to be contented?—On the whole.

7282. Not very much grumbling?—No, not much. When there was grumbling we always encouraged the nurses to take their complaints straight to the matron as being the best means of obtaining redress.

Earl *Spencer*.

7283. How long ago was it that this case connected with Dr. Buksh took place?—I occupied the post of night sister from August 1885 to October 1886.

7284. You seemed very distinct about it; did you recollect Miss Homersham being one of the probationers attending that case?—Yes; I was under the impression that she was the nurse in charge of the operation ward at the time.

7285. You do not think it is possible that you had any conversation with her as to whether it should be reported to the matron or not?—Not at all likely.

7286. You have no recollection of it?—There was not anything to report. I remember the occasion to which, perhaps, she refers, on which

Earl *Spencer*—continued.

Mr. Buksh, accompanied by another house-surgeon, came up at a late hour one night, and they were a long time in the ward; but the dressing was done in a perfectly regular manner. I did not give more assistance than usual. I always did help in the dressing at night.

7287. And you saw nothing objectionable in the conduct of Dr. Buksh?—I saw nothing objectionable in the conduct of Dr. Buksh.

7288. Nothing to justify the assumption that he was the worse for liquor?—No, I did not see anything to justify such an assumption.

Earl of *Kimberley*.

7289. You have mentioned the case of the burn; had you anything to do with it. I will read you what is said here at Question 5875, and that will recall it to your memory, if you know anything about it. Miss Homersham complained of the surgeon having insulted her by saying that she had told a malicious lie, and she was asked, "Have you any objection to say what he said," and she replied, "No; I had been sent for by the matron to explain why I had not reported a case of burn, where the sister of the ward had burnt a patient under my charge, and I said to the matron that I had not done so, because I had received distinct orders from the sister not to tell either the house-surgeon or the night sister, and the matron exonerated me from blame in the matter; but the house-surgeon on the following evening said that he had heard the statement I had made to the matron, and that he considered it was a malicious lie told to the matron for the purpose of screening the day nurse, whom he assumed to be a friend of mine." I think you alluded to the only time when you had a slight misunderstanding with Mr. Buksh, and said that that was in regard to a burn?—Yes, it was the case there spoken of. He told me with much indignation that he had discovered that in this operation case the patient had been burnt on the day of the operation, and that Sister Cotton, who superintended the operation ward, and the operation nurse had concealed it from him. I went to the ward, and asked Miss Homersham, I think, why she had not told me the circumstance, as I had charge at night, and she said that the day sister had forbidden her to do so. I told her that I should report both her and the day sister in the morning to the matron, but that I did not believe the matron would be angry with her, as she had acted under the coercion of the day sister.

7290. Did you hear the conversation which has been reported to us between the surgeon and Miss Homersham?—I did not hear the conversation reported. I have a dim remembrance of some unpleasantness between the surgeon and Miss Homersham.

7291. That was all you had to do with the matter?—Yes.

Earl *Cathcart*.

7292. You said you had never seen Dr. Buksh drunk "in the ward"; you do not mean to imply, do you, that you had seen him drunk anywhere else?—No; I mean to imply nothing of the sort.

7293. With

Earl *Cathcart*—continued.

7293. With regard to the washing, Miss Yatman and the reverend gentleman both swore that the washing did go on at four o'clock; and that statement you contradict?—I never found a nurse washing any patient at four o'clock in the morning; I have found it going on before six, and have always put it down at once.

7294. Then, in fact, you flatly contradict the statement made by Miss Yatman and the reverend gentleman?—I can only say that I never knew of it being done before six o'clock in the morning, but it is possible that it might be done in the children's ward.

7295. It was in the children's ward that the reverend gentleman said it happened?—I could not be sure that a child was not washed as early as that in the morning in the children's ward; but the child would not be roused on purpose to be washed; there were 50 children, I think, in the ward; and being all helpless they all required washing.

7296. You say it is possible that in the children's ward the children were washed at four o'clock in the morning?—It is possible that it may have been done when there was a great press of work in the ward, but it was not usual.

Earl of *Kimberley.*

7297. You distinctly say that they were not woke in order to be washed?—I am certain they were not woke for the purpose.

Lord *Zouche of Haryngworth.*

7298. In this case of the excision of the kidneys that we were speaking of, you have no recollection of any dispute between yourself and Dr. Buksh as to whether the dressing ought to be changed or not?—No; I do not think there was any dispute at all about it.

7299. You have no recollection of any disagreement between yourself and him as to whether "it ought to be changed or not, at the time"?—I have no recollection of it.

Chairman.

7300. May I ask what position you are in now; are you the superintendent of some other hospital?—No; I am working in Croydon by myself.

The Witness is directed to withdraw.

Mr. F. J. WETHERED, M.D., is called in; and, having been sworn, is Examined, as follows:

Chairman.

7301. YOU were formerly an assistant physician at the London Hospital were you not?—House physician.

7302. And you were house physician to Sir Andrew Clark?—Yes.

7303. There is a statement made here, sworn to by a witness, Miss Homersham, to which I will call your attention. I asked her, "Did you ever hear of any objection being made to overcrowding in the wards?" and she says, "I knew that Sir Andrew Clark had a great objection to his ward being overcrowded, and when extra beds were put in it, they were wheeled out about half-an-hour before he arrived, and wheeled back again within half-an-hour of his departure. (*Q.*) That you know?—(*A.*) That I assisted to do myself. (*Q.*) Was the patient in the bed at the time that it was so wheeled out?—(*A.*) The patient was in the bed, and it was wheeled through the archway from Holland ward to the Fitzgerald ward; two or three beds." Have you any remark to make upon that?—That never occurred during the time that I was house physician to Sir Andrew Clark.

Chairman—continued.

7304. When were you there?—I was there from the 1st of January 1886 to the 30th June.

7305. I am afraid that does not bear upon the matter, because Miss Homersham was there in and previous to 1885?—I know it was not at all the custom to do such things.

7306. During the time you were in the hospital it never occurred?—It never occurred.

Earl of *Kimberley.*

7307. But would it be possible that such a thing should occur without the knowledge of the house physician?—No, not without the knowledge of the house physician.

Chairman.

7308. But would you be in the ward half-an-hour before Sir Andrew Clark arrived?—No; but we should have noticed the absence of a bed while we were in the ward.

7309. And you would have inquired what had become of it, you mean?—Precisely.

The Witness is directed to withdraw.

THE REV. C. W. A. BROOKE, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7310. YOU were formerly assistant chaplain to the London Hospital?—I was the first assistant chaplain.

7311. And were you there during the same time as Mr. Valentine?—Part of the time with Mr. Valentine.

7312. Over what period?—From 1887 to 1889.

Chairman—continued.

7313. Did you ever know of any case of forced resignation of a probationer?—I have known of cases; I know of one particular one.

7314. Under what circumstances?—I think it was a case of someone being made a scapegoat; someone had to be found fault with, and, of course, I cannot say but that she may have done something wrong.

Chairman—continued.

7315. Was that the case of Probationer Howse?—Yes, Howe or Howse, or some such name.

7316. And then as regards the appeal; did she make any appeal, or did she wish to make any appeal?—She wished it to come before the committee, at least it was coming before the committee; I am not quite certain whether it did not come, in a way, before the committee.

7317. Was there not an appeal, then?—It was coming before the committee, and she was persuaded to send in her resignation.

7318. Who persuaded her?—The authorities.

7319. How do you know that?—Because I waiting there while the committee was sitting, and was anxious to appear before them as I happened to know peculiarly well the patient who had died, and more than I should ordinarily know a patient.

7320. What did you know?—I knew the nature of the man and his complaints, and how constantly he would complain of every possible thing; of course, you constantly have certain persons who will complain.

Earl *Spencer.*

7321. And was she dismissed or asked to resign on account of something that occurred with that particular patient?—Yes, he died, and then his relations complained.

Chairman.

7322. Is this your statement: That she was induced to resign and to leave instead of having the case brought before the committee by an appeal?—Yes, I think that is absolutely the case; I know I went to the matron once and to the governor. I first of all went to the house governor, and I said, "If this case comes before the committee (and I should very much like it to come before them), if you would not just mind calling me, I should be pleased to come and say what I happen to know about this particular patient." The house governor went into the matter, and said, "The fact is, it really does not apply to me; you had better go to the matron;" and so I went to the matron's office and spoke to her. She said that my reference to the patient would have no effect whatsoever. The Rector of Whitechapel and I were neither of us at all satisfied; the Rector of Whitechapel was on the committee, and did his very utmost to have the matter threshed out.

Earl of *Kimberley.*

7323. Will you tell us generally what was the course of this matter; what was the complaint, if you know it, against the nurse; what was done with the complaint, and what became of her?—I never saw the actual complaint; it was as to something that had not been done to the patient, such as washing; he had died, and the complaint was that it had not been done sufficiently. Now, this was a probationer doing staff duty, and therefore even if such a complaint was true (I think it is very likely that the complaint

Earl of *Kimberley*—continued.

from the relatives was absolutely groundless), but even if the complaint was true, certainly it ought to have been looked into, for it should almost have fallen on the sister rather; I mean that the sister was responsible. Of course, she would not do the washing, but she would be responsible for that patient.

7324. As I understand from you, this was a case of neglect?—A case of neglect.

7325. How did you become acquainted with it; was it from your attendance on the patient, or did the probationer make any statement to you?—I knew the actual patient uncommonly well; the case was on my side of the hospital; he had been moved from the other side of the hospital to my side; and, therefore, I had taken particular notice of the patient; and he so constantly grumbled that I think that had made me give special attention to the case, and speak of his grumbles and his complaints; his relatives had offered a present to the nurse, and the nurse had said, "There is the hospital box; put it into the box, and do not give it to me."

7326. Did the probationer make any statement to you on the subject?—I should think she would have spoken to me; and I know the Rector of Whitechapel spoke to me about it.

7327. And you knew that, with regard to the probationer, it was under consideration whether the probationer should be dismissed?—Yes; whether she should be dismissed.

7328. And then, I understand, you did attempt to give some information on the subject?—Yes; I did attempt to bear testimony to the kind of patient that this man was.

7329. And then you heard that the probationer had been persuaded to resign?—Yes; it is so regular and every day a thing, that it is just what you would expect.

7330. What is "so regular and every day a thing"?—That a person is generally forced to resign; a person would never be dismissed, or very rarely.

7331. Then probably it is the suggestion that it was done in the interests or supposed interests of the probationer, with a view to her escaping the consequences of being dismissed?—It might have been done so.

Earl *Cathcart.*

7332. Feeling as you did, I wonder that you did not take more energetic measures?—I took every possible measure; I knew the case so well that I took every possible measure; I talked it over with the Rector of Whitechapel, I went to the house governor, and I went to the matron; and yet the committee would not call me.

7333. Would not the committee have received you if you had sent in your card or a note to say that you wished to speak to them on some particular point?—I suppose if I had sent a written complaint they would.

7334. I do not say a written complaint, but a written statement of the case, that they might take it into consideration before the case was decided?—But it did not seemingly come before the committee at all. I did my very best, from a desire

Earl *Cathcart*—continued.

a desire for justice. May I speak of another matter?

Chairman.

7335. What is it?—In reference to the nursing home; very greatly in reference to the food; it is in reference to the under-staffing, and the way the food is cooked.

Chairman—continued.

Chairman.] We have already had a great deal of evidence on that subject.

The Witness is directed to withdraw.

Miss EVA C. E. LÜCKES, is re-called; and further Examined, as follows:

Chairman.

7336. You have heard what has just been said about this case of Probationer Howse?—It is not a correct statement of the facts. The probationer was recommended to me, in the first instance, by the Rector of Whitechapel. She was not a promising probationer, from the fact that she was less educated than the majority of our probationers, and not of the class from which the majority of them come. She was reported on one or two occasions; but we were doing our best to make the most of her, and I hoped that she was improving. The complaint referred to did not come from me at all. A patient left the hospital, and the governor who had sent the patient in, if I recollect rightly, reported to the house governor that there had been some neglect on the part of the nurse. As is customary on those occasions, the house governor and I investigated it all very carefully together; he had a great deal of trouble in getting at all the facts, owing to the circumstance of the widow (the patient had died afterwards at home) having gone to the North of England. Therefore the reports were extended over five weeks before the matter could be finally dealt with, and he took a great deal of trouble about it. I remember that we found that there was a discrepancy between the nurse's evidence and that stated by the patient's friends; and the hospital paid the wages of a man, and his expenses too, from some little distance, he having been a patient in the same ward. He spoke with personal gratitude to the nurse, but flatly contradicted her statements in reference to the other patient. Then in the meantime, pending this inquiry, Nurse Howse herself was not well and she went into Norfolk, and stayed for some time, having various teeth out. I had one or two letters from her, in the interval. When the house governor had completed all the evidence he delivered it in, and reported it to the committee; I not having personally come at all into the matter; but I did mention that I was sorry to hear of the cause of complaint which had arisen against probationer Howse (of course my report is available if it is desired) and I expressed regret, not saying that I considered she was very much to blame, but that she had never been a very good probationer. I did not suggest to the committee (which is contrary to my usual custom) how the case should be dealt with, because the complaint had not come from me at all, or from the sister, but was an outside complaint from the patient brought through the house governor; of course it came with my full knowledge, but it came from that direction. The committee said that they would see Nurse Howse when she came back from Norfolk. She stayed away some time and her return was duly reported, mentioned to the chairman, I think, and word was sent to me that she would be required to go in to the committee that day. She was on night duty at the time, and she waited up a long time, and then a message was brought to me that the committee would not see her that day, because the Reverend Mr. Robinson was not present, and as she was his particular protégée, they would prefer to see her when he was there. Immediately afterwards another message came that the chairman wished to see probationer Howse, and she was sent. I myself did not see her, but I said to my assistant: "That unfortunate girl has been kept up the whole day; we shall not want her to-night, let her have a pass to go out, she need not be on duty to-night." This pass was given in the office; whereupon I believe the girl said to my assistant, "I wish I had never come back, I do not want to go in there to the committee, but the Rector of Whitechapel says he will fight the thing out. I could have got a much nicer place where I could have ridden in a carriage"; and she went out that evening and consulted the Vicar of Whitechapel, I was given to understand. The next morning she came to my office (I did not see her on purpose because I had had some annoyance in the matter), and said that she really would not wait till the next committee meeting, that she was not strong enough for the work, and would matron let her go at once. I then said to my assistant, "She can do exactly as she likes; of course she knows the committee have the case fully in hand, and I have taken no part in the matter, and she had better wait for their decision, unless she is absolutely determined." She said she would not do so; that she was not strong enough, and that she would rather it was left in that way that she was not strong enough. My next impression was that the Rector of Whitechapel was not satisfied, because on the 19th of June 1888, which was very shortly afterwards, I think, the Chairman placed this letter in my hands, which he had received from probationer Howse, "64, Raymond-road, Upton Park, 19th June 1888. Sir,—Mr. Robinson——."

Chairman—continued.

7337. Mr. Robinson being the Rector of Whitechapel?—Yes. "Mr. Robinson has advised me to write to you to ask your kind assistance in obtaining, through the house committee, a testimonial of character from the matron. Miss Lückes has promised to answer any letter sent to her on the subject; but I find it will be necessary, after working at the London Hospital, to have a written character before I can obtain employment in nursing elsewhere.—I am, Sir, yours obediently, *Harriette Howse*. To the Chairman, London Hospital." That was a most unusual

Chairman—continued.

usual step to take, because we do not give testimonials in the ordinary way; but I wrote this in reply: "London Hospital, Whitechapel-road, E., 20th June 1888. Harriette Howse entered this hospital as a probationer, 14th September 1886, and left at her own desire on June 7th of this year. As she did not remain long enough to obtain our certificate of training, I write this as evidence of the hospital experience she has had. During the time that Harriette Howse worked here I found her honest, sober, and respectable. *E. C. E. Lückes*, matron." The next note I had about Probationer Howse was brought me by a sister who came to me and said, "You see how Probationer Howse has turned out." It was a note written to this sister by the matron of Lancaster Infirmary, who is personally unknown to me. "The Infirmary, Lancaster, 1st May 1889. Dear Miss Lamport,—Knowing you were not at the hospital, I have delayed writing to ask you about Nurse Harriette Howse, who left the 'London' last June, and has since been engaged in private work. She came to us in February with testimonials from Miss Lückes and the Vicar of Whitechapel, with which I was perfectly satisfied; but she is so rude and discontented that I really would be glad to know if she was the same when in your ward. You know how one discontented person effects everybody else, and I wonder if it is her present surroundings. You will excuse my troubling you, I hope, but as another nurse is coming, it will be unfortunate if she too gets unsettled. I think Nurse Howse has been greatly petted and spoiled by the Vicar of Whitechapel. With kindest regards, yours sincerely, *Mary E. Crewe*." The one comment upon Probationer Howse, and the fact of her leaving, was put in my report, if you desire to have it.

Chairman—continued.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 17° *Julii*, 1890.

LORDS PRESENT:

Lord Archbishop of Canterbury.
Earl of Lauderdale.
Earl Spencer.
Earl Cathcart.
Earl of Kimberley.
Lord Zouche of Haryngworth.
Lord Sandhurst.
Lord Lamington.
Lord Sudley (*Earl of Arran*).
Lord Monkswell.
Lord Thring.

The LORD SANDHURST, in the Chair.

The Reverend HENRY TRISTRAM VALENTINE, is called in; and further Examined as follows:

Chairman.

7338. You wish to make a statement, I believe, with regard to some statement made by Mr. Carr-Gomm?—And by the secretary.

7339. What is the specific point. I wish you to understand that you must limit your statement to that specific point, and not re-cover ground which has already been covered. If you wish to contradict any statement of Mr. Gomm, or the secretary, you are at liberty to do so. I suppose what you refer to is the statement by Mr. Carr-Gomm, in answer to Question No. 6929, in which I say to him, "Pray continue if there is anything else you wish to say," and he answers "I should like to state how it was that Mr. Valentine was prejudiced, and was biassed against the committee of the hospital"?—Yes, that is briefly it. What I wished to say was, that I carefully avoided the personal question as far as it was possible, stating, as I would re-state, that it had nothing to do with this question about the nurses. I thought myself forced to defend myself from the damaging mis-statements, both of the secretary and Mr. Carr-Gomm; and first I wish to say that I did not say that I should try to injure the hospital. I wish to give that an emphatic and specific denial.

7340. I will just ask a question then on that?—I do not know at this moment at what number Mr. Carr-Gomm's statement occurs. I have only this moment had a print of the evidence put before me, and I have not found it. It was also written by a certain Mr. Thompson, but withdrawn.

7341. Not withdrawn; the letter was not allowed to be read?—No; it was withdrawn.

7342. At the end of 6931 of Mr. Carr-Gomm's evidence I find this: "It was unanimously resolved at the committee that that letter required no answer; with that, Mr. Valentine's connection with the hospital ceased; but he expressed to me his bitter feelings against us, and stated that he certainly would do something to bring us into disrepute. I do not exactly remember the words, but that was the meaning of it. I said to him that surely, having been chaplain for four years, he would not think of doing anything to injure such an institution as our own; but he said that he would. That terminated, I think, our intercourse." I will just ask you this question: Is that statement true or untrue?—Untrue.

Chairman—continued.

7343. Did you ever say words of similar import?—Not at all similar; I hope to show exactly what I did say.

7344. Will you continue?—I understand that I may correct any mis-statement in the evidence?

7345. We cannot go over the whole ground again, but if you want to contradict anything in Mr. Carr-Gomm's statement you are at liberty to do so?—The minutes which have been before you are not correct minutes; they do not contain the letters which were read and heard at the committee meetings.

7346. You are travelling away from the point now. What I want you to do is to contradict Mr. Carr-Gomm's statement if you can, or, if you desire to do so, as to your bias against the hospital, because that is a definite statement of Mr. Carr-Gomm's?—I have denied that specifically.

7347. But did you ever say anything of similar import?—I said nothing of the sort. Mr. Carr-Gomm on several occasions said that I should injure the hospital. I always pointed out to him that I had never raised my voice, but I had kept as quiet as possible, and not brought the thing in any way before the public; and on this occasion of which he speaks, he again said, that I should injure the institution; I said, "No; having all the facts before me, and seeing the

Chairman—continued.

mis-management of the house committee, I think that in the best interests of the London Hospital the house committee should be re-organised." But the minutes which have been read are not from the minute-book, or, at all events, they are incorrect.

7348. How do you know they are incorrect; have you access to the minute-book?—I have the statement which I gave, and if you will kindly allow me to hand in the actual statement, you will see in a moment that what I say is true. If I may turn to the specific passage in the evidence of Mr. Roberts——

7349. In what number of the evidence is that?—At No. 6142; "The minutes relating to the severance of the connection of Mr. Valentine with the hospital" relate, he says, to the 12th of March. The matter began on the 12th of February, which should have been reported. On the 12th of February I appeared before the committee, and asked whether anyone had anything to say on any point against me, and they said, "No." Mr. Carr-Gomm wrote, saying that he had made a statement to the committee, which would therefore be upon the minutes, to the effect that I had told him emphatically that I had never since I had been in the hospital, three years and more, heard a private confession. This letter appeared on the 12th of March; on the 12th of March my answer to that letter was read making the statement that no private confession had ever been heard by me.

7350. What I understood from you, you wanted to do, was specifically to contradict a definite statement by Mr. Carr-Gomm, and that you have contradicted; and I do not see that there is anything more to be said about confession and so forth; because we have had the story from both sides of the question?—May I simply hand in the thing which should have been on the minutes and which is on the minutes. This is what appears in the evidence of Mr. Roberts at Question 6146, where he is reading what purports to be an extract from the minutes: "Mr. Valentine attended the committee and read an answer to the motion passed last week, saying that he considered it his duty to invite confession." That is untrue, and I should like to read a statement to show that it is.

7351. I will ask you the question: is this statement you have read true or untrue?—Untrue.

Chairman—continued.

7352. I do not think we need enter into any greater detail than that?—I should like to have had the proof that it is untrue put before you; you have merely my statement against theirs at present.

7353. We have only theirs against yours?—But I say mine will be found on the committee's minutes. These are things which were brought before them and noted upon their minutes. If the committee minute-book might be brought, then this would be seen to be untrue.

7354. Do you express a definite wish that the minute-book should be produced?—Yes, that is what I wish.

The Committee-room is cleared.

After a short time the public are re-admitted.

Chairman.

7355. Will you please listen to this answer to Question No. 6144 in the evidence of Mr. Roberts. "On 12th March 1889, the following motion was passed: 'As it is believed outside the hospital that confession is invited by the chaplain, and as the London Hospital is a public institution, we request that the chaplain should send us an emphatic assurance that neither he nor his assistant chaplain ask, or ever have asked, or will ask, for private confession.'" Is that the extract from the minutes you complain of?—No not that. The answer that I complain of is the summary of my answer.

7356. Then it continues, and that is contained in the answer to Question 6146; is that so?—Yes.

7357. Will you read what you complain of?—"Mr. Valentine attended the committee, and read an answer to the motion passed last week, saying that he considered it his duty to invite confession." I say that is so misleading as to be absolutely untrue.

Lord *Thring.*

7358. You wish the minutes produced, to prove that untrue?—I wish the minutes produced, to prove that it is untrue, with the statement which I handed in. (*The Minute-book is produced.*).

7359. Could you give the date of the minute or about the date of the minute you wish to see?—The minute of the 18th of March.

The Witness is directed to withdraw.

MR G. Q. ROBERTS is called in; and further Examined, as follows:

Chairman.

7360. Is this the minute-book of the committee of the London Hospital?—Yes, of the house committee.

7361. Is this the fair copy minute book?—Yes, that is the fair copy minute-book.

7362. And Mr. Carr-Gomm was the chairman?—He was the chairman at that time.

Lord *Thring.*

7363. He is the chairman who signed it?—Yes.

Chairman.

7364. Did you write this minute?—I wrote the rough draft of the minute, but not that which is in that book.

7365. That was written by a clerk?—Yes.

7366. When the minutes are signed, is the usual motion put that they should be signed as correct?—Yes.

7367. The usual practice is to read the minutes of the preceding committee, and the chairman says, "Is it your pleasure that I sign these minutes"?—I read from the rough minute-book, and he has that book in front of him: he

Chairman—continued.

he asks "Is it your pleasure that I sign these minutes," and then the committee vote "Yes" or "No."

7368. Therefore you have no doubt in your own mind after the signature of the chairman that it is correct?—No doubt. I may say that I did not make a complete copy of all the minutes in that book relating to the chaplain when I gave my evidence here; I merely made a copy of those which I thought would help your Lordships to understand the matter.

7369. This is the original minute-book?—That is the original minute-book.

7370. And you produced before the Committee an extract from this minute-book?—Yes.

7371. That, I understand, is not an entire extract of the whole minutes of the day?—Partial extracts.

Lord *Thring.*

7372. But these in the minute-book are the whole minutes of the day?—These are the whole minutes of the day.

Chairman.

7373. Was the whole produced before this Committee, the whole extract relating to that case?—No.

7374. Then it was a partial statement?—I took only the minutes which referred particularly to the part of the evidence that I was speaking of.

7375. I should like to know from you what are these alterations which I see made in this minute book?—I think they are alterations in pencil to which you are alluding.

7376. Yes?—When I write out the minutes for the court, the names and so on are marked through in pencil mark, and the book is afterwards cleaned as a rule. That has not been cleaned, and as it had not been cleaned, I did not alter those pencil marks before your Lordships saw the book.

7377. Is it for the guidance of the quarterly court that you prepare the minutes in that way?—For the guidance of the quarterly court, and

Chairman—continued.

those minutes so altered are submitted to the house committee, and they are read in the house committee before being submitted to the quarterly court; they are signed by the chairman of the house committee as being a true report.

7378. Then I understand that the true minutes, as signed by the chairman, is the writing in ink?—Yes, those are the minutes of the committee.

7379. Now I will just read this to you from the minute-book under date March the 19th, 1889: "Mr. Valentine attended the committee and read the annexed answer to the motion passed last week, saying that he considered it his duty to invite confession. A long discussion ensued. Lieutenant-General Nicholson said that he considered that the reply of the chaplain was distinctly at variance with the promises he made to the committee on his election, and proposed the following resolution: 'That the committee is of opinion that the reply of the chaplain to the question is not satisfactory, and that being so, that the chairman be requested to communicate this opinion to the chaplain.' This motion was passed by 17 votes to 4." Where is the annexed letter?—I have it here. There is also a private letter written on the 13th of February 1889 to Mr. Carr-Gomm by Mr. Valentine. All the papers relating to the chaplain were taken out of the minute-book, when this inquiry began, so that fair copies might be made of them, and they have not been replaced yet; I have them here.

Lord *Zouche of Haryngworth.*

7380. What is the date of that letter you are going to read?—The 13th of February 1889.

7381. Then it could hardly be an answer to the motion passed a week before the 19th of March?—It was a letter read by the chairman, it being a private letter he had received from Mr. Valentine on the 13th of February.

Chairman.] That will do for the moment.

The Witness is directed to withdraw.

THE REVEREND HENRY TRISTRAM VALENTINE, is re-called; and further Examined, as follows:

Chairman.

7382. NOW you have heard this minute read, what have you to say about it?—I distinctly say that that letter was not a private letter, and if you will hear it, you will see that I said so

Chairman—continued.

in the letter. I refer to that letter that Mr. Roberts has just said was a private letter.

The Witness is directed to withdraw.

MR G. Q. ROBERTS is re-called; and further Examined, as follows:

Chairman.

7383. WILL you read the letter of the 13th of Febuary 1889?—"Dear Mr. Carr-Gomm, In answer to your kind letter received this morning, I feel bound, in honesty to you and your committee, to say that my assertion that 'I had never received a formal confession in the hospital was for your private ear, as I would on no account have your committee suppose that I would not hear such confession. The Prayer

Chairman—continued.

Book bids me to 'move a sick person to make special confession of his sins, if he feel his conscience troubled with any weighty matter'; and what is urged upon the sick must be at least lawful for the whole. Indeed, as you know, the Prayer Book puts the following words into the minister's mouth in urging all to come to Holy Communion: 'because it is requisite that no man should come to the Holy Communion but with a

Chairman—continued.

full trust in God's mercy, and with a quiet conscience; therefore, if there be any of you, who by this means' (means mentioned before) 'cannot quiet his own conscience herein, but requireth further comfort or counsel, let him come to me or to some other discreet and learned minister of God's Word, and open his grief, that by the ministry of God's Holy Word he may receive the benefit of absolution, together with ghostly counsel and advice to the quieting of his conscience, and avoiding of all scruple and doubtfulness.' To the Prayer-book I do, and shall try, to be faithful, and in any question of faithlessness, hold myself responsible to my bishop and to him alone. Please let this be clearly understood to avoid all future misunderstanding. With regard to the Cassock, it is a minor matter but is evidently the decent dress in which to minister in spiritual things, and that I am

Chairman—continued.

constantly doing or may be called upon at any moment to do, and I can hardly think it possible that your committee would put upon me the indignity of a command to alter my habit. This is not a private letter, but written to you, as Chairman of the House Committee, to be made such use of as your discretion shall suggest, and to absolve me from any appearance of underhand dealing with your committee, which I should abhor. Believe me, Yours sincerely, *H. Tristram Valentine.*"

Earl *Cathcart.*

7384. This letter, or part of it, appeared in the newspaper; I have a portion of it in a newspaper here; is that within your knowledge?—I do not remember it; I may have seen it, but I do not remember having seen it.

The Witness is directed to withdraw.

THE REV. HENRY TRISTRAM VALENTINE, is re-called; and further Examined, as follows:

Chairman.

7385. YOU have heard that letter read, and also the minute of the committee; have you anything to say about it?—I really wish to point out that that was not a private letter, and that I gave all the assurance that I dared to give as a clergyman of the Church of England; also that the annexed report ought to have been in the minute-book (that would have further shown your Lordships the real facts of the case), which I handed in with a letter of His Grace (if His Grace will allow me to say so), to which I said, verbally I should be perfectly loyal.

7386. I understood you to say that you contradicted the minute?—May I take it in connection with the answer to Question 6060; that is why I venture to do it, because the secretary there, in answer to the question, do you minute all the business that comes before the meeting?" said, "All the business that comes before the meeting"; and I knew that that had been before the meeting; and therefore this does not contain it all. That was my authority.

7387. You wished to get that letter read; was that your object?—That, and the other report also.

7388. What is it you complain of as being suppressed?—The report of course is a different question altogether.

7389. But the report was put in in evidence; we have had it?—I complained that it was suppressed at the time, that is in Mr. Carr-Gomm's

Chairman—continued.

statement later; he says it was not suppressed; and I wish to contradict that as definitely as the other statement he made.

Lord Archbishop of Canterbury.

7390. Might I ask you one question about Mr. Carr-Gomm's answer to Question 6129. On page 428 in the second column: Mr. Carr Gomm says "Mr. Valentine attended the Committee, and read with great spirit a definite reply to that question, which answer, I believe, he submitted to His Grace the Archbishop, and to the Bishop of London." I think that implied that it has been submitted to me beforehand?—I do not remember that I submitted it to your Grace at all.

7391. The fact was, that you sent in your answer to the committee, and afterwards you sent me a copy of it?—I had forgotten the fact.

7392. That statement in Mr. Carr-Gomm's evidence rather conveyed the impression that the answer which you sent in had been submitted to the Bishop of London and myself, beforehand?—To the Bishop of London it was submitted beforehand, but not to your Grace.

7393. It was not submitted to me beforehand?—No, certainly not. It is understood, I hope, that I have contradicted the statement of Mr. Carr-Gomm with regard to the report.

The Witness is directed to withdraw.

MR. RAHEEM BUKSH, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7394. YOU were a physician at the London Hospital?—I was house physician from 1st May to 31st October 1884, and house surgeon from 1st December to 2nd May 1885. The case referred to came under my notice during the latter period.

7395. In what year were you house physician?—In the years 1884 and 1885.

7396. Are you the gentleman referred to by

Chairman—continued.

Miss Homersham?—I believe so; I do not know anybody else by the same name in that hospital.

7397. It was in relation to some abusive language that she mentioned you, and also a charge of drunkenness that she brought. I will just read what is said. I asked at No 5809: "You mentioned a case just now in which you made a complaint of some abusive language used to you by one of the medical officers of the establishment

Chairman—continued.

ment, whom you considered not to be sober?—(*A.*) Yes. (*Q.*) How long had you been in the hospital when this occurred?—(*A.*) Rather less than four months. (*Q.*) Was this at night or in the day-time?—(*A.*) At night. (*Q.*) Very late?—(*A.*) It was about midnight. (*Q.*) You were a night nurse then?—(*A.*) I was night nurse in the operation ward. (*Q.*) Who was the doctor?—(*A.*) Shall I give his name. (*Q.*) If you please?—(*A.*) Buksh. (*Q.*) And after reporting it to the matron, what you have just stated is all the redress you got?—(*A.*) Yes." Then you are the gentleman referred to?—Yes.

7398. Do you know Miss Homersham?—I believe that I do when I see her. It is so long time ago that I cannot be certain, but I think I I know her.

7399. Do you remember that that is the nurse who attended the case to which reference is made?—I believe that she was there at the time.

7400. The question at No. 5882 is: "What reason had you to think that the man was drunk"? And Miss Homersham's answer is, "From his general appearance, and from the fact that I had seen him the worse for drink on one or two previous occasions; and on a subsequent occasion he was so much intoxicated that the night sister had to assist him in undoing a dressing; when, after an hour and a-half he left the ward, she turned to the probationer assisting me and to myself, and requested that we would not mention Mr. Buksh's condition in the hospital, and we, both of us, promised we would not do so. I think it was a notorious thing in the hospital. (*Q.*) What do you mean by the worse for drink; could he speak?—(*A.*) He could speak, but not very distinctly; his English was never of the very best. (*Q.*) Why did you think he was the worse for drink?—(*A.*) I think one can hardly have hospital experience without knowing when a man is the worse for drink?" Then at No. 5889, "You are perfectly satisfied in your own mind that the man was drunk?—(*A.*) He was the worse for drink; and, as I have said before, that was not a solitary occasion." Do you deny that?—Absolutely; it is a statement without the slightest foundation in it.

7401. It is an absolute falsehood?—An absolute falsehood.

7402. You further deny that you were at any time drunk during your service in the hospital?—I do.

7403. Absolutely?—Absolutely.

7404. Then there is a further question here to which this is the answer given by Miss Homersham: "On a subsequent occasion a nurse and myself were present. It was in this way; there was a case of excision of the kidney, which is, of course, a very critical case, and was in such a condition that the patient needed the services of the surgeon, and the sister summoned the surgeon and told him that the dressing was saturated. (*Q.*) By the surgeon you mean this same doctor?—(*A.*) Yes; this was on a subsequent occasion. He argued that the dressing was not saturated." Were you house surgeon?—House surgeon.

7405. Then at Question 5892: "You were present?—(*A.*) I was present; and finally, as he expressed it, to satisfy the sister, he did change the dressing after a fashion. He then wished to inject hypodermic morphia, but the patient received a hint from myself to pretend to go to sleep, and the sister said that her hypodermic syringe was out of order; and I carefully hid the ward syringe in my pocket, for I did not consider that he was in a fit condition to administer morphia to a patient." Then with regard to this statement as to your condition and your wishing to administer the morphia, is that also untrue?—Quite.

Chairman—continued.

7406. That is another falsehood?—Yes; because if you would allow me to explain, I will go through the case briefly. It was a case of cancer in the kidney which had been operated upon by Mr. McCarthy, the visiting surgeon. The case was going on all right; I dressed this case in the morning antiseptically, and in going round in the evening visit I found that the temperature of the patient was high, 104°; and I enquired of the nurse and the patient themselves if they could explain what was the cause of the elevation of temperature; neither the nurse nor patient could tell me anything about it. I was very naturally anxious about this case; I was the whole night; I could not satisfy myself what was the reason why the temperature went up, and afterwards I found it out; and I mentioned the circumstance to the night sister, Miss Manley; and when Mr. McCarthy, the visiting surgeon, came, I reported the matter to him. But with regard to the injection of hypodermic morphia, it is never usual, under any circumstances, when a patient is suffering from kidney disease, to administer morphia unless with very extreme caution; and therefore I could not have ventured to administer morphia; and if I did think it was necessary I might have called in someone in consultation, or ordered the night sister, as was my custom, to do it; but never on any occasion should I administer morphia myself, because there was a night sister to do it; and I certainly deny that; that is false, absolutely. There is not the slightest foundation in the charge.

7407. Then it is the practice of the hospital, I understand you, that the morphia would be administered by the night sister; that also makes the charge still further untrue?—It is not the universal practice of this hospital, but it was my invariable custom, and I believe it was followed by many others. If I had wanted to have morphia injected I should have told the night sister present to give him the morphia; but I could not have done so, for the reason I have explained, namely, that the case was not suitable for morphia; sometimes you do use it in such cases but very very cautiously.

Earl *Cathcart.*

7408. What caused the rise of temperature, not any fault of the nursing?—I found out that there had been some tin containing hot water that had been applied to the patient without my knowledge, and that was the cause of the elevation of the temperature; and I had no doubt that I must have been angry, because the patient suffered pain, and as long as I did not know the cause of the elevation of temperature I could not relieve his suffering. I have no doubt I may have spoken to the nurse but not in the manner in which I have been accused of speaking to her.

Earl *Cathcart*—continued.

That has not been my custom; owing to my respect for the sex, I could never have said that word that I was accused of making use of.

7409. Then the difference arose very much out of the burn having been concealed?—Quite so.

7410. Did you use very strong language?—Never; I said simply, that I ought to have known it; "You should have reported that fact to me"; and it was very natural for me to say so.

7411. Did you ever use insulting words to that nurse?—Never.

7412. Or to any other nurse?—Never.

7413. And, really, the charge against you, arises very much out of the circumstance of the concealed burn?—Yes; I should not have been before your Lordships were it not for that little difference.

7414. And did that burn retard the patient's recovery?—He had been in pain; but fortunately after that the patient went out.

Earl *Cathcart*—continued.

7415. He recovered, you mean?—Yes, recovered; and he died a year afterwards, outside; I found that out.

7416. Miss Homersham said that she was close to you, and that you smelt of drink; was there any ground for that statement?—I am not a teetotaler, and the duty of the hospital is sometimes very arduous; but under no circumstances can anyone say that I have taken so much as to abuse the use of liquor or spirits; at any time I mean, not only in the London Hospital. I was not dismissed or sent away; I resigned towards the end of my term, simply to go to Poplar Hospital to fill up another post of house surgeon there; and I stayed there 18 months.

Earl *Cathcart.*] I think what you have said is satisfactory; you need not go into the matter further.

The Witness is directed to withdraw.

Mrs. CAROLINE PERRY, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7417. You were for some time nurse at the London Hospital, were you not?—Yes, for three years and a-half.

7418. At what date was that?—I entered the hospital as staff nurse in November 1884.

7419. Where did you get your instruction?—I was trained at Addenbroke's Hospital, Cambridge, and received my certificate at the end of the year. I was surgical sister there for eight months.

7420. You entered as a staff nurse, you say, at the London Hospital; did you arrive at being a sister?—Yes; I was staff nurse till the 18th of April 1885, when I was made holiday sister.

7421. You left between 1887 and 1888?—I left on 21st May 1888.

7422. And may I ask what you are doing now; are you nursing still?—No, I am married.

7423. A great deal has been told us about the excessive work of the nurses at the London Hospital, and the badness of the food; and also the impossibility of appeal in the case of dismissal of probationers; have you got any opinion upon those questions?—While I was staff nurse I dined with the nurses every day during that time, and though I found that there was a want of variety in the food, I never found it insufficient or bad. The eggs at that time were certainly bad; that has been mentioned before.

7424. Did the eggs continue bad for long?—They varied very much. When I became night sister it was my duty to report on the food every second day for a year, with the exception of one day a month; and when I was off duty I carved the night nurses' dinner, and reported on it to the matron.

7425. Did you dine with the night nurses?—No, I dined separately; but I first carved for their dinner, and then went to my own.

7426. And would you have been in a position to hear any complaints from the nurses?—Yes; I have at times, when I thought there was cause for complaint, brought it before the matron, and it has been remedied.

Chairman—continued.

7427. But did you think it part of your duty to look on some complaints as frivolous, and did you, therefore, not carry them any further; or did you carry every complaint to the matron?—With regard to the complaints of the food, I hardly thought that any of them were frivolous; but some of the complaints in the wards at night I did consider frivolous, and pointed them out to the nurses as being so.

7428. And you think that by that means justice was secured to the nurses?—I think full justice.

7429. Do you think the nurses thought so too?—The largest number, I think, did. I think the nurses who made frivolous complaints were not satisfied, very often, by my explanation. I always encouraged them to take these complaints straight to the matron.

7430. Then, did the complaints go straight to the matron, or through you?—No, they complained to the matron; each nurse was encouraged to come with her complaints to the matron. Many asked me to tell the matron for them, but I encouraged them to go themselves. I told them what the matron said to me when she made me a sister, that I was to help her to be the friend of the nurses, and to encourage them to bring all their troubles to her.

7431. But do you think that the nurses would speak as openly to the matron; that they would complain as freely to her as they would to yourself, who had been one of themselves in your former service?—I think so.

7432. What was the nature of the complaints that the nurses came to you with; the disagreeable state of their rooms, or the overwork that they had to do?—Never overwork.

7433. You never came across an instance of an overworked nurse in the part of the hospital you had supervision over?—I cannot recollect one.

7434. Then at the same time, according to your statement, supposing that a nurse did feel herself

Chairman—continued.

herself aggrieved or overworked, she might complain to the matron and you might know nothing about it?—She might.

7435. Then had you any experience in the children's ward?—Yes, I was night sister for a year.

7436. And what about the waking up of children at four o'clock in the morning?—I never went into the ward at four o'clock, but I found a considerable number of children awake. Nurses have asked me not to go to the cots of some children because they did not wish them disturbed.

7437. I think Miss Lückes told us it was the custom in the hospital not to wake the children before six o'clock, but to wash any that were awake before that time; is that a correct view, in your opinion, of the case?—That is quite correct. I never knew a child roused from its sleep. Of course there were cases in which it was very necessary to restore a child to a condition of cleanliness; children with hip disease could not be allowed to remain in a state of uncleanliness.

7438. And a child might require feeding or medicine?—Yes.

7439. But I meant more with regard to the general orders of the ward, for getting the work done by a certain time?—I should never have forbidden a nurse to wash a child at four o'clock My experience was that there were a good many of the children wide awake and playing at four o'clock.

7440. When did they go to sleep?—The children were expected to go to sleep at six o'clock at night.

7441. Supposing they did wake at four, that would be 10 hours' sleep for them?—Yes.

7442. We have had evidence to the effect that the work in the children's ward was very heavy, that the nurses were shorthanded in that particular ward; do you consider that there is anything in that assertion or not?—It is not my experience of night duty. Those children who required it always had special nurses, such as hare-lip cases, for instance; children that must not cry much.

7443. But were those special nurses always forthcoming when demanded?—Yes.

7444. The London Hospital seems to be very fortunate in its supply of nurses; it is not my experience. Then as regards the medical assistance that the nurses themselves can obtain, do you consider it of a satisfactory nature?—Yes. It was my duty as night sister to find the house surgeon or house physician and bring him to see any sick nurse; and I never found nurses suffer for want of attention and kindness and skill.

7445. But do you think that the nurses, as a rule, were equally contented with the advice given them by a young and comparatively inexperienced doctor, whether surgeon or physician, as they would have been, supposing the medical adviser had been a man senior in years?—They always had the opportunity of seeing the visiting physician or the visiting surgeon twice a week; I never heard a nurse express the least doubt about the skill of the house surgeon or house physician who was attending her.

Chairman—continued.

7446. But I think we were told that the visiting physician or surgeon only was called in at the request of the house surgeon; is that true?—I think not. I think on Dr. Fenwick's day a certain number of nurses were sent for him to see; but probably they may have seen the house physician first.

7447. I cannot turn to the question at this moment, but I think we were told that, supposing the case were of a certain severity, then the house surgeon or physician would call in the visiting surgeon or physician?—That is not my experience in the Blizard ward. If I reported to the matron that a nurse was not well, she would say, "Send her to see Dr. Fenwick this afternoon."

7448. Dr. Fenwick being the visiting physician?—The visiting physician.

7449. Then about the sick-room for the sick nurses?—I cannot speak about that; I had nothing to do with it.

7450. Were you never so unfortunate as to be in there?—No; I was warded once.

7451. When I said "unfortunate," I meant in the point of health; did you ever hear any complaints about the food and attendance there in the sick-room?—No, I cannot recollect any complaints.

7452. During the time you were at the hospital were you a nurse in any of Sir Andrew Clark's wards?—No.

7453. Is there anything else you particularly wish to state to the Committee?—I think not.

7454. You assert that the food is good and sufficient, and that the nurses are not overworked?—Not in my experience.

7455. Not in your opinion?—Not in my ward.

7456. Do you consider that the food is improving?—Yes; it improved very much after the home was opened; there was a greater variety. I should like to say that after the home was opened the matron came to me, while I was sister of the erysipelas ward, and begged that I would always report when I did not think the food good or sufficient for the nurses, as it was most important that they should have good food.

7457. Have you any opinion about the menial duties performed by nurses, such as lamp cleaning and brushing?—I performed such very menial duties at Cambridge, that I was quite surprised when I went to the London at the few menial duties. I think it is most important that the nurses should do the lamps that are used in the wards, because they have to be taken round with the surgeon for the use of the opthalmoscope and laryngoscope, and if they were not kept in very good order the doctor would be much discontented.

7458. I suppose you could get people from outside to clean lamps as well as the nurses?—I should not like to trust the ward maids with the cleaning of the lamps.

7459. You do not think it would be an advantage to increase the number of ward maids, so as to save the nurses these duties, which are not nursing duties?—No.

Chairman—continued.

7460. Into the bargain they do the polishing of the inkstands?—Yes.

7461. Of what material are they made; brass?—No, I think, pewter, as far as I recollect.

7462. And you think that is work which should be performed by nurses?—I think a ward maid might do that quite well.

7463. You would like to see a certain amount of reform in that particular?—I should not object to the ward maids cleaning the inkstands.

7464. Were you ever in the private nursing establishment of the London Hospital?—No.

7465. Did you ever have nurses called away from your ward, when you were a sister, to take the duty of private nursing?—I do not think so, because mine was an erysipelas ward; so that I could have no experience about that, as far as I recollect; it would be possible.

7466. You do not think the hospital staff in numbers or efficiency suffered from the private nursing establishment?—I have had no experience of that.

7467. But in your experience it does not suffer from that cause; or did you have any trouble in the London Hospital with insufficiently trained nurses. For instance, what was the staff in your ward?—I had no staff nurses, because it was not healthy for them to remain a whole year in Blizard ward; so that I always had probationers to do my work.

7468. How long did they stay in the ward?—As a rule, six months, three months on day duty and three months on night duty; but the probationer, who was then the nurse, took charge; very often they only remained one month.

7469. But did you not find difficulties arise from frequently changing, because as soon as you had got a probationer to understand the ward she was taken away and put somewhere else?—Yes, I was sorry to lose her, but I was not afraid to train the next nurse to take her place in a short time.

7470. You do not think your patients suffered from the number of untrained nurses whose hands they had to go through?—I am positive they did not.

7471. Do you think two years is a sufficient time to learn nursing; to be a certificated nurse?—I think it is sufficient to certificate a nurse; that she knows enough about her work then to be a nurse; but I felt after seven years that I could learn more.

7472. But then, if that is the case, surely a great number of these nurses who have only three or four months' experience must be very raw hands, are they not, in a ward?—I do not recollect having a nurse sent me to take charge of my ward who had only four months' experience.

7473. But the sister cannot always be there, and a great deal must be done by probationers; 82 we were told out of 218 were probationers of under one year's service?—If I had a probationer who I saw was not quick, or very bright, I watched her closely; I never trusted to her charge any serious case; I did the work myself till I had trained her to look after it.

7474. Would you like then to see the number of staff nurses increased and the number of probationers decreased, or do you think that the present system works well enough?—I think the present system works well enough. I tkink that staff nurses very often, after they have been sometime in a ward, settle down into habits of their own, not always good.

Lord Archbishop of Canterbury.

7475. You said particularly that there was no overwork of the nurses in your own ward?—I had no such experience in regard to the nurses in my own ward.

7476. When the nurses associated together constantly at meals and so on, was there a general conversation in the hospital as to the work of the nurses being too hard?—I think some nurses thought it too hard.

7477. But did the majority disagree with them?—I think so.

7478. You think it was only a minority that thought the work too hard?—Yes, I tkink so. I have heard nurses say, "I do wish cases would come in; I do not care for an empty ward."

7479. It was not the general tone that there were too few hands for the work in the hospital?—In my experience it was not the general tone.

7480. You look upon the lamp, as I understand you, as a kind of instrument for the surgeon, like any other surgical instrument, essential for the operation?—Yes.

7481. And therefore you consider that it must be taken the same care of as any other instrument?—I think so.

7482. Is there any rough menial work that ought not to be done by the nurses that is done by them?—No; I think a nurse ought to learn how to sweep.

7483. Was it your opinion that the probationers were too soon advanced to the care of a ward?—No.

7484. You think that no just accusation could be made against the hospital on that account?—I think no just accusation of that sort can be made.

7485. The people who were put in charge of the wards, were always sufficiently competent to deal with them?—Yes, or if they were not, the sister reported the matter at once to the matron, and the nurse was removed.

Earl of *Kimberley.*

7486. How soon do you think a probationer might be properly described as a trained nurse?—I think within a year, as I had a certificate myself after a year's training; I think that within a year if a nurse is ever going to be of any use, she is quite fit to have a great deal of responsibility left to her.

7487. And therefore you would think it quite right that after a year's experience a probationer should be sent out to private nursing as a trained nurse, if she is a satisfactory nurse?—I think so.

Lord *Monkswell.*

7488. You say that the only article of food you had complaints of personally, was the eggs?—Yes.

7489. Was there no other complaint at all of the

Lord *Monkswell*—continued.

the food?—I only twice had complaints of the food while I was sister in the erysipelas ward.

7490. Then you had no complaints of food that you considered reasonable complaints, in regard to anything except eggs?—Not in my experience as staff nurse or sister.

7491. The matron has told us that for a considerable time the butter was bad; do you remember that?—I remember while I was sister of the erysipelas ward, that once or twice the butter was not good; but it varied very much, even then.

7492. Apparently, then you, were not very particular as to your food if you did not mind the butter being bad?—I know that the matter had been brought before the matron.

7493. It was not that because you thought the butter good that you did not complain?—No; sometimes I did not think it good, but I never reported, as night sister, about the butter to her; no nurse complained at that time.

7494. You did not think that the butter was good, but you considered that sufficient complaint had been made about it?—I thought sufficient complaint had been made about it.

Lord *Thring.*

7495. When you say the food was good, what time do you refer to; how long were you at the hospital?—Three-and-a-half years.

7496. What time do you refer to; was the food good the whole time?—Not always, but as a whole it was.

7497. When you say the eggs, for instance, were not good, and that for some time they continued bad, when was that?—That was part of the time that I was staff nurse, and part of the time that I was night sister.

7498. In what year?—I was made night sister in the year 1885.

7499. And they were good after that time?—Yes; my experience is that they were good after that time; I do not say that now and then the eggs were not a disappointment, that they were not bad.

7500. Then as they are a considerable article of food, surely you can hardly consider that the food was good if the eggs continued for some time to be bad?—I said I thought the food, as a whole, was good; as to the eggs, I do not think were good.

7501. But if the eggs and the butter were bad, they are rather important elements of food, are they not?—They were given to us for our breakfast.

7502. Do you think you have a good breakfast if you have bad eggs and bad butter for a long time?—I did not have bad butter for a long time.

7503. For some time?—I cannot recollect, while I was staff nurse, having butter that I could not eat, or that I thought bad.

7504. About overwork; I understand there are two shifts of nurses; one set of nurses work 14 hours with two hours off, and the other 12 hours with two hours off. Quite apart from the London Hospital, or any other particular hospital, is it not very hard work for a woman to have 14 hours with two hours off, or 12 hours with two hours off?—Yes, it is hard work.

Lord *Thring*—continued.

7505. Is it, or not, in your opinion, more work than an ordinary woman, in ordinary health, ought to be asked to do?—Yes, if she was working all the time.

7506. Would it not, in your opinion, be better if economy were not an object (mark that, please), that the nurses should have less work: would it not be better, both for the hospital, and the patients, and the nurses. I know about the economy, and therefore I say, if economy were not an object, if it were not done for economy?—I think it would be better, perhaps, if it could be afforded to have more nurses, but that would have to be gravely considered.

7507. Would it, or not, be, in your opinion, a misappropriation of money given to the hospital if they expended more on rendering the work of the nurses less; in other words, would not a hospital be, in your opinion, perfectly rightly managed if they expended more money on the nurses, though, of course, in some degree it might render less the number of patients capable of being treated?—Yes; at the same time I think it would be very dangerous to have a great many idle women in a hospital.

7508. Quite so; I assume that they are not idle. Now I want to know, with regard to the visiting doctors, how often do they come round hospitals; how often did they come round the London Hospital when you were there?—They each came round twice a week.

7509. I do not know what you mean by "each"?—There are so many visiting physicians and visiting surgeons.

7510. Then I will say, take each day of the week in the London Hospital, did, or did not, a visiting doctor come round each day of the week?—Yes, two very often.

7511. Every day?—Every day.

7512. Went round the wards?—Yes, but they went round different wards.

7513. Then I will put it in this way: How often is a ward in the London Hospital visited by a visiting doctor in ordinary circumstances, according to the usual routine?—One ward sometimes is under the care of three visiting doctors; each of them would come twice a week.

7514. On the same day, do you mean?—No, not the same day.

Lord Archbishop of Canterbury.

7515. Each ward is visited once a day by a visiting doctor?—Yes, but he only sees his own patients

7516. But he goes through the ward?—Yes; he sees only his own cases.

7517. How often is each patient seen by a visiting doctor?—Twice a week by his visiting doctor.

Lord *Thring.*

7518. Then I want to know this: what is the check upon the visiting doctors, supposing they come late, or supposing they do not come at all; is there any check?—That is a matter for the house governor.

7519. Take this case: you say that the doctor ought to come twice a week to a particular patient; that is a particular doctor?—Yes.

Lord *Thring*—continued.

7520. I will assume that that doctor is Mr. Jones, and that he does not come on one of those days; what would happen?—I really cannot say.

7521. But would he be reported?—The house governor will be able to tell you; it is a matter I do not understand..

Lord Archbishop of Canterbury.

7522. As a matter of fact, they do come?—They do come.

7523. As a matter of fact, each patient is visited twice a week by the visiting surgeon or physician?—Yes; if the case is very grave the visiting surgeon or physician comes oftener.

Lord *Thring.*

7524. You do not know whether they put their names down in a book?—I know nothing of that.

Chairman.

7525. During the time that the visiting doctor is not there, all his patients are under the charge of his house surgeon or house physician?—Yes.

7526. With regard to those lamps, do I understand that they are not used for lighting the ward, but simply for scientific operations?—They are used for both purposes, but we have gas to light the ward; they are used for the nurse to carry round when the doctor is going round.

Earl *Cathcart.*

7527. The lamp, I know, is a common glass lamp, full of mineral oil, and it stands in a tin saucer, and always requires refilling and square-cutting the wick every day?—The tin saucer requires polishing, and the glass of the lamp requires cleaning.

7528. That is not an appreciable amount of work; it causes very little trouble, does it not?—Very little.

7529. Would you agree with what a sister of one of the largest hospitals told me the other day, that she would on no account give up the cleaning of the lamp, because she considered it very important that it should be done in the ward?—I do agree with that.

7530. And the cleaning of the inkstand is not a menial thing; it is a thing that people might do in their leisure time, and some people would take a pleasure in doing it?—Yes.

Earl *Cathcart*—continued.

7531. The inkstand is the common pewter inkstand which you see in every attorney's office?—I think so.

Earl of *Kimberley.*

7532. Is it the custom for the clerk to clean the inkstand in an attorney's office?—I have no experience as to that.

Earl of *Arran.*

7533. I think I understood that you did not suffer from ill-health in the hospital?—When I was staff nurse I was unfortunate enough to catch measles, but after that I was never off duty the whole time I was in the London Hospital.

7534. Then you yourself did not experience any ill effects from the amount of work you had to get through?—No.

Earl of *Lauderdale.*

7535. The nurses, I understand, in the London Hospital carry water for baths for their patients, do they not?—Before the bath-room was built in my ward they did. I think every ward now has a bath-room.

7536. There is no necessity therefore for their carrying the water?—No; and in the case of the large baths, where patients have to be put in a bath by the bedside, the porter always fills it and empties it.

7537. Then nurses do not carry water for baths for patients?—I should think not.

Chairman.

7538. On the whole, you consider the nurses sufficient in the hospital to do the work?—Yes.

7539. And you do not wish to see any alteration in the duties as regards the ward-maids and the nurses?—No.

7540. Is there anything more you wish to say?—Nothing more.

The Witness is directed to withdraw.

DR. SAMUEL FENWICK, M.D., F.R.C.P., is called in; and, having been sworn, is Examined, as follows:

Chairman.

7541. YOU are on the visiting staff of the London Hospital, are you not?—I am; I have been 22 years connected with the London Hospital, and I have been 33 years altogether connected with various large hospitals in the Kingdom. This is my fifth hospital that I have been connected with, and I have been 22 years connected with the London.

7542. Were you a student at the London Hospital?—No, I was originally a student at Newcastle; I was one of the old apprentices, so that I lived in the house for seven years. I was afterwards resident medical officer at Newcastle Hospital; it is a large hospital, and I was there seven years. Then since that I have held different hospital appointments

Chairman—continued.

7543. Are you a Fellow of the London College of Physicians?—I am.

7544. We have had various statements made to us about the treatment of nurses who are in ill-health; one of the, I will not say complaints, but one of the statements is that in the case of a nurse being ill she sees one of the house surgeons or physicians; but naturally they are men of not very great standing, either in their profession or in years; and further, I think it is stated that on the recommendation of the house physician or house surgeon the visiting physician or surgeon is called in to advise. Have you any remarks to make upon that statement?—It is put in a way that would tend very much to deceive you. Originally I was asked by the house

Chairman—continued.

house committee to attend all the nurses. Formerly each nurse chose her own medical man from among the resident staff; that did not work well; in fact, one might expect that it would not work well, though I do not know the actual facts in this case. Then I was requested to see all the nurses; I told them I was unable to do so, I had not the time; but I suggested that my senior colleague, Dr. Sutton, should join with me, and that Mr. Treves should be asked to attend the surgical cases.

7545. Were you then visiting physician when you were asked to undertake it?—Yes; the way in which it is managed is this: whenever a nurse complains of not being well, if we are not present (but either I or Dr. Sutton are at least four or five days a week in the hospital), she sees the house physician or myself, or Dr. Sutton, or, if it is a surgical case, she sees the house surgeon or Mr. Treves. Every time that I go (which is twice and very often three times a week) I see all those who are complaining; sometimes I will see half-a-dozen; sometimes one or two; yesterday I saw none. Then you understand that most of these complaints are trivial. A person has a little sore throat, she has a headache; very often those on night duty cannot sleep in the daytime; it may be any little trivial thing. Sometimes there are half-a-dozen of these slight cases. I see them in the sister's room in the presence of the sister and my own house physician; I examine them, prescribe for them; so that I should see every sick person excepting those that Dr. Sutton sees. Now, if, as is usually the case, they are capable of doing their work (and it is no interest of mine to have them warded; it is against our interest you may say), then they come and see me next visiting day; or generally they are better, and they do not see me again. Then if there is anyone requiring to be laid up from duty, they are put in the sick ward.

7546. You mean the sick room that we have heard of for the nurses?—Yes; these are trivial cases. We will say a person has a little sore throat, and there is a little increased temperature, or she has slight rheumatism. Now, to that sick ward I always go whenever I am requested by the house physician, who, of course, remembers who is in the sick ward. I have never refused; but the other day, for instance, we had none in the ward, and it was no use my going; at other times there will be two or three, but they are all trivial cases. Now, the custom is this: a person becomes ill with a complaint requiring her to be regularly seen; say typhoid fever is coming on, or rheumatic fever coming on, or a little pleurisy, or anything that requires attention; they are shifted to the room near the sister's, or otherwise, if that is full, into the general wards, where they are shielded from the rest of the patients usually by a screen.

7547. The room near the sister's room, you say?—A small ward with two beds; they are immediately under the superintendence of the sister, and they are seen every visit without any exception whatever. As to this nonsense about their not being seen, it is a farce, because they ought to know better.

Chairman—continued.

7548. Do I understand you to say that you and your colleague are responsible practically for the health of the nurses?—Certainly.

7549. And not the house surgeon or house physician?—No; we are responsible and we see them; I do not say that if a person was suddenly to get a sore throat or a little feverish attack I should see her; but the house physician would at once be called in and see her; but he reports the cases to me at my next visit, and I always see them.

7550. Do you and Dr. Sutton visit the hospital on alternate days?—Yes.

7551. So that one is every day in the hospital?—Yes; and, generally speaking, I go down for my own satisfaction on the Sundays besides; I am not forced to go, but I generally go. It is quite untrue that there is any neglect.

7552. Now, you have had experience of this sick room; do you find that the necessaries required there, such as beef tea and so on, are good in their quality?—Quite.

7553. Have you ever had reason to complain of them?—I have never had reason to complain. I do not know whether you are still referring to the sick nurses.

7554. I mean the accommodation, or the appliances, or the food, whatever it is, that are furnished to the sick nurses in the sick room?—I never heard of any complaint. If there was any I should immediately report it, because I consider myself responsible for the sick nurses.

7555. And do you think that your house physician would report to you if there was anything wrong?—No doubt.

7556. So that nothing would escape you, between you?—I cannot see how it could do so. I should like to say, with regard to these house physicians and house surgeons, who are called "boys," and so on, the present average age of the resident staff is 27, which certainly is old enough. Every one of them is doubly qualified; they are chosen without any recommendation from the staff, from the pupils applying. I was for some years on the college board, who select the students, and we very often had 20 to 30 applicants, and we used to judge in various ways, but usually we took into consideration the age of the applicant, the work he had done, and his degree. Some of them have capital degrees, M.B., London; one or two are members of the College of Physicians; they have as high degrees as they could. There is not one at the present moment on the staff who is not doubly qualified; there is not one who would not do credit to any institution in a similar way. What they are talking about against the resident staff, I cannot make out.

7557. You said that they have a double qualification; does that mean surgeon and physician?—Surgeon and physician, every one; but some besides that have the qualification of Doctor of Medicine or Bachelor of Medicine; more generally Bachelor, on account, you know, of their age. Some there are from Oxford, and some from Cambridge, but they are all reliable men and all selected men.

7558. I think you said that these appoint-

Chairman—continued.

ments were made without any reference to the medical staff?—Yes.

7559. Before they go before the college board, which is the body that selects them, they pass an examination?—Yes.

7560. And do you have regard to their age and their general qualifications, characters, and so forth?—Yes.

7561. Do you find that that system works well?—I think it is the fairest way; I do not say it is perfect, but I think it is the fairest way. The reason is that many men make capital students who, perhaps, are not equal to men who have not done as well at their examinations; they are not equal, I mean, as practitioners, perhaps; but that you can only find by trial. They are all fairly selected; there is no private interest, as far as I know, there was not in my day, allowed to interfere.

7562. Do these gentlemen applying to these hospitals canvass themselves?—I do not know what it is now; it is some years since I left the board. In my day there was no canvassing.

7563. Then after they have passed their examination, and are certified to be qualified, from a professional point of view, this board selects the best men, the men they think most fit?—Yes, certainly; but you must remember that many of the men leave us for a year or two. The office of house surgeon and house physician is a prize. Some men go abroad for a year or two; some study in other hospitals; but generally they are men that any hospital would be proud of, taking the whole of them; I do not say that every one is as good as the other, because you cannot say until you try a man how he will turn out.

7564. You have had 22 years' experience in the London Hospital, you said?—Yes.

7565. Have you ever, during that experience, known of any charge being made against a surgeon or physician of being the worse for drink?—I never heard of such a thing; it is nonsense; it could not happen; he would be discharged; I never heard of such a thing.

7566. Who would discharge him, supposing such a thing occurred?—The college board would report him, and the house committee, I have no doubt, would discharge him; but I never heard any such accusation made against them.

7567. The house committee is the body that has the power of dismissal?—Yes. When I was on the board, I may mention that many gentlemen thought themselves aggrieved in not being put into the house. Generally the reason was that their reputation was not good; some of them were given to alcohol; and these were always thrust aside. There was every care, so far as I know, taken about it. Of course I cannot say that it never happens; because I am not living in the house; but I never heard of it.

7568. Then do you think that this system, which you have explained to me, in reference to the medical advice which is available for the nurses, works well?—Very well indeed. I must say that I think it is rather a farce that two consulting physicians should see a person with a little sore throat or a little rheumatism. In an ordinary household you would never think of

Chairman—continued.

sending for the consulting physician for such trifling ailments; but still, if we are willing to do the work (and all the physicians at the London Hospital are purely honorary), there is nothing more to be said.

7569. You said that you were resident officer at the Newcastle Infirmary?—Yes, I was first assistant resident medical officer; then afterwards I acted as resident medical officer.

7570. When a man is made resident medical officer he is generally a man of great experience?—Yes.

7571. The system of resident medical officer does obtain in some London hospitals?—Yes, it does.

7572. Do you think, on the whole, it would be better to have a resident medical officer at the London Hospital?—Very much better; but that is only my private opinion. I have urged it frequently on members of the committee, but they do not see their way to it. That is my private opinion, that you ought always to have an older person to refer to; because a young man coming there at first may be timid. The London Hospital is not like a West-end hospital, because it has nothing but bad cases. At the Middlesex, for instance, they used, in my experience, to have trivial cases. We have nothing of the sort in the London; we have nothing but bad cases, because the hospital is insufficient for the district; you have upwards of a million of people round that hospital, and we are the only general hospital fighting against that. That is the real difficulty, that we are overmatched.

7573. That makes the case out, does it not, all the more strongly for some such officer as you suggest?—I would say so, but then other people have their opinion, and the house committee; but I have always been strongly of opinion that a resident medical officer, if you can only get a good one, ought to be placed in every large hospital.

7574. That resident medical officer being a salaried officer under the committee?—Yes.

7575. And independent of the visiting staff or any medical committee?—Yes. When I was resident medical officer I had to act both as house governor and resident medical officer, which is a very bad arrangement; but we had the entire control, as it were, of all the hospital. I think it is a good plan having these resident house physicians and house surgeons, but I have always been of opinion that in every large hospital it ought to be a *sine qua non* that you should have an older person, who has gone through the various offices, and who is competent to give advice to gentlemen just coming on, and who should see every case of operation or danger, in the absence of the visiting staff. But then that is only my own individual opinion.

7576. But do you think that such a resident medical officer would clash at all with the visiting staff or not?—He ought not to be allowed to clash. When I was resident officer we had no clashing; but all these matters are matters of detail. He ought to be under the control of the visiting staff when they are on duty, but in their absence he ought to be supreme over the various house-physicians and surgeons. It would be a difficult

Chairman—continued.

difficult thing to arrange at the London; but it could be done. That is my opinion, you understand; I have pressed it very frequently, but it is not the popular one.

7577. Do you think that, on the whole, the patients at the London Hospital are well nursed?—Certainly; I have no doubt about that. I remember the old system of nursing, when I was a boy of 15, when I first entered a hospital. It was infamous; I remember the nurses being drunk, patients having to nurse themselves; it was infamous, just as bad as anything Dickens ever described. Then when I came to London 22 years ago it was an immense advance, but nothing like what it is now. I meet our nurses constantly outside; in fact when I meet a practitioner and he wants a nurse, I generally say, "You will get the best by sending a telegram to the London Hospital." I have never had a bad one; whether they favour me I do not know, but they are superior to any nurses I come across. The reason is that they have had so much more experience. Ours is a very large hospital, and the cases in it are all bad cases; and I prefer them to any other set of nurses I come across. I think they are very good.

7578. And you think that they have had sufficient training?—All I have ever seen. I have one at present with a lady; and I know that many of my patients have been so fond of their nurses, that they have taken them away with them, and afterwards they keep up correspondence with them, which does not look as if they were not satisfied. I think they are the best nurses I have ever come across.

7579. Then you do not think, according to what you say, that the public is misled by the advertisement in the newspapers?—Certainly not. I objected, I must honestly say, to that use of the nurses from a large hospital. When the matron originally mentioned it to me I objected; I though we were going too quick.

7580. Do you mean that you objected to the nurses being withdrawn from the hospital to private cases?—No; but I thought we were getting these improvements too quickly, one upon another, and that they ought to have been consolidated. My opinion was not taken, and very likely it was wise that it was not taken; but of the London nurses I never heard a single complaint; and I never saw an untrained nurse sent out. I speak merely of those I have met with, but I have met with them in all parts.

7581. Have you any experience of the children's ward; is that under you?—I have beds in the children's ward; they are very well nursed, as far as I have seen.

7582. As regards the number of nurses, do you consider it sufficient in that ward?—That I have not gone into; I could not tell. We have a capital sister; she was there long before I joined; she is a first-class sister in the medical children's ward; I do not know the surgical children's ward, and therefore I cannot answer the question as to that.

7583. But as far as your own patients are concerned, you have nothing to complain of?—They are well nursed; I have nothing to complain of.

7584. There is a subject which I think you will have an opinion upon, that is the menial duties, as they have been called, which nurses have to perform; do you think that, with advantage, more duties of that kind could be given to the ward maids?—That I am not qualified to speak to. You must remember that the London is a very poor hospital. This year is the first year we have got a reasonable balance, and that is through legacies; but I could not answer you that question; I do not know enough about it; I have formed no opinion about it.

7585. As you have had 22 years' experience, I thought perhaps you might have formed an opinion?—I could not answer your question on that point.

7586. But surely, if a good many duties other than nursing have to be discharged by a probationer, does not that retard her education?—What duties, may I ask, do you refer to?

7587. Cleaning lamps, and brushing and cleaning inkstands?—I was not aware that they did it, but I do not know as to that; I really cannot tell.

7588. You have nothing to say upon it?—I have nothing to say upon it.

7589. You have had the medical care of nurses from time to time; do you consider them overworked?—I think it is owing to the long hours and also, I think, to what I fear nobody can alter, namely, that they are situated in a dense part of London, and very far from any means of recreation, that I am forced to reject many nurses whom otherwise I would take. I may mention that for many years, at the request of the committee, I have seen all the probationers and have had to pass them or reject them.

7590. Then would you say this, that supposing economy was no object, supposing that you were more fortunate in your balance than you happen to be generally, and that money was no object, you would like to see the number of nurses and probationers (I will call them all nurses for brevity) very much increased?—I should like to see it increased; I should like them to have more holidays, and I should like to see them increased in number, certainly, if economy was no object; but I fear it is a very great object; in fact most of the difficulties of the London Hospital arise from want of funds.

7591. I am afraid the London is not singular in that respect?—I fear not.

7592. You would like to see the nurses get more holidays, you say?—I should. I think they are under special disadvantages at the London. As I say, they are far from any means of recreation; Victoria Park is the nearest place where they can walk. We have a very large hospital crowded, always crowded, with bad cases, and the population round is dense. If it were not a matter of economy I should very much like to see them have shorter hours.

7593. About how much holidays, do you think?—I would not like to enter into that.

7594. But I mean, to keep a woman in good health in work in which the hours are so long; what amount of rest ought she to have in the course of the year to keep her in good health?—I think three weeks would be enough.

7595. And they do not get that?—I do not really know how much they get.

Chairman—continued.

7596. But you think three weeks, with the hours off that they have, or are supposed to have, in any London hospital, would be sufficient to keep them in health?—I think so; I think that in the West End hospitals they must be very much better off than with us; at any rate, I reject many that if I were at a West End hospital I would pass.

7597. And that has to do with the locality in which the hospital is placed, you say?—Yes, with the locality. We are closely built up all round; we have a million and a quarter of population round us, and there is no place nearer than Victoria Park, where a young lady can go to walk, or to take exercise.

7598. And I suppose, after a nurse has been hard at work all day, or all the week, she is little inclined to walk far?—Yes; in St. Mary's Hospital, and those which are placed close to the parks, they can get fresh air; with us there is no fresh air.

7599. Still the houses round about the London Hospital are not so high as those round a good many of the West End ones; you do get air?—We do get air, but all the way past Stratford it is densely populated; there is a great town that has grown up there since I joined.

7600. You have a very good garden, with grass lawn plots, at the London?—Yes, a very good garden.

7601. Do the nurses use it much?—I think so; I see them constantly walking there when I go to the hospital.

7602. At the same time they must see a great deal of their patients in that ground; there is no real relaxation for the mind, is there, in walking there?—I should think not.

7603. Do you consider that the nurses are sufficiently well fed?—Now they are well fed; two or three months ago I was speaking to the matron about it, and she sent me up a list of the dietaries. Years ago the feeding was bad; years ago (I do not know how many years ago) I used to have to reject a considerable number of the probationers on account of what we call anæmia, that is bloodlessness. Now I sometimes pass a whole batch of probationers without having to reject one. That is, I think, the best proof of improvement. Formerly the dietary, perhaps, was not insufficient, but it was not varied enough. I know myself that, after living many years at a hospital, I used to get sick of a quantity of food, put in a very unappetising way before me; and that, I think, was the chief fault in the case of the London also. It was not insufficient food. I spoke about it at that time to the chairman and to the late Sir William Rose Robinson, who took great interest in it, and I mentioned these facts, and the food has been gradually improved.

7604. I suppose nurses cannot be too well fed, can they?—They are not likely in a hospital to be too well fed, I mean in a hospital like the London, where economy is a matter of great importance.

7605. I mean when I say too well fed, too great attention cannot be paid to their food in serving it up, can it?—I think it ought to be brought up in the most appetising form possible, because the mere fact of being all day long at anxious cases, without any recreation, with nothing often but misery around, tends to make one lose one's appetite. I can only answer for myself; I was in bad health in the latter part of my time as resident medical officer at Newcastle, and I know that what would be pleasant to a person in good health is rather disgusting to a person who has really not the appetite, and who is anxious all day long, and is in an air perhaps not very healthy.

Chairman—continued.

7606. Do you think it would be a good plan if some senior official, like a sister or housekeeper, dined as well as presided at these dinners, with the nurses?—I think so; I have not considered the point.

7607. Still would not that insure greater attention to the food in most hospitals, generally speaking?—I think so.

Lord *Monkswell.*

7608. You say that nurses used to choose their own doctors from among the resident staff, and that that did not work well; why did it not work well?—That was the report I received from the house committee, but you will see that it could not work very well, for this reason: One young gentleman might say, "Well, you had better be excused night work;" another might say, "She must have more holiday," and a great deal of favouritism might arise from that. But I do not know the actual facts; I only know it was so stated to me when I was asked to undertake the nurses, but I do not know the facts; but from my own residence in a hospital I can quite understand that it would not work well, and I think it ought not to be allowed.

7609. You think that the nurses ought to be as little as possible under the exclusive attention, medically, of these young men?—If a senior man can be got to do it, I think it is better for them that it should be done by him.

7610. One nurse told us she thought she got into some trouble owing to going to see an outside doctor, and that the matron would have been better pleased with her if she had allowed herself to be prescribed for by the house physician or house surgeon, whose duty it was to prescribe at the moment for all the nurses?—I do not know whether that is true; but I said to the matron that I must resign my appointment if they had to choose their own medical officer, and the reason was this: I was asked by the house committee to undertake this office, and be responsible thereby for the health of the nurses. I could not be responsible, and it was no use wasting my time if they had to go and choose their own; it would be going back to the old state of things again.

7611. Perhaps you would say that it was not unnatural that a nurse might object to being doctored by these young men, and might prefer to see an older man?—Yes, but that is the very point we have been talking about. You see the thing is this, that they are never under the care of a young man; that is what I have already been mentioning to the Chairman; that is to say, I am there two days a week, my colleague, Dr. Sutton, two days, and Mr. Treves is also there. We have separate days, and I am generally there three days in the week.

7612. What I wished to call your attention to

Lord *Monkswell*—continued.

was this; we had it in evidence from a nurse that she was attended to by one of these young resident doctors, and it would seem from the evidence of the matron or from some evidence that we received subsequently, that she was very unwilling to tell the doctor what was the matter with her, and that the doctor had to prescribe for her entirely in the dark; do not you think that unwillingness on her part was very natural?—I do not think that you will find that in general life. When people send for a physician they are expected to make a clean breast of all their troubles.

7613. But she did not send for him; this was a young man who was forced upon her in some respects; in the sense I mean that he was the young man who would in the first instance have the doctoring of the nurses. She did not go to this young doctor, by-the-bye, because she said that she was not at all unwell; but she said she was not at all unwell, as I gather, because she did not want her ailments investigated by this young doctor?—If she had waited till the next day, I should have seen her or Doctor Sutton would have seen her.

7614. But you certainly would be of opinion that a nurse might object to telling a young man her ailments, and not object to telling an older medical man?—We, both Dr. Sutton and I, are old enough, and we are on the spot.

7615. You will quite sympathise with a young nurse looking ill, who did not choose to tell a young doctor what was the matter with her, but resolved to keep her own counsel and see an older one the next day?—If she had come to me and said, "I would like to see Dr. So-and-so," I should have given her a card and she could immediately have seen him. Still it would not keep up the discipline of the place if she were to see only older ones; you must have the discipline kept up, and if any nurse came to me and said, "I would prefer going outside," I should say, "Certainly, only I must be responsible (as I am responsible for you) to see really that you are properly looked after."

7616. You do not quite understand my point; my point is, that apparently there was some difference of opinion, at all events the nurse thought there was a difference of opinion, between her and the matron as to whom she ought to see; and she was most reluctantly compelled apparently to see this young doctor; the result was that she did not choose to tell him what was the matter, and did tell her ailment the next day to another and older doctor who ordered her complete rest; it seems to me that a system which would compel a nurse in the first instance to go to a young resident medical officer is a wrong system?—I think it is a very small evil compared with the evil that may happen from the nurses not seeing the doctor appointed by the hospital. For example, I was told about a case that had to be investigated, a case where there was suppurative inflammation of the brain after some operation on the nose. Had I been spoken to I should have known what ward that nurse was in. She went of her own accord, so I am informed, and had this operation performed, and then she continued in the same ward, because I do not suppose the

Lord *Monkswell*—continued.

operator would know anything about the ward, as he is purely an outside physician; but had she come to me I would have given her a note to say, "Go and see Dr. So-and-so; only you must not remain in that ward." We would not allow any nurse in such a surgical case to go on working in the erysipelas ward. I do not know that it had much to do with her illness; still it is not right that in such a case the nurse should remain in the ward.

7617. At all events you agree with me that it is better on the whole that the nurses should see the older doctors?—Yes.

Chairman.

7618. Those difficulties would be lessened in great measure, would they not, if you had a resident medical officer?—Yes; when I was resident medical officer in the institution I have spoken of, we saw all the nurses excepting it was something very serious, and then they were warded.

7619. As soon as a nurse was warded, she would fall back into the hands of the visiting physician or surgeon?—Yes.

Lord *Thring.*

7620. Have you known cases in the London Hospital of nurses working when in ill-health?—I should not have allowed them if they came to me to go on if they were in ill-health.

7621. If the doctors knew of it, they would not allow nurses to work when in ill health?—Certainly not.

7622. For instance, a nurse working with a bad finger; we understand there was one case of that kind; if the doctor had known it would he have allowed it?—That is a surgical case, and I do not know what sort of a bad finger it was; but I know, medically, if they came to me at all unable to work they would at once be taken off work. Every day when I see them, I order whether they shall be continued at their work or not. Many nurses say to me, "Pray do not send me to the sick room, it is so dull"; that is when there is very little the matter with them.

7623. Then with respect to the doctor going through the ward, I understand that each doctor goes through at certain stated times?—Yes, of the visiting staff.

7624. Is there any mode of ascertaining whether he goes through or not; does he enter his name in any book?—Yes, we enter our names when we enter the hospital, and the porters enter the time when we enter the hospital; then the porters again enter the time opposite our name when we leave the hospital.

7625. Supposing that a doctor does not come at the right time, or come at all, or stay the right time, that would be known through this visitation book?—Certainly; and it then becomes the duty of the chairman of the committee to inquire into it.

7626. And to reprimand the doctor?—To see why he does not do his work. But I have not known any case of that kind.

7627. Do you not suggest a very short time when you speak of three weeks' holiday in a year to a nurse. Take the case of a doctor or a lawyer;

Lord *Thring*—continued.

lawyer; three weeks in a year is not enough for him?—It is very little; but you must remember that the London Hospital is not a rich hospital.

7628. Then I will put the question which the Chairman has put to you, and which I have put so often to others; it is a mere question of economy?—Yes.

7629. We want to know, the Chairman wants to know and I want to know, what you would consider an ideal hospital would give in the way of holiday to keep the nurses in good health, quite irrespective of money?—An ideal hospital does not exist. I have been all over the Continent and not met with one.

7630. I wished to know what you would say was enough?—Three weeks, I think, would be sufficient.

7631. Surely not?—I should be very glad if they could give more, but with that they will keep in good health. I do not know what they now give them.

7632. Would you not like them to have six weeks?—I think then the hospital would be a good deal deranged.

7633. What the Chairman wanted to get at, and what I want to get at, is simply this: What would be the proper length of time for the holiday, supposing the hospital had abundance of money, and you wished to keep the nurses in perfect health?—Still I say three weeks.

Earl of *Kimberley.*

7634. A physician in large practice in London would not be satisfied, would he, with three weeks' holiday?—I never get more than three weeks.

7635. But is it not the case that a large number of physicians in London take more than three weeks?—I suppose they enjoy their holidays more than I do. There is no necessity for it. I am talking now of necessity.

Lord *Thring.*

7636. In my younger days I remember reading a book, "A Month's Holiday, by a Physician," in which he said that a month's holiday was the least a physician should have?—Opinions differ, and I suspect the power of men to work differs considerably.

7637. Then, again, I want to put the same question with regard to the hours of work as I have constantly put before: Is not fourteen hours, with two hours off, and twelve hours, with two hours off, extremely hard work for a woman?—I think far too long.

7638. Would it be well to have three shifts, or to shorten the hours and have a greater number of nurses?—You must, of course, have more nurses. Then, again, we have not accommodation for more nurses.

7639. But it would be very advantageous to have more nurses?—Certainly. As a proof that they are too long on their feet I may say that we generally find that they require a larger shoe after being a month or two with us.

7640. Are they not subject to some complaint resulting from long standing?—Varicose veins, probably, you are thinking of. Some of them are, but I do not think generally. You see the strongest only are selected.

7641. The survival of the fittest?—Yes.

Earl *Cathcart.*

7642. That very fact of the nurses suffering from being foot-sore is mentioned throughout the books of the London Hospital; and there is also another thing mentioned; that is, the complaint called flat-foot; it is known amongst soldiers also. Have you observed that among nurses?—I have the selection, or rather the rejection, of nurses generally. Therefore we are particular in choosing the strongest-looking nurses for the post; but they are very apt to become flat-footed.

7643. I observe the term "flat foot" is often mentioned in the records of nurses as a cause of discharge; is it a permanent injury?—Not necessarily; but if they are unable to go about they are no use as nurses.

7644. What is the nature of it; is the bone of the foot bent down?—The ligaments get strained.

7645. With regard to the question of appetising food, you have gas cooking throughout the London Hospital, except in the Jews' department?—Yes.

7646. Have you any knowledge of that cooking, practically?—I have been and seen it; I think it answers well.

7647. I have had letters from outsiders, saying that the gas cooking, if not very carefully attended to, causes the meat not to be appetising; that it becomes sodden and exceedingly greasy and distasteful; is there any truth in that, do you think?—That I do not know.

7648. Mr. Valentine told us that when male nurses are called in, they have no knowledge whatever of the way to treat the sick, and they only apply a sort of brute force; have you ever had to complain of the male nurses who were called in?—Never.

7649. Do you remember the days when scrubbers used to sit upon a bench, and these scrubbers used to be called in as nurses?—It may have been so; I do not remember it.

7650. You have never had cause to complain of the male nurses in the hospital?—I have never had to complain of that. The people who are employed as male nurses are the porters, I suspect.

7651. The people I speak of are not the porters, but those who are called in from outside to give assistance?—Mr. Nixon could tell you that; I have no knowledge of it.

Earl of *Arran.*

7652. Is the ventilation of the hospital, in your opinion, satisfactory?—I think it might have been better; but they are now improving it; both the drainage and ventilation are now being improved, at a very considerable expense.

7653. The drainage, as I understand, has been put in, or is in the act of being put in newly at this moment?—I believe so.

7654. And the old system of drainage destroyed, I presume?—I believe so.

Lord *Zouche of Haryngworth.*

7655. How many house physicians and house surgeons are there at the London Hospital?—Five house physicians, five house surgeons, a resident obstetric physician, and I think we generally have two or three students.

7656. Those

Lord *Zouche of Haryngworth*—continued.

7656. Those are all that are in residence?—Yes.

7657. Because there are usually between 600 and 700 patients in the hospital?—Yes.

7658. And do you consider that that resident staff of five physicians, and five surgeons, and one or two extra ones, are sufficiently numerous to look after these enormous number of patients during the absence of the visiting physicians and visiting surgeons?—They are quite sufficiently numerous; they are very hard worked, but they are sufficiently numerous.

7659. Because I suppose there must often be a good many very urgent cases which have to be seen to at the same time on any case of sudden emergency arising?—Then there is no difficulty in one house physician asking some other to assist him. It has never been proved that it is insufficient. I know it is very hard work, but I never heard any complaint of insufficient numbers.

7660. I suppose, for a considerable proportion of the 24 hours, the patients would be entirely left to the house physicians and house surgeons?—That is so.

7661. About how long, for instance, would your visits last?—I am always there before two o'clock, and I leave after four; and in that time I go through all the beds apportioned to me. I generally begin at one end one day and at the other end the other day, so as to see them all.

7662. Then we have heard about a resident medical officer; what is exactly the difference between a resident medical officer and a house surgeon, or a house physician?—A house surgeon or rather a house physician has only those cases under his care belonging to the member of the visitng staff to whom he corresponds. The resident medical officer is generally an older man, and is a paid man, and takes charge, as a rule, of all the more important cases that might happen, assisting thereby the junior, the present resident medical man. But we have not such an officer in the London Hospital; we have no officer of that sort; but that is what I was when I was young; I took charge of all the medical cases in the absence of the visiting staff, and was responsible for them.

7663. And as far as I understand you, each member of the visiting staff has a house physician or house surgeon attached to him who looks after the patients under his charge during his absence?—Yes; that is to say each physician and each assistant physician. An assistant physician generally has 13 to 15 beds under his charge, and he, in the absence of the physician, would of course see the patients; he has only really 13 to 15 beds in his charge, but in the absence of the full physician he would of course be consulted by the house physician. For example, my late assistant physician was Dr. Sansom; he attended on alternate days with me; then if anything happened to my cases, and in case it was more than the house physician could manage, he of course applied to Dr. Sansom as my assistant. In the case of Dr. Sansom's patients, when he was absent, if there was anything special he would come to me and say, "Will you see such a case of Dr. Sansom's"; it does not work badly.

Earl of *Lauderdale*.

7664. With regard to these nurses who are ill and wish to obtain medical advice, in the event of any particular nurse not wishing to see the house physician or house surgeon, can she see the visiting physician or visiting surgeon on that day?—Always.

7665. No one day need pass without her having the opportunity of seeing the visiting physician or surgeon?—I should say not.

7666. So that it is not necessary for her to consult the young man if she does not desire to do so?—Certainly not. The only thing is that we of the visiting staff are only there between certain hours, and supposing a person gets a very sudden bad throat or bad cough, we may not be on the spot at the time.

7667. But no entire day would pass without her having an opportunity of seeing one of the visiting staff?—I should say not.

Chairman.

7668. You give time to the hospital twice a week?—Generally I am down there an extra day as well.

7669. That is all unpaid work?—Quite unpaid; and our visiting of the nurses is unpaid, and my passing of probationers is unpaid. In fact, we receive nothing whatever from the hospital.

7670. Is it not a very considerable sacrifice of time?—It is, very great indeed.

7671. Would you think it would be advantageous, and would you like to see what is now the visiting staff, a paid staff in a general hospital?—Very much indeed; but then you see you would not get the public to do it. Abroad they are always paid; I have been at all the hospitals, at the leading hospitals, at all events abroad, and they are always paid; and I think it is the true system. I think a smaller number (this is only my own opinion) would do the work better if they were paid. That is the system abroad, but then that is only my own opinion.

7672. Are you satisfied with the system of medical education that exists at present, each general hospital having its own school; have you formed any opinion upon that?—I have very strong objections to it; I think it is all wrong; but then that is only my own opinion. I think the London University is to blame; instead of being an examining board the London University ought to be a teaching university; that is my own opinion.

7673. You would like to see one general university and certain hospitals registered for instruction?—Yes; that is what I should like to see very much indeed; but then again come in other considerations. If the Government of this country would build one line-of-battle ship less and devote the money to the payment of professors, it is wonderful the amount of improvement that would be made; but then at present they are all unpaid you see.

7674. But all the lecturers are not unpaid?—We do not get very much; we get a portion of the fees. I do not remember the exact sum, but I think I got about 120 *l.* last year, something like that, for which I had to teach.

7675. To teach in the school do you mean?—To teach in the wards.

Chairman—continued.

7676. Do you lecture in the school?—No. I gave that up. I was lecturer upon the practice of medicine, but the fees were exceedingly small. I was lecturer upon physiology and upon comparative anatomy; I got no fees for comparative anatomy. The first year when lecturing on physiology I received 25 *l.*; the third year it was somewhat increased. I never received much; the lectureships are very badly paid.

7677. Have you lectured into the bargain to nurses?—No, I have not done that.

7678. There is a school at the London Hospital?—There is.

7679. Is there any official called the dean of the school?—The warden.

7680. And he will be able to explain to us in detail all the matter pertaining to that?—Quite. He is not a professional man; he was in the navy, but he was selected for warden and he has been there for some years; he could explain all these matters which you might wish to know about the school.

7681. Then he is merely responsible for the organisation of the school, I presume?—Yes; simply that.

7682. The interior economy?—Yes. There is a board; the school is managed by a joint board, comprised partially of gentlemen selected from the house committee, namely, six of them, and partially (that is six of them) selected by the staff of the hospital. This forms what they call the college board; that college board takes the whole management of the teaching part of the college, and the warden is their servant.

7683. Do the college board receive any fees?—No, not the members of the college board.

7684. Who manages the fund that comes from the fees which the students pay?—The college board could give you all the information; it is some years now since I was on the college board, and I do not know the present arrangements.

7685. Still, as a medical man, you would like to see reforms?—Very great reforms indeed.

7686. Taking the form of some central university?—If I had my own way I should reconstruct the whole thing, and do it as they do abroad.

7687. Would you admit students to all hospitals, or would you have certain hospitals established for instruction?—I think every hospital, and I think, from what I have seen abroad, every workhouse hospital might be employed for clinical teaching; but then you must change your present workhouse hospital arrangements. At present the workhouse hospitals are generally under the management of what are really resident medical officers without a visiting staff. If I had my way I should insist upon a visiting staff being attached to every large workhouse hospital, and I should associate them with the general hospitals as part of the medical teaching; but then, of course, that is only my own idea.

7688. Now, with regard to all these cases of an infectious nature, such as scarlet fever and small-pox, and so forth; you do not keep them in the London Hospital?—No, they are sent to the Fever Hospital. The house governor could tell you the arrangements about that better than I can.

Chairman—continued.

7689. I am going merely to this one point, that your students in the London Hospital, who see all other classes of cases, have no opportunity of studying these infectious cases there?—No, it is a great loss.

Earl of *Kimberley.*

7690. I think one or two of the witnesses said that your wards in the London Hospital, on the medical side, were over-crowded sometimes; has that been the case?—Quite. It is not the fault of the committee; because the committee are constantly sending us letters stating that they are over-crowded; but it really is owing to the fact that we are so small. We have only 800 beds for the million and a-quarter of people, and we cannot help it. As far as I remember, if you took the average of hospitals of towns abroad, where the hospitals are supported by the public, probably you would have three hospitals. I forget exactly what Vienna has, but I think that the Viennese Hospital contains between 2,000 and 3,000 beds: I forget what it is now.

Chairman.

7691. It contains 4,000 beds?—Four thousand, is it? And that is what you want in London.

Earl of *Kimberley.*

7692. One of the witnesses said that in a ward visited by Sir Andrew Clark, who has a great objection to over-crowding, the beds above the number he approved of, were taken out before his visit, and put in afterwards. According to your experience of the hospital, could that have happened without its coming to the knowledge of the superior authorities?—That witness has been dreaming; because I was his assistant and worked a great part of his beds for very many years, and that never has been done. I tell you what I think may have been the excuse for it, if anything of the sort happened, but I do not know that it did. Sir Andrew Clark was a popular teacher; he had a large number of students always going round with him, and it is likely enough that one or two beds may have been shifted for the purpose; but I worked Sir Andrew's beds for many years as his personal assistant, and that was never done.

7693. But if they had been shifted in order that they might have the advantage of his teaching of the cases, that would be bringing in extra beds into the ward, would it not?—No, it would be probably this: that there were a large number of students going round with him, and he is a popular teacher, and perhaps, in order to get room for these students, they may have shifted one or two beds; but I can say that it was never done, as far as I know, and I was his personal assistant for many years.

Earl *Cathcart.*

7694. In regard to what has been called the martyrdom of hospital appointments (which is not a phrase coined by me), it is argued that you eminent medical men have used these hospital appointments as a ladder by which to climb to fame, and that thereby you derive benefit, and that if any eminent man wants to give up his hospital appointment there are six other eminent medical

Earl *Cathcart*—continued.

medical men ready to take that appointment?—That is quite probable.

7695. And that is, to a large extent, the view of your profession?—That is quite probable; but still, if you could pay the men and select them as you do abroad it would be a much better plan, I think.

7696. But under our system that is not possible?—No, you cannot do it.

Chairman.

7697. You mentioned the case of a nurse in the erysipelas ward, and said that she was operated upon for a tumour of the nose, and then finally she came under your care, and that nurse died?—Yes.

7698. Was there any delay about her seeing the visiting physician and Dr. May?—Not the least that I am aware of. I had a note from Dr. May. She was not seen only by me, but by Dr. Hughlings-Jackson, who is one of our chief authorities on brain affections. In fact, if there was a nurse who was ill, and there was anything special, I should have no scruple in asking any one of my colleagues, such as Dr. Hughlings-Jackson, who had made their reputation for any particular thing, to see her; that would be done, as a matter of course. Dr. Hughlings-Jackson saw her, and Dr. Woakes saw her. I remember examining her nose and finding no erysipelas; there is no evidence that it was from erysipelas. These accidents do occur sometimes; the late Mr. Coulson died a few months ago from the same thing. He had a growth removed, and he, poor fellow, died from the same thing, suppurative meningitis.

7699. I think you mentioned that this nurse had had the operation done outside the hospital?—No, I am afraid I did not make myself plain. She did not communicate with me; she went down to Dr. Woakes, who is a special practitioner, but is in sole charge of the out-patients; probably he did not know anything about it. That will, perhaps, be almost an answer to the question that I was asked by one of the noble Lords, about the advantage of having persons of the upper staff set aside to see these cases. I should have known it.

Earl of *Kimberley.*

7700. What happened, as I understand, was this: that as the physician or surgeon to whom she went was not in any way in charge of the ward where she worked, he did not know that she would go back to the ward, and if he had known, he would not have allowed her to go back?—I do not suppose he would.

7701. And if you had known it, you would have sent her away and not allowed her to attend in the erysipelas ward?—Yes.

7702. That is, independently of whether she had or had not actually contracted the disease, she would not have been allowed to go back into the ward after the operation was performed?—Yes; had she come to me I should have given her a note or card to Dr. Woakes, and said at the same time, "Where are you working?" because I know from long experience the whole working of the hospital. Directly she said in the Blizard Ward, I should have said, "You must leave that ward."

Chairman.

7703. That is another argument in favour of the resident medical officer?—It is.

The Witness is directed to withdraw.

MR. FREDERICK TREVES is called in; and, having been sworn, is Examined, as follows:

Chairman.

7704. YOU are Chief Surgeon at the London Hospital?—I am one of the five surgeons.

7705. How long have you been there?—Eleven years; five years as assistant surgeon, and six years as a member of the senior staff.

7706. Were you formerly a student in the hospital?—I have been connected with the hospital for about 19 years, entering as a student.

7707. And one of your special duties has been the charge of the nurses?—The surgical charge of the nurses.

7708. And do you agree or disagree with the statements that have been made here to the effect that the care of, and the advice to, the nurses when they are ill, is not sufficient or efficient?—So far as the surgical cases are concerned, the charges are exceedingly unjust. It is an absolute rule given to my house surgeon that no nurse with any ailment, however trifling, shall pass through his hands without seeing me. I am at the hospital always three times a week, and I am a lecturer at the college in the winter every day except one; and I think I can say that no nurse suffering from a surgical malady, during the time I have been in the London Hospital, has ever passed through any kind of treatment without seeing me.

Chairman—continued.

7709. Then the opportunities for your house surgeon to refer to you are exceptionally great, are they not, from the fact of your lecturing every day?—That only applies to the winter time. In the summer, if there is the least difficulty, the nurse is sent up to my house.

7710. Where do you reside?—In Wimpole-street.

7711. Then you see her at once in any case?—I see her at once.

7712. That applies to both nurses and probationers?—To both nurses and probationers. And the statement that members of the staff do not visit the sick room is also quite unfounded. If a nurse was in the sick room I should certainly see her three times a week; if the case were urgent, every day.

7713. How would you know that she was in the sick room?—It is reported to me at once.

7714. Then for the daily watching of this patient, you going three times a week, she is left in the hands of the house surgeon?—She is left in the hands of the house surgeon, who carries out my instructions.

Chairman—continued.

7715. Suppose the case took an unfavourable turn?—I should at once be informed of it. In the case of a nurse seriously ill I have a telegram sent to me every morning. If the symptoms were unfavourable I should at once go down to the hospital. That is my invariable practice.

7716. Are you of the same opinion as the last witness; that it would be an advantage to have a resident medical officer of experience in the pay of the hospital?—There would be some little advantage in it, but it would be injurious to the college; very injurious to the medical education.

7717. How?—It would lessen the number of the appointments that are open to students, and it would very much limit the sphere of work of those now holding appointments in the hospital.

7718. Do you think by the appointment of such an officer you would curtail some of the present offices held by house physicians and house surgeons?—Most certainly.

7719 Because with the addition of the resident medical officer the staff would be more than was required?—Yes.

7720. With reference to the work of the nurses, would you consider them overworked?—They would be obviously overworked. It is a very large building; the mere walking from one part of the hospital to another involves some amount of work; but the only manner in which the matter has been brought before my notice is this, not so much that the work is hard, but that the nurses undertaking it are not strong enough. Many of the women attempting to nurse are totally unfit for the work, or any other kind of moderately hard work.

7721. But are not all those ladies actually examined?—I do not know whether the examination is exceedingly precise. A number of weaknesses that may not be noticed at the time that they enter may develope after they have been some little time in the hospital.

7722. But still any nurse who is accepted is pronounced medically fit after examination?—I believe that is so. With regard to the overworking, the bulk of the nurses are in perfect health; I hear of no kind of complaint. A great deal has been said about flat feet, and it is perfectly true that there is quite a large number of cases of flat foot developing in probationers who have been a comparatively short time in the hospital. The circumstances are very simple; they are ladies who have been accustomed to not much standing, nor much walking, and have been accustomed to wearing rigid boots or shoes; they come into the hospital, where there is a great deal of standing and walking, and, as is necessary, light shoes or house shoes are worn; and in these circumstances it is not unnatural to suppose that in a woman of feeble physique the arch of the foot sinks.

7723. Has it ever occurred to you that there might be some sort of shoe made applicable to ward work?—We are attempting to do that; certain shoes have been tried and they have answered very well; it must be a shoe that is noiseless and at the same time rigid.

7724. With a soft sole?—It should be an india-rubber sole, or a sole with a covering of felt.

Chairman—continued.

7725. Have you anything else to say on that subject?—Not in connection with the work of nurses.

7726. Supposing money were no object, would you like to see the number of nurses increased?—Certainly.

7727. Are you of the same opinion that Dr. Fenwick is, that three weeks is a sufficient holiday in the year for a nurse?—It is a very difficult thing to be dogmatic about, but I should have thought a month would be a more reasonable estimate.

7728. Or six weeks?—I think a month would be a reasonable estimate.

7729. Now, as to the food of the nurses, have you had any experience of that?—Practically I have had no experience of that. I have heard no distinct complaints about it recently. Some years ago a great many complaints were made, but I have heard nothing of them in the last few years.

7730. Do you consider that the nurses are an efficient body in the London Hospital?—I consider that they are not only efficient, but exceptionally efficient; and I think that is proved by the great difficulty that outside practitioners have of obtaining London Hospital nurses. As a matter of fact, in my work in the wards I am, of course, compelled to make use of London Hospital nurses, but in my work outside the hospital it rests with me to obtain the very best nurse I can obtain; and I find during the last few years I have employed from the London Hospital 93 nurses. Of this number 76 are nurses who have gone through the full period of training, and 17 are probationers; and, out of that entire number of 93, there is only one single case where I had any complaint to make of the efficiency of the nurses. They are exceedingly well trained, and are thoroughly well up to their work; and I may be biassed, but my impression is that they are unequalled by any other body of nurses in this country.

7731. Now, all but 17, I think you said, had gone through the whole of their training as nurses, that is two years?—Yes.

7732. But in the hospital itself, as I understand it at least, the bulk of the nursing appears to fall upon the shoulders of the probationers; out of 218 there were 82 who were under one year's service and something over 50 who were under two years' service; now, do you think that the number of staff nurses ought to be increased and of probationers decreased, or are you satisfied with the state of things as it is?—I think the state of things is satisfactory. As a matter of fact it is very unjust to assume that a probationer of only 12 months is inefficient. Many nurses if they remained there for 20 years would not be efficient; and some become capable nurses at the end of 12 months. If a probationer has been engaged in any particular class of cases she becomes as fit to nurse such cases as a nurse who has been nursing for several years. In these cases outside the hospital, I have had 17 probationers; they have all been nurses who have been sent to certain cases on account of their especial fitness for the especial case they have been called upon to nurse; and they have without

Chairman—continued.

without a single exception, proved quite admirable.

7733. But do you not think it might tell hardly upon the hospital, withdrawing these 17 probationers from their regular duty in the wards?—I really am hardly able to answer that question. Some might possibly have been sent in order to meet an exceptionally urgent demand.

7734. As far as your experience goes you have noticed no ill effects?—I have never noticed the least inconvenience in the wards from the withdrawal of probationers or nurses.

Earl of *Kimberley.*

7735. I think you said that you did not desire to see a resident medical officer appointed, because it would interfere with the number of appointments in the hospital; but with reference to the efficiency of the hospital, do you consider that such an appointment would be desirable?—In certain cases of urgency it would improve the efficiency of the hospital; but in the general administration of it, I do not think it would. It would give the still so-called house physicians and house surgeons much less interest in their work and much less responsibility; they would have none practically; and their position would be an indifferent one; the whole responsibility would rest upon the resident medical officer; it would make the educational value of these appointments of very much smaller worth.

7736. That I quite understand, but without reference to the educational value, and looking mainly simply to the efficiency of the hospital, do you think that it would or would not be an improvement?—It would only be an improvement so far as cases of urgency were concerned; in the routine treatment of cases requiring a certain amount of supervision and care I believe it would be actually harmful.

7737. But I suppose there are a not inconsiderable number of cases of urgency in a great hospital?—Of course they represent the minority; the majority of cases are not what we should class as cases of urgency.

7738 I do not at all wish to imply any unfair view by my question, but does it not rather look as if it was not the interest of the hospital or of the patient that was being considered, but the interest of the medical officers in getting instruction?—Of course it does bear that construction.

7739. I see, of course, that the teaching has to be considered; but it is rather with reference to the teaching that you have given your answer?—It is so.

Lord *Lamington.*

7740. This staff of private nurses is quite separate, is it, from the hospital staff?—I believe it is kept to a certain extent distinct, but I believe nurses, on coming back from private cases, do undertake the hospital work.

7741. The pay is higher in the nursing home than in the hospital?—Yes.

7742. Which is considered the hardest work?—It is difficult to form an opinion; a private case may be exceedingly arduous, or exceedingly easy.

7743. What are the reasons for giving higher pay for that work?—I am not able to answer

Lord *Lamington*—continued.

that. I should suppose that they are better nurses, though the work is not quite so agreeable to them as the routine work of a hospital.

7744 In time of pressure in the hospital these nurses would assist the others in the hospital?—Yes.

7745. Are there not other organisations for nurses?—Yes, but they are mostly irresponsible bodies.

7746. Where do they get their training?—Anywhere or nowhere. The only responsible bodies sending out trained nurses to supply the public are the great hospitals; and any system that would tend to develope the existence of these irresponsible bodies must be to the damage of the public.

7747. Do you know anything of the working of these institutions; for instance, the one in Bond-street?—No; beyond this, that as far as my experience goes the nurses are simply called trained nurses; they have not necessarily any claim to that title, and there is no guarantee that they are efficient nurses.

Earl of *Kimberley.*

7748. The London Hospital advertises that it sends out trained nurses, but I understand that it frequently sends out probationers; do you think that a probationer of less than a year's standing could properly be sent out as a trained nurse?—I do if this proviso be added, that only a certain probationer is sent to a certain case. To send out probationers indiscriminately would be obviously unjust and deceiving the public; but the method adopted at the London Hospital is not open to such complaint, and has so far answered perfectly.

Lord *Monkswell.*

7749. You say that according to your experience nurses trained in other institutions cannot be relied on as experienced or trained nurses; but what experience have you had of them?—The question was asked of me as to one particular institution in Bond-street.

7750. You do not speak generally, then, with regard to the other nursing institutions, simply as to that particular one?—I am speaking of so-called private institutions as compared with those attached to all large hospitals.

7751. Do you know that some of them cannot be relied upon; was that from your own experience, or is it simply what you have been told?—From my own experience distinctly.

7752. You have had experience of them?—I have had experience.

7753. And it has not been satisfactory?—It has been most unsatisfactory.

Lord *Thring.*

7754. Do you think that the registration of nurses, that is so much talked about now, would be a good system?—No; I think it would be a very bad system. It certainly would be very injurious to the body of nurses, it would be injurious to the public, and I think it would be injurious to medical men.

7755. Will you explain your reasons why it would be injurious to the body of nurses?—For

Lord *Thring*—continued.

this reason: it would place all so-called trained nurses upon a level; as a matter of fact it is impossible to speak of a great body of nurses merely as trained nurses. They have all been through a certain curriculum, and at the end of that time a certain percentage might be absolutely useless, and should be sent to nurse no kind of case; then a certain other percentage will be found suitable for this kind of case or that; they sink, however, to one level; the public send to an office and obtain a registered nurse; she has one qualification, she has fulfilled the desired curriculum. If those nurses are obtained from St. Thomas's or Guy's, or the London Hospital, or any large hospital, the nurse is sent out for that especial case, and is backed by the authority and reputation of the hospital which sends her out. That secures to the public the best possible nurse that can be obtained for that particular case.

7756. But there are a great number of sisterhoods; I think there is one called the St. John's Sisterhood; did you ever hear of that?—I have not.

7757. Why do you confine it to the larger London hospitals; they cannot provide nurses for the whole of England?—They are the only places where nurses are systematically trained from the commencement of their career.

7758. Do I understand that in the large provincial hospitals, in Manchester, for instance, and the great towns of England, they are not systematically trained?—I would include all those large hospitals as places for training.

7759. You merely mean that in order to get experienced nurses you must have large hospitals?—It is better to have large hospitals; but very admirable nurses are sent out of some small hospitals.

7760. I think I know, of my own experience, that one small hospital has sent out extremely good nurses?—That is true. I do not associate the sisterhood of St. John's, that you mentioned, with any hospital or scheme of training.

7761. Would you now say why the system is injurious to medical men?—Might I complete the answer with reference to the injury to the public? The public endeavour, when sick, to have a thoroughly well-trained nurse; and to take a nurse who is simply on the register is equivalent to a family wishing to engage a governess, simply going to an office and hearing that A., B., and C. are on the register of governesses, and taking the first that comes in alphabetical order. She may turn out an admirable governess or she may not. The usual course, I take it, would be to accept no kind of register of governesses, but to secure that particular lady who has the qualifications that are required. And this register system does away with individuality in this matter. The nurses are all on the same level; the public is told that they are all the same; the patient who wants a nurse for typhoid fever on the one hand, or for a fractured thigh on the other, simply puts his hand in a basket and picks out the first name that comes. That is the working of that scheme. The working of the present scheme is that a nurse is wanted for a case of typhoid fever; the particulars of the case are sent to any large

Lord *Thring*—continued.

hospital, and a proper nurse is sent in answer to that request. So that the other scheme is unfair to the public, because it prevents them, or may prevent them, from discriminating between suitable and unsuitable nurses.

7762. I will follow out your analogy, and ask you why a register system is inconsistent with discrimination between nurses. I will take your very analogy as to the registration of governesses. What do I do? I go to the register office and I say that I want a governess to teach German or French, or such-and-such a language. And what is the answer? "We have got such-and-such governesses;" they select them. If it is a registration office of any value, their whole reputation depends on their giving you the description of lady you want. Why should we have a registration system for nurses simply for their qualifications; why should we not be able to make use of it for their characters, as in the case of governesses?—The case you are putting is exactly the case that would apply to nurses now supplied at the hospitals, where all those particulars are entered into, as compared with a perfectly irresponsible body of nurses who have received some certificate, and are sent out indiscriminately.

7763. I ask you whether you might not have a system of registration conducted by a responsible body, who would make themselves responsible for the character of the person sent out?—That would be perfectly possible.

7764. Would that be open to your objection?—That would be admirable, but there is no such scheme as that before the public that I know of.

7765. I thought that was the scheme; but, at all events, your objection applies to an indiscriminate registration?—More than that; it is to registering nurses with a minimum qualification, the least possible evidence of fitness.

7766. Supposing (as I understand it is intended to do) a responsible body of persons is established for the registration of nurses, and supposing they kept a register of the qualifications of the nurses, what they had done, what they were fit for, and, generally, that followed the same course as the London hospitals, it would not be open to the objections you have urged?—Only to the one objection, that that body would not have that personal knowledge of the nurse that the hospital would have had.

7767. Many of them do know the nurses personally, but if they did not they would refer to the hospital for their characters?—If one could have such an omniscient body it would be absolutely perfect.

Earl of *Kimberley*.

7768. I do not know much about this nurses' register office, but, as I understand it, I suppose it is intended to register the minimum qualification?—I believe that is so.

7769. How does that differ from registering the minimum qualification of a surgeon or of a physician?—Practically in no way.

7770. I know that a surgeon or physician may have received the minimum qualification, but at the same time not be qualified to treat the particular disease to which I am subject; I should make

Earl of *Kimberley*—continued.

make inquiries to know who is eminent in the treatment of that particular disease?—That would be so.

7771. Now, in the same way would not a sensible person inquiring for a nurse ask whether or not that nurse had experience of that kind of nursing; and the whole thing would depend on the society really discharging the duty of discrimination?—If it could be done. I should imagine it would be quite impossible. Might I finish now my remarks about the relation of this to the medical practitioner? It is this: that nursing is taking an increasing place in medical practice; and a certain number of general practitioners begin to feel that their position is seriously encroached upon, not only to their disadvantage, but to the greater disadvantage of the patients, by the increasing power and position of nurses. If a patient has typhoid fever the argument is, "Well, there is nothing to be done but feed the patient, and nurse the patient; let us have a consulting physician once or twice a week, and a couple of really well-trained, practical nurses;" and the general practitioner would merely come in to look at the tongue and feel the pulse. A number of instances could be brought forward to prove that, greatly to the detriment of the patient, and of the practitioner of medicine, nurses have taken the position that should have been held by these gentlemen; and if these nurses have any kind of diploma, or any kind of document that can be made use of to indicate that they have passed through a hospital training, have passed certain examinations, and so on (though it is only fair to the nurses to say that in the great majority of instances it would not be unfairly used), it is only reasonable to suppose that it might be unfairly used. They would still further damage the position of a certain number of medical practitioners.

Lord *Thring*.

7772. I do not follow you with regard to the patient. Suppose I had the misfortune to have typhoid fever, and I can get your advice as to the typhoid fever, and I can get a trained nurse from the London Hospital trained for typhoid fever; do not you think I should consider myself better off than by having the advice of a general practitioner in the country, who had not seen one-tenth part of the cases of typhoid fever that you or the nurse had seen?—No, because a number of complications might arise; the progress of the case might require most careful watching, and no nurse is competent to do that.

7773. I thought she could watch and communicate with you?—That takes the case out of the hands of the practitioner on the spot, and places it in the hands of someone living 50 miles distant.

7774. Would it not be better for me to have first-rate advice, like that which I have supposed, and a first-rate nurse from the London Hospital, and that nurse communicating with you, and a general practitioner watching, than to have only the general practitioner?—My opinion is totally different from that. I should say that your safety would better lie in the hands of a general practitioner than of a nurse, however well trained. Might I complete this point by one other observation, and that is this: some little time ago an objection was lodged with regard to this registration of nurses; certain opinions had been expressed; the actual expression was, that it was supported by the entire medical profession in this country; and a protest against the entire system was signed so largely, that it may almost be said to have been signed by the chief representatives of the nursing interest in this country; the heads of nursing institutions, matrons in hospitals, those engaged in the teaching of nurses. I do not know the number or the names of the hospitals concerned, but I think I am strictly right in saying that the protest would represent the majority of those who know most about nursing in this country.

7775. Do you wish to say anything further on the subject of the registration of nurses?—No.

7776. You answered very fairly the question of the noble Lord about the appointment of a resident medical officer interfering with the responsibility of the present staff; do you not think that arrangements might be made by which that responsibility could not be interfered with, and yet the advantages of a resident medical officer secured?—I think it would be possible; it would be a difficult matter requiring tact.

7777. Still it would be possible?—I think so.

Earl *Cathcart*.

7778. Your evidence has been so exceedingly precise that I think it would be well if you would complete it, and would kindly give us your views as to varicose veins as a disease characteristic of hospital nurses?—It belongs to a certain surgical fiction; it is supposed that people if they stand long enough can develope varicose veins; it is, of course, a fiction.

7779. But at the time I was adjutant of a regiment nearly all my drilling staff were afflicted with varicose veins to a very severe extent, and we attributed that to their standing so much and drilling in the barrack yard?—The condition known as varicose veins is in every case, I suppose, congenital; it may be increased by using the lower limbs, and by some contracting band round the legs, such as a garter; but that varicose veins can be developed *de novo* by any amount of standing is a thing that has been disproved over and over again.

7780. In army examinations the first question always asked is, "Have you any veins?" and they are puzzled by the question, and the army medical man says "varicose veins," and the young man knows nothing about it; but that is much looked to in the army examinations?—It is.

7781. But that is not a disease which specially, in your experience, has afflicted the hospital nurses?—I cannot say that it has done so. The only trouble I have ever noticed to any extent is flat-foot.

Lord *Thring*.

7782. Do you mean by "congenital" that a man is born with it, or do you mean that it is hereditary?

Lord *Thring*—continued.

hereditary?—A congenital condition may or may not be inherited.

7783. When you say that varicose veins are congenital, do you mean that a man is born with it as a baby, or that it is inherited?—It need not be inherited; it must be congenital; he is born with a peculiar construction of his veins; it may or may not be inherited.

7784. "Congenital" means born with it?—Born with it.

Earl of *Lauderdale.*

7785. You said a little while ago that nurses very often became physically unfit for their work after they entered the hospital; are nurses ever sent away for being physically unfit after they have become probationers?—I should say they were always sent away in such cases; I am only cognisant of surgical affections.

7786. Do you happen to know whether a large proportion have been sent away from the London Hospital?—I should say quite a large proportion.

7787. But what proportion?—I have not the least notion.

Lord *Zouche of Haryngworth.*

7788. Do you think there are many cases of nurses concealing complaints from the medical man, either surgeon or physician, of the hospital?—I can hardly imagine it. This is known to the matron, and I suppose to the sister, and as far as any surgical malady goes, that they would rather not let be known, or that they regarded as objectionable if it were known in the hospital, they are invariably seen in my own house; so that every possible encouragement is given to the nurse to let her ailment be at once dealt with.

7789. But do you not think they would conceal any malady for the fear of being considered unfit for duty?—I think the nurses take an immense pride in their work; they are very loth to give it up; they certainly make the best of their maladies, not the worst of them. I do not think it would come to actual concealment.

Chairman.

7790. Is there anything else you wish to say?—A great deal has been said in connection with the conduct of the matron of the London Hospital with regard to the nurses. I have been 19 or 20 years at the hospital, and I have known the present matron and the past. I have been associated with the training school of nurses since it commenced, and I have been thrown a great deal in contact with the matron and the nurses; and every certificate that a nurse has had till the last two years has been signed by myself, amongst others; and I think it is only right to say this, and I can say it most emphatically, that the matron has been a very exceptionable matron. In regard to her treatment of the nurses, I should have said she had been exceptionally kind and exceptionally considerate to the nurses; and I think it is borne out by her quite remarkable popularity amongst the nurses. In no little point I have ever raised has the matron met me in any but the most liberal way

Chairman—continued

in regard to the nurses; any small request for an alteration of duty or a holiday has been met at once; and her interest in each individual nurse, her attention to every little trouble that has arisen about the nurses, and her extreme thoughtfulness and kindness in every matter relating to nurses, has been so conspicuous that I should be safe in saying that my observation would be supported by every member of the staff of the London Hospital. And one other point is this: it has been stated that the matron's conduct has been in some instances tyrannical and arbitrary. That is practically impossible. Every nurse has always an appeal to the members of the staff. If you can imagine any nurse to have been dismissed without adequate cause, you must remember that she is brought really more in communication with the physician or the surgeon in her own ward than she is with the matron; and I can scarcely believe that a nurse would quietly leave the hospital without mentioning the matter to the physician or the surgeon with whom she had been working for two or three years perhaps. There is, therefore, an appeal to the staff, and I take it that as far as her nurse's career is concerned the staff can help her more than the matron can; and it is a little remarkable that in my experience of the hospital I can remember no one single instance in which any of my nurses, or any nurse that would have been known to me, came and complained of any such conduct of the matron. So that any such arbitrary way of dealing with nurses by the matron is practically impossible and guarded against by that circumstance.

Chairman.

7791. That is the first we have heard of the appeal to the staff in the matter?—As a matter of common sense, if a nurse has been in my ward for years, it would be a remarkable thing if the matron thought fit to dismiss this nurse without proper cause, without my hearing of it.

7792. Do you think that probationers would be protected in the same way as the nurses who have been a longer time in the ward?—Even with regard to them, they must have been associated with some of the medical officers of the hospital, and they would form a species of court of appeal.

Earl of *Kimberley.*

7793. The matron has the power, we have learnt, to dismiss a probationer whom she considers not likely to prove an efficient nurse, or whom she considers to be incompetent (I am not speaking of misconduct); in both those cases does she consult the doctor or surgeon of the ward in which that probationer has worked before she comes to her decision?—I cannot speak of the matron's custom, but as far as it affects myself, it comes to this; in no instance, since I have been surgeon to the hospital, has the matron put a nurse or sister in any of my wards without consulting me on the subject; I do not say that she has been much influenced by what I have said, but still it has been done. In many instances I have complained of a nurse, and requested her withdrawal, and the matron has been rather on the nurses side than on mine. These appointments

Earl of *Kimberley*—continued.

pointments of nurses that appear to be arbitrary whims of the matron's are carried out with the very greatest care, and after consultation with those actually concerned. It is a perfectly voluntary act on the part of the matron to consult me; it is no part of her duty to consult me; but it has always been done.

7794. I want to know, not as regards the appointment of nurses to particular wards, but as regards the dismissal of a probationer, whether you have ever been consulted as to the competency of a probationer?—Over and over again; I do not think any probationer has left my ward or that any probationer that I knew anything about has left without the matron having spoken to me about it.

7795. When she has formed the opinion that the probationer was not likely to become a good nurse, she has consulted you?—Assuming that I knew that particular nurse.

7796. You think that the matron would be almost sure to ask for your opinion on it?—Yes.

Chairman.

7797. Do you reject many nurses on their examination for training?—Comparatively few.

Lord *Monkswell.*

7798. When you say that the matron has never dismissed a nurse you considered competent, you mean so far as your experience goes?—That is my experience, most distinctly; I am only referring to nurses I have personal knowledge of.

7799. You only say that you do not know any instance of her dismissing nurses that were competent?—Just so.

Chairman.

7800. Is there anything else you wish to say?—The only other matter is that the medical officers at the hospital, the house physicians and

Chairman—continued.

house surgeons, have been spoken of as inexperienced lads. Dr. Fenwick has drawn attention to that. It is only fair to them to say that they are the picked men of the entire college; not only men doubly qualified, but in many instances they are Fellows of the College of Surgeons, and the very best men that we can possibly produce.

7801. Do you take any men from outside the hospitals for these positions?—We have not done so within the last ten years. As a member of the college board I can say, that the qualifications of every man are most carefully gone into, as well as every little fact with regard to his past history, and no one is appointed unless he has been some years in the hospital. He can under no circumstances be said to be inexperienced. If a man has been working in the wards, two, three, or four years, he ought to be competent to undertake the work of a house surgeon or house physician.

7802. Have you anything more to add?—One minor matter, which is this: Mr. Valentine in his evidence made use of this observation, speaking of the sisters' rooms in the wards, that "through the cracks and crevices of a sister's room will ooze the smell and often the stench of gangrene and cancer." Of course that is a picture which is simply ludicrous, and the thing is quite impossible at the present day; and it is outrageous to say that a case of stinking gangrene has been left to lie in a surgical ward; it would overthrow the whole of the antiseptic arrangements of that entire block. With the antiseptics used at the present day, such a thing is impossible. If a case should be associated with an offensive odour, it is always isolated and sent to one of the attics. The stench of cancer is professionally unknown to me.

The Witness is directed to withdraw.

Miss LOUISE WATERS, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7803. I UNDERSTAND that you wish to put in a statement of extracts from letters?—Extracts from letters from nurses who have been at the London Hospital, from nurses who are still at the London Hospital, and some from nurses who have left and are on the private staff.

7804. There are, I think, two in the statement which are not from those who are, or have been, in the hospital?—Yes. One is from Mr. Cave, whose daughter is now in the hospital, and one is from my mother.

7805. I think we will accept all those which come from those who have actually personal experience, but the one from Mr. Cave, and the one from your mother, I do not think it would be right for us to take. Then, on the second page of the document, there is one from Mrs. Freeth; that contains a personal matter, and we do not think it right to admit that. The names left are these: Ellen Jean Moir, Hannah G. Hetherington, Elizabeth Yeats, Annie Coleman, J. E. Oram?—That letter signed J. E. Oram is from

Chairman—continued.

the mother of a probationer that was very ill with us for some time.

7806. The other names are, Cornwall, Bell, Swiney, Hayward, Pairman, Tilbury, Mabel H. Cave, Leete, Collinson, Fynes-Clinton, Little, Brown, Smith, Joad, Gethen, Tindal, Herrman, Tillyard, Marshall, Gadsby, Rodgers, Hirst, Harriet Hetherington, Pumphrey, Cleveland, Harré, Kempsell, Mann, Russell, Judd, Laurence, Jacobs, Staunton, and Ransley. Now with the exception of J. E. Oram, are you satisfied that all these people have been at one time probationers or nurses in the hospital?—I am.

7807. And these are all genuine letters?—These are all genuine letters, and they are only a few of those that have been written.

7808. The other three, for the reasons I have already mentioned, we shall not take. Would you tell us what your position in the hospital is?—I am matron's assistant.

The Witness is directed to withdrawn.

Ordered,—That this Committee be adjourned to Monday next, Twelve o'clock.

Die Lunæ, 21° *Julii*, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord ZOUCHE OF HARYNGWORTH.
Lord SANDHURST.
Lord LAMINGTON.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

Miss MARION BARRY MACKEY, is called in; and, having been sworn, is Examined, as follows:

Chairman.

7809. ARE you the matron in charge of the Throat and Ear Hospital, Golden-square?—I am.

7810. How long have you been matron there?—Since November 1888.

7811. And previous to that?—I was night sister at the London from the 30th of April 1887 till I left to take my present post; I was recommended for it by the matron of the London Hospital.

7812. Did you do your training as a probationer at the London Hospital?—No; I trained many years ago; I began in 1872.

7813. Where did you train?—At Bradford Infirmary, in Yorkshire.

7814. Then your experience of the London Hospital is limited to your experience there on night duty?—Yes, as night sister.

7815. What views do you hold about the work of the nurses, as to whether they had too much to do or whether they were able to perform their duties?—I think there were not sufficient on for night duty; I think the wards were under-nursed. They did the best they could, but it was rather rough nursing in that respect; they could not give as much attention as I should like to have given individually.

7816. Do you mean to say you were deficient in numbers?—Yes, I did not consider I had enough for the wards. I spoke to matron, and I think she generally gave me more (I think I was rather importunate, and so I got rather more) than she considered was necessary for each ward.

7817. And when you got the greater assistance that you wanted, had you sufficient then?—I never had too many.

7818. Were all the sisters you had trained nurses, or were they probationers?—When I first went my colleague was a certificated nurse; when she left she was succeeded by a probationer sister, I believe, and she was there till I left.

Chairman—continued.

7819. A probationer nurse?—She was a probationer nurse acting as sister.

7820. Have you any idea what experience she had?—I do not know whether she had any experience previous to coming to the London; she had not finished her two years when she was first on as sister.

7821. Did you ever find patients suffer from the inexperience of nurses?—It made it very heavy work for the night sister having inexperienced nurses; I do not know that you would exactly say that the patients suffered, but the responsibility was very much heavier upon knowing that those in charge of the wards in your absence were not as experienced as you would like.

7822. Owing to their inexperience you could not trust them?—I could trust them so far as doing their best according to their lights went, but not from experience.

7823. And how long do you consider it takes to make a probationer a fit nurse?—To be a staff nurse, not less than two years.

7824. To be in a responsible position?—I do not think less than two years; they have not before that time, I think, sufficient experience in point of the cases that they have seen.

7825. That you would take as the average, would you; because some people of course would be more apt than others?—Even capable ones can only learn from such experience, as they have, from the number of cases of that particular kind that they see. In the two years they would see more cases, and therefore gain more experience.

7826. At the London Hospital when you were a sister there, were the nurses kept very much to one ward?—It was endeavoured, I think,

Chairman—continued.

to keep the one acting as staff nurse in a ward for three months on night duty; it was not always possible.

7827. But for them to gain the experience that you seem to think is required for a staff nurse, would it not be necessary to move them about to the various medical and surgical wards?—Yes; but if they are staff nurses they would not require it, and they might be settled in one place for a longer time to the advantage of the wards and the patients. Of course that is only my opinion on the matter, after experience of nursing.

7828. Now as night sister, how many cases had you under your charge in the ward?—There were calculated to be 400 beds on my side; I was expected to visit all the wards three times, certainly, during the night, and sign on the night sheet for these visits; and then as frequently as required between times. My first round took me about two hours.

7829. I think I rather misunderstood your position; I thought you were in charge of a ward?—No; there were two night sisters in charge of the hospital at night, and they had a certain number of nurses and probationers under them in each ward. We, the night sisters, visited from ward to ward, and took the place of the day sisters.

7830. Now in each of your wards had you a person whom you could thoroughly trust?—Except in two wards I had probationer nurses, mostly; some in their nine months, in their second night duty, and some over a year; they were in charge, with others working under them.

7831. Then these probationers of nine months were in some cases in night charge of a ward?—In night charge of a ward.

7832. And that you do not consider a good plan, I gather from what you have just said?—I consider that it is a very heavy responsibility to put on so young a nurse, because a night sister can only be in one ward at a time. There were nine wards I had under my charge; I could only be in one at a time; the other wards were left to do the best they could till they could summon me from another part, if I was wanted.

7833. Supposing it was necessary to summon you, who was sent for you?—The probationer, or whoever could be best spared; in some of the wards where there was only one nurse, they called a nurse from another ward to fetch me.

7834. It might take some time to find you, might it not?—Yes, it might.

7834*. And, therefore, that nurse might be absent from the ward for some time?—She might.

7835. She might be in one part of the hospital, and you in another?—We were supposed to keep to our own sides unless we were seeking a medical officer on the other side.

7836. That would make the case still more complicated, if you happened to be looking for a medical officer on the other side?—Yes.

7837. At any rate you were responsible for some 400 beds?—Yes.

7838. And those 400 beds were spread over a considerable space in that wing of the hospital?—Yes, the whole of the Grocers' wing.

7839. And therefore it might take a quarter of an hour to find you?—Perhaps not quite so long.

7840. Or perhaps longer?—Just as it might be; it would take quite that, if I happened to have gone into the nursery home to see a sick nurse, and they did not know I was there. I had charge of the sick room in the nursing home as well as the wards. As sister I went in there to see that they were being properly nursed during the night.

7841. Then you might be in any portion of your wing in the hospital?—Yes, I might be when I was required at the exact other corner of it.

7842. Or possibly they might be searching for you in the other part of the hospital, and you might be in the nurse's sick room?—Yes.

7843. Therefore that nurse who searched for you would have to be away from her ward all that time?—Yes.

7844. Is there any system of bells or speaking-tubes?—There are bells for the Erysipelas Ward, but not for the night sister; they are to call the night porter, if anything is required. If a patient becomes more than the nurse can manage, she has a bell to the receiving room, for the night porter, not for the night sister.

7845. Do you think that that amount of superintendence, namely, one night sister to each wing of the hospital is sufficient?—If there were a satisfactory staff, an efficient staff of elder nurses it would be quite sufficient; but it makes it extremely heavy when you have probationer nurses who are not experienced, and who, however willing they may be, cannot help you efficiently.

7846. How long was your night duty that you were responsible for?—I went on duty at twenty minutes past nine to preside with the other night sister at the day nurses' supper and register their attendance. I then had my own meal, and started on my first round at ten at night, and I was on duty till seven the next morning.

7847. Who was your colleague; was she a staff nurse?—She was a sister, the other night sister.

7848. Have you any idea what standing she had in the hospital?—The first one, I believe, was a certificated nurse, when I was there first; afterwards she left, and the one who succeeded, I believe, had not quite finished her two years then.

7849. Then she was not certificated?—Not till two years.

7850. And she had charge of the other wing?—Of the other wing.

7851. And she, not a certificated nurse, had charge of the wing in which, according to what you say, very likely some of the wards were in charge of probationers under 18 months?—Certainly.

7852. Do you think that a satisfactory system?—No.

7853. Is there any special qualification for a sister?—I do not quite understand how you mean.

7854. For instance, a certificated nurse is two years

Chairman—continued.

years before she gets her certificate; is there any extra certificate required, or any lengthened period of service required, for a sister?—No; I believe that at the London they are appointed as the matron considers them suitable for the work, to have shown efficiency, and tact and judgment; she appoints them.

7855. And you were appointed night sister. I think, on your entry to the hospital?—Previous to going to the London I had been matron of the Lock Hospital at Colchester for nearly four years, and when it was closed at the repeal of the Acts, I was recommended to the matron of the London Hospital by Sir Lothian Nicholson, the Inspector General of Fortifications, who knew about my hospital and knew me, and he recommended me to Miss Lückes.

7856. As a person of great experience?—Of more than usual experience. I was anxious to get to London work; I was afraid that my work under Government had rather thrown me out.

7857. Then in your position as night sister was that children's ward with 52 cots under you?—Yes.

7858. What have you got to say about the early wakening and washing of the children there?—They were wakened.

7859. Were they wakened, or only washed when they were awake?—Some may have been awake, but I am sure that some were wakened for washing purposes, because otherwise it would have been impossible to wash them all. There were two probationers acting staff nurses, and one probationer between the two wards. The wards run parallel to each other, and are practically one ward.

7860. That number, three in all, was for night?—Yes.

7861. These three nurses had to wash all these children and feed them?—Yes.

7862. And do you consider that they were under-handed?—I do.

7863. What amount of extra assistance would you consider sufficient?—Well, certainly, that would mean two nurses in each ward, a nurse and a probationer at the very lowest, I should put it. I had one probationer and two nurses, and I should say there should be two probationers, that is to say, one probationer under each nurse; that is the very lowest I would put it at.

7864. And to do the work well, supposing money is no object?—More help would have been appreciated. The probationer in that ward of course has a certain amount of cleaning to do during the night that took her away from actual nursing of the children; she was occupied some time during the night at lamps and inkstands, which are quite nurses' work; but I do not consider that taps and the lavatory work and that kind of thing are. Lamps are connected with your work and your patients, and inkstands it is rather to your credit to do as well.

7865. Because of the natural pride that a nurse takes in her ward, you mean?—Yes; but the taps and lavatory work could well be done by a charwoman, I think. Also the cleaning of the day sisters' sitting-room during the night; that is swept out and dusted by one of the nurses during the night, generally about three in the morning, which is her slackest time.

Chairman—continued.

7866. So as to prevent her being idle?—Well, it comes in her night work, as part of the work of the ward.

7867. Would you like to see the work of the ward maids increased?—Yes, very much. They could prepare the breakfast and carry in the bath water of the day sisters, instead of its being done by the probationer.

7868. Do you think that the plan of the night nurses having their meals in the wards is a good one?—I do not think you could alter it without taking them away from their wards; and it is pleasanter for them having their meal together than to go out separately to take it. I do not think that is a grievance; the nurses in the large wards are able to have it in the lobby; they are quite within sound of any of the wards in the lobby.

7869. Considering the difficulties of the situation, you think the plan is, on the whole, a good one?—I do not think it could be improved on.

7870. I was not speaking specially about the London; but I mean, as a general rule, you do not think it could be improved on?—No.

7871. At any rate you consider that the 53 cots require more assistance?—Yes.

7872. I think we were told that the nurses have to make the patients' beds; is that so, in your experience?—The day nurses have.

7873. Could not that be done by a ward-maid?—No, certainly not; bed-making is essentially a nurse's province.

7874. Then what other duties, if the inkstand and lamp are to be cleaned by the nurse, could the ward-maid perform?—The cleaning of the lavatory and bath-room, and all connected with that, I think, could well be done by a ward-maid.

7875. Carrying water, we were told, was performed sometimes by nurses; might that be given over to the ward-maid?—I do not know exactly what water they would have to carry, because hot and cold water are laid on in all the lavatories and bath-rooms; I do not think they would have very much water to carry or very far to carry it.

7876. Do you think that the hours of nurses are too long?—They are too long; but I suppose they cannot be altered unless we get very rich; it would mean a very large addition to the staff.

7877. And at the London Hospital, as at other hospitals, I suppose you have got no room to put such additional nurses?—No, I suppose not.

7878. But it has been suggested that work in what is termed three shifts of eight hours might be a good plan?—Yes, that has been suggested; I do not know in the slightest how it would work; it might be possible.

7879. But the 14 hours are too long?—Yes; it is a very long time for a woman to be on duty; because the atmosphere of a ward, even where it is well kept, is not always pleasant, and eventually they get run down. Then they have too short holidays, I think; I should put three weeks as the very minimum of the nurses' holidays in the year.

Chairman—continued.

7880. Do you remember what they got in the London Hospital?—I am not quite sure. I think a week at the end of each six months. You are hardly over your fatigue at the end of the week before you come back to begin again. If they had a fortnight at the end of the first six months, and then a week at the end of the other six months, that should be the very least; and I think that for the night probationers it would be a great boon if, when they had their day off once a month, they were allowed the same privilege as staff nurses and night sisters have, of sleeping out of the hospital. I know I found it a great boon to myself that one night, once a month, out of the hospital.

7881. Would not that be a difficulty; have all nurses friends who could take them in for a night?—There are very few that would not have some one to go to. Those that had not might have it optional to come back; but requiring them to be in by 10 o'clock, when they have gone into the country, makes it rather a strain on a girl who wants a rest.

7882. Have you any remarks to make about paying probationers, as opposed to the ordinary probationers?—Paying probationers at the London, except for one three months out of their two years, do not go on night duty; they, therefore, may be of use to the day people, but they are none to us night people at all. They do not come on; and if they are not coming really for their two years, I do not think they are very desirable. They are not likely to get settled, and take a thorough interest in their work, if they are only coming for three months.

7883. But they are not supposed to be trained at the end of the three months?—No; they simply come for their own pleasure when they come for a time like that, I suppose; it cannot be from any desire of learning their work.

7884. A great many women might try it, wishing to take up some useful profession, and then find that nursing is distasteful?—Yes; but they rather take the place of others who would make it their livelihood, and regard it in that light, unless they are permanently going to live at it.

7885. Is it not essential that the head of the nursing staff should frequently visit the wards?—It is very desirable.

7886. Do you think that is sufficiently done in the London Hospital?—I do not know anything about the day. I think matron visited about once a month on an average; sometimes, again, twice in one week, and then not for some weeks afterwards.

7887. But then she had assistant matrons?—She had assistant matrons. The assistant matron did not visit me in the night. As to her supervision in the day, of course I did not know.

7888. But the assistant matron would go round the wards under your charge, would she not?—She could do it; but she has never, acting as matron's deputy, visited them on a visit of inspection in my time.

7889. Then did this assistant matron do anything at all?—No doubt she had a great deal to do connected with matron's work in the office and that, but with my night department she had nothing to do.

Chairman—continued.

7890. You saw the matron about once a month, you say?—In the wards, that is.

7891. But that was all the supervision that there was?—She left it to her night sisters, in whom, I suppose, she had very great confidence. We gave her a daily report of everything that occurred.

7892. But if you were one of the chief authorities in any hospital, should you be satisfied, as matron, with only going round at night once a month?—I think the visits ought to be more frequent.

7893. Then as to food of the nurses; in your day was it satisfactory at the London?—Not always.

7894. In case of its being bad was there any system by which it could be reported with a view to getting it remedied?—I used to report verbally to the matron if it was very bad, and also to sign the paper. I generally noticed that there was an improvement afterwards for a day or two.

7895. Do you know where the paper went?—It went to the matron's office.

7896. You do not know whether it went to the committee or not?—I do not know anything about that.

7897. But the improvement that was made was not maintained?—It was not so much the food as that it was not always nicely cooked or nicely served. At one time there was a great complaint of the butter, and eventually, I believe, matron was able to have it changed and get a fresh contractor. After that, till I left, the butter was very fair indeed.

7898. You did not dine with these nurses, did you?—No; I was present every other day at the night nurses' dinner at 10 o'clock.

7899. Do not you think it would be a good plan in a great institution, with a large number of nurses, if some responsible person actually dined at the same table?—Yes, I think it would.

7900. Then as to the overcrowding, did you find it very great?—The overcrowding was principally in the medical wards, and it was very trying at times; that was during the time of the taking in.

7901. In the medical wards you would not include accidents?—No; accidents go to the accident ward.

7902. You had one?—I had one on my side.

7903. Was it full?—Yes; but I do not recollect putting extra beds there.

7904. But in case of putting extra beds in your medical ward, would any be moved out and patients allocated elsewhere?—No; the number of extra patients disappeared, as other patients were discharged, and they were able to be moved into their beds.

7905. When you had these extra beds, did you have extra assistance at night?—Sometimes, if it were possible.

7906. Could you always get assistance by applying to the matron for it?—I could get it if matron had it to give at the time; sometimes it was got by taking it from other wards.

7907. That

Chairman—continued.

7907. That is to say, if those wards were not equally full?—Yes, I suppose so.

7908. But we have been told that there was never any difficulty in having a special nurse at the London Hospital; have you any experience of that?—We never hesitated at night to put a special nurse on, if required; but it was simply by taking her from another ward, and reporting to matron in the morning what steps we had taken.

7909. With reference to these special nurses, had you to get a very experienced nurse, or would a probationer of short service answer the purpose?—It would depend whom I could take, and also who was in the ward at the time taking staff duty. If it was a tracheotomy case, and if the nurse in the ward was a very good one, I would put a probationer there who had not had a tracheotomy case before; that left the responsibility on the nurse.

7910. And the probationer who had come as a special nurse could be made use of in any way required in the ward?—She was put specially on the tracheotomy, with the understanding that it was her charge; but if the nurse wished to send her away with a message, she herself would stay with the case in her absence.

7911. Then she was looked upon as being actually in charge of that case?—Under the nurse.

7912. More than as an extra hand to render general assistance?—Certainly; she was put on as a special nurse, not as an extra hand.

7913. Then, I suppose, it depended on the experience of the nurse in charge of the ward as to the kind of probationer you took?—Yes, and also what I had available, what I could take from other wards.

7914. It would be subject to the demands on the nursing staff at the time?—Yes.

7915. Did you find that the taking away of nurses to the private nursing home or institute drained your wards at all of efficient nurses?—I should think the best probationers were taken when they sent them out; it would naturally be so.

7916. And then they were replaced by comparatively raw hands?—By whatever matron had to put on.

7917. That is to the detriment of the work in the wards?—I think so.

7918. Have you any experience of private nurses, as to whether they had experience or not when they were sent out to private cases?—I only know that some were probationers who were sent out.

7919. How did you know that; did you come in contact with them in any cases?—Some of the cases, and on some occasions I have sent them out myself at night; when there has not been a private nurse in the home to send, I have been desired by the assistant matron, to whom I have gone for a private nurse, to send such and such a probationer.

7920. Then have you taken a nurse away from a ward to send out to a private patient? Yes, I have.

7921. What became of the patients?—She was the probationer in the ward, not the one taking charge of the ward.

Chairman—continued.

7922. But that decreased the staff in the ward by one?—Yes.

7923. And do you think that fair to the people who subscribe to the charity to take away nurses from the hospital in that way?—No, and I do not think the probationers ought to be sent out.

7924. I think you said you did it by the orders of the assistant matron?—I never sent a private nurse out without reporting to the assistant matron that a request had come for a private nurse, and asking her whom I was to send.

7925. Then did you have experience of the reports of these probationers that you sent out?—Well, I did not have them; I heard the gossip about them; I never had any report given me officially, or anything like that, because it was not my province.

7926. You did not see the reports, then?—No.

7927. Anything you would have to say about them would be, therefore, merely hearsay?—Merely hearsay.

Earl *Cadogan.*

7928. I think it was mentioned by you in the earlier part of your evidence that another sister was acting with you who had not received her certificate?—I do not think she had received her certificate when she first came on as night sister.

7929. Who appoints these night sisters?—The matron.

7930. Has she the sole appointment in her own hands?—I believe so. I believe at the end of a month's trial the appointment is confirmed. It was so in my case; at the end of a month's trial, I went, with matron, before the house committee and had my appointment confirmed.

7931. But I gather from your evidence that you are dissatisfied with the method of appointment, or rather, that you think there are sisters appointed who are not qualified for so high a position in the hospital?—I do not think, even for the sister's sake, it is desirable to be appointed till you have got your full training.

7932. Were there any regulations in the hospital limiting the persons to whom the appointment of sister could be given?—Not that I know of; I think the whole of that rests in the matron's hands.

7933. Absolutely at the discretion of the matron?—Yes, I should think so.

7934. Without any necessary qualifications?—She is the judge of the qualifications.

7935. Of course I am not speaking personally; but speaking generally, in your opinion is that discretion properly exercised as a rule?—I should hardly be able to judge of that.

7936. With regard to the assistant matrons, how are they appointed?—I do not know at all.

7937. You do not know what their exact functions are?—Simply as assistants to matron and her deputies in her absence.

7938. During the absence of the matron, or at any moment when she may not be in the ward or in the hospital, the assistant matrons are the paramount authority?—They are the authorities to whom we go for instruction or advice.

Earl *Cadogan*—continued.

7939. With reference to complaints, as to which we have had some evidence, is there any disinclination on the part of either nurses or others employed in the hospital to make complaints?—I do not know exactly.

7940. I think we have had it in evidence that some of these nurses had been warned by their friends that it was undesirable to make complaints?—I think a nurse would hesitate about making a complaint for fear it might injure her prospects in the future.

7941. Do you think, from your experience, that if a complaint is a reasonable one, it does injure the prospects of a nurse in the future?—It would, if she left the hospital through it; at least if a nurse came to me and said she had left a hospital because she did not get on with the matron, I should feel very disinclined to try her not knowing both sides; therefore it would injure a nurse in the future.

7942. In the evidence we have had here complaints have been made by nurses and others, but I want to ask whether you think that, generally speaking, these complaints have been made in the hospital or whether they are only made to us now for the first time?—I think a great deal of complaint was made in the hospital, among themselves, grumbling; I do not know whether they really took them all to the matron.

Earl *Spencer*.

7943. Is it your opinion that the government of the nurses should be pretty much left in the matron's hands; I am speaking generally now?—I think so.

7944. She should have very considerable authority?—Considerable authority for the maintaining of discipline, but with a full power of appeal very clearly known.

7945. With regard to the dismissal or suspension of the services of probationers and nurses?—I think so; they should have an appeal.

7946. Was that appeal in force in the London Hospital when you were there?—Not that I know; I believe it is said that it was so, but I never heard of any case of appeal going before the committee.

7947. We understand that in the London Hospital the matron relies greatly on the sisters; is that so?—I think so.

7948. Do you think that is a good system?—She must, to a very great extent, depend on her sisters.

7949. Do you think that where there really were grounds for complaint, the chain of responsibility was satisfactory, and that they (either the patients or the probationers) were able to bring it up to the proper quarter, to the matron?—The patients, I think would go more directly to the house governor; but the probationers would come to matron.

7950. And do you think that they could do that satisfactorily, if the responsibility was thrown on the proper people to carry that out satisfactorily?—Not always, I think.

7951. Where did it break down; do you think there was too much left to the matron or too much to the sisters?—Too much left to the report of the sisters, I think.

7952. The probationers had not sufficiently

Earl *Spencer*—continued.

easy access to the matron?—I think matron would receive her report more fully from her sisters.

7953. And you would rather that there was more direct communication between the probationers and the matron?—I think so; probationers I know have gone to matron with complaints, but I do not know that they have gone as fully as they might; I mean with regard to complaints as to their efficiency or inefficiency before leaving.

7954. When any of the nurses were ill were the arrangements for their medical attendance satisfactory?—I know that they, most of them objected to seeing the house physicians and house surgeons; not that they doubted their skill, but they had a natural dislike to seeing young men, especially those with whom they were brought in contact at their work afterwards.

7955. But were they obliged by the arrangements always to see young men?—Their first attendance would be by them; afterwards they would see Dr. Sutton or Dr. Fenwick.

7956. Who were older?—Who were the consulting physicians; but in many cases the illness was so trivial that it seemed hardly necessary to have it brought before the consultants.

7957. But they always could have access to the seniors?—Afterwards.

7958. But you think there was too much thrown on the younger men?—There was no one else to appeal to; then you had to see the house physician or Dr. Sutton or Dr. Fenwick.

7959. These young men were distinguished men probably?—Doubtless.

7960. But too young?—The nurses felt that they did not care to talk to young medical men; it was a very natural feeling in many cases. They had no grievance against them, and I never found any house physician anything but kind and courteous in their action towards nurses when I asked them to see them; and they were most attentive.

7961. You seem to think there was not quite a sufficient supply of nurses?—No.

7962. That being so, did you know any cases where nurses, when they were unwell, were obliged to go on duty when they ought to have been relieved?—I think so, when they would have been better off duty, but they could not well be spared at night.

7963. That was from being short handed?—From being short handed.

Lord *Lamington*.

7964. There is a separate staff of private nurses at the London Hospital?—There is a separate staff.

7965. Are they generally out?—Nearly always out.

7966. So that they could not be called upon to take part in the hospital nursing?—No; if they were in, they were brought into the wards for the day or two that they might be in, and told off for any extra work.

Earl *Cathcart*.

7967. I think you said you came from Bradford?—I trained originally at Bradford Infirmary.

7968. And

Earl *Cathcart*—continued.

7968. And now where are you?—I am at the Hospital for Diseases of the Throat, Golden-square.

7969. Have you been in the London Hospital of late?—No.

7970. Not since you left in 1888?—Not since I left in 1888.

7971. With regard to that children's ward which you said was underhanded, if you went round that ward you would find babies from a week old in it, but you would expect to find the ward in perfectly good order and the babies perfectly clean?—I know they are all spotless; that means a lot of work.

7972. But it is so that the children are well cared for in that ward?—There are more in the ward on day duty than on night.

7973. Do you mean that you would not expect to find them in such good order at night?—I should expect to find them in good order.

7974. But you mean that is overwork for the nurses?—The work has to be done.

7975. You do not mean that the children are neglected in any way?—No, certainly not.

7976. About sleeping out of a night, if the nurses were to sleep out for a night once a month, that would entail great anxiety on the matron or somebody, because it would not do to have girls all over the place without knowing where they were?—I do not think that would be a difficulty.

7977. But some inquiry would have to be made whether they were going home, or where they were going, would it not?—Most of them have friends somewhere in the neighbourhood.

7978. But there is some inquiry in a private house; if a young maid-servant wanted to sleep out, the mistress or housekeeper would make inquiries as to where she was going?—You would hardly put nurses on a par with maid-servants.

7979. But still they are all young women, and they cannot be all equally excellent?—Yes, that is so. It is given sometimes, but I meant that it might be given as a regular thing.

7980. As a matter of fact, the sister has one holiday in the month when she can have a night out?—Yes, the sisters, not the nurses.

7981. With regard to the present sisters, you know most of them, I suppose?—There have been several new ones since I left.

7982. You know the majority of them, do you not?—I know a great many.

7983. Suppose an independent person were to go round the London Hospital and converse with those sisters, that independent person would be very much struck with the ability and altogether the superiority of those sisters?—I never expressed any doubt of their ability.

7984. And the sisters, being good, probably they take good care that, so far as they can see, the nursing is properly conducted and the patients are very kindly treated?—Yes.

Earl of *Arran*.

7985. I do not think you have been asked any question as to whether it is good in your opinion to mix adult patients with children?—I think they are better by themselves.

Earl of *Arran*—continued.

7986. Do you think that the waking up of children at that early hour that we have heard of, is a thing to be avoided?—Yes.

7987. In the adult wards, or at any time?—In the adult wards the rule was that the blinds were not to be drawn up nor the gas turned up till 6 o'clock; and, so far as that part of the rule was concerned, I had it rigidly attended to; but that patients were washed before that was a certain fact; they could not have done them all in the hour between 6 and 7.

7988. As a rule, did the children wake of themselves before that hour, or were they roused?—Some were awake, but some had to be roused.

7989. But speaking generally, do you think it would be better to keep the children and the adults separate?—I think so.

Earl *Cadogan*.

7990. By keeping them separate do you mean that you are in favour of children's hospitals?—I mean that they should be kept in a separate ward.

Earl *Cathcart*.

7991. I believe that if the adults in the wards were consulted, upon the whole they would say that they preferred having some children to not having them; that they amuse them by their running about?—It depends upon what your ward is; if they are serious operation cases, children are very disturbing at times in such a ward.

7992. But in an ordinary medical ward or an ordinary surgical ward, I have been told that the patients prefer having one or two children to not having them?—One or two, but not many; I generally have one or two in my own wards at the Throat Hospital; as they are getting convalescent, we find them very noisy running about.

Earl of *Arran*.

7993. May I ask you one question with reference to the dislike on the part of the nurses to consulting young doctors; might not that arise in any case, whether in a hospital or out of it?—It is simply because they are working with them, and that makes it uncomfortable; they have no grievance against them as not being qualified or clever.

7994. But with regard to the fact of their age, it might occur out of the hospital that the doctor they naturally consulted would be a man of the same age as the doctor in the hospital?—Yes, but then they are not working with them afterwards; that makes the difference.

Lord *Zouche of Haryngworth*.

7995. I think you said there was a great deal of grumbling among the nurses?—I think they had a great deal of cause for complaint about their food.

7996. What were their chief complaints about?—Principally their food, I think.

7997. And anything else?—And their hours, the heavy work in the wards.

7998. About the food, was the usual complaint that the food was insufficient, or that it was badly cooked?—I never heard of its being insufficient; there was plenty of food, but hardly, I think,

Lord *Zouche of Haryngworth*—continued.

I think, of a kind to be appetising for nurses, or suitable for them for their work. I do not think that sardines and things like that are very suitable to start on for a morning's work, a long morning.

7999. Then as to complaints injuring a nurse's prospects, should you say that would be so in every case; because a nurse might have just cause of complaint?—No, it is only that I think it would injure her position in future if she was dismissed on that heading.

8000. Even though her complaint turned out to be a just one?—If it was known to be a just one that would alter it; but I mean to say that with reference to any application that was made as to why she left, that might give a bad impression.

8001. And you think that there would not always be sufficient inquiry made?—I think there would not always be sufficient inquiry made.

Lord *Thring*.

8002. You were at the hospital in 1888 for a year?—For 18 months, I went in April 1887.

8003. You were appointed sister after a month's trial?—After a month; I acted as sister before, but I had my appointment confirmed by the Committee then.

8004. Were you a probationer?—No, I went as a night sister.

8005. I thought it was probationers that were taken on on trial for a month?—Those are for training.

8006. But you were not trained at the hospital?—No.

8007. I understand that a great many of these probationers would also have gone through a great deal of training before they were appointed?—But I did not go as a probationer nurse; I went as a sister.

8008. But you had not been trained at the hospital at all?—No.

8009. Therefore, as regarded the London Hospital, you had had no training at all in that particular institution?—Certainly not.

8010. You were appointed on account of your previous merit; in other words, because you were recommended as a person of great hospital experience before you went there?—Yes.

8011. Then the matron did you justice on that point?—I never said the matron did not do me justice; I think she did.

8012. Then we have been told, with respect to these probationers, that a great many of these ladies, called probationers, were really and truly ladies who had had hospital experience in other quarters?—Of a certain amount; not very experienced in taking charge of anything.

8013. We were told that in several cases which were mentioned to us, particular ladies, who were probationers with respect to the London Hospital, were in fact nurses of great experience or considerable experience?—Yes.

8014. If that were so, surely, although they went under the name of probationers, there was no reason why they should not be appointed to responsible positions in the hospital if they were

Lord *Thring*—continued.

fit for them?—If they had had the training for them.

8015. Now do you say, or do you not say, that in your opinion probationers who were not experienced were appointed to places for which they were unfit?—I did not mean that. I say that probationers are not sufficiently trained to act as full staff nurses till they have had more training.

8016. If they have been trained at other hospitals?—It depends on what their training has been.

8017. Do you think the matron of the London Hospital a competent person to judge of the training?—Yes.

8018. Therefore if she appointed a probationer, thinking her competent, would you object to that?—I have never objected to any appointment the matron made, but have made the best of it, and worked with the person so appointed.

8019. I do not understand what charges you make against the London Hospital; will you tell me what they are?—I do not know that I am particularly making charges; I say we had not a sufficient staff of nurses on the night duty; I also considered that the food was not satisfactory for the nurses; and it is on those points especially that I have offered my evidence.

8020. Then all you say is that there was an insufficient staff of night nurses?—I consider so.

8021. Not that the patients suffered, but that the nurses suffered because there were not enough?—Yes. I think that that applies to the point before the Committee.

8022. You think the nurses are overworked because there are too few of them?—I think they are overworked, and also I consider that you cannot with the present staff give as good attention as if you had a larger staff.

8023. That is obvious; that is a question of of economy, I suppose; if they had more nurses they would cost more?—I suppose so; I did not know it was a question of economy.

8024. Therefore you do not allege that the matron did not do her best with the staff of nurses at her disposal?—No; but I still hold to my opinion that I did not know it was a question of economy, this question of the overworking; it was simply a question of fact.

8025. Assuming that the matron was not allowed more nurses than were in the hospital at the time when you nursed there, did she, or did she not, in your opinion, do her best with the staff she had?—I presume she did the best she could.

Earl of *Kimberley*.

8026. You were asked just now whether it was not a question of economy; was it not also a question of efficiency?—How do you mean.

8027. You were asked just now whether there not being a sufficient staff of nurses was not a question of economy; was not a question of efficiency involved in it?—I think so.

8028. And do you think a hospital is justified, assuming that there is not a sufficient number of nurses, in taking a number of patients for whom it cannot provide proper nurses?—No, I do not think so.

8029. You

Chairman.

8029. You are the matron now of a special hospital?—Yes.

8030. And you have been nurse in a general hospital?—Yes, I have.

8031. Do you think that the patients are better nursed at the special hospital than at the general hospital?—Yes.

8032. That the staff is more sufficient for the requirements of the cases?—Yes. I have at present 21 beds in my hospital; there are two wards with nine beds and a cot in each, and a private ward with one bed; and for those I have at present two staff nurses. I have a nurse in her second year and two probationers in their first year; and I take almost entire supervision of the daywork myself; I am present at every doctor's visit and am constantly in the wards; and that is a very much larger proportion than you could get in a general hospital.

Lord *Thring.*

8033. I understand you to say that patients in the London Hospital are properly nursed, in your opinion?—So far as the staff allows it.

8034. How much more staff do you consider would be required to properly nurse, in your opinion, the average number of patients in the hospital. We have been told that three and a-half patients to a nurse is the proper allowance; is that so in your opinion or not?—If they had that number it would be ample.

8035. You think that if there were one nurse to three and a-half patients that would be ample?—Yes; but if you take one ward of mine, the accident ward, with almost 60 beds, at night I used to have two probationers acting as staff nurses with about a year's training, and one probationer of less time.

8036. I am not comparing it with your hospital; but what we have been told is that this hospital is necessarily overcrowded, because the demands on it are so great. The question I wanted to ask you was whether you thought there was any blame attaching to the working staff; whether it does not attach to the fact that the hospital endeavours to do more than it can do? I think so.

8037. And that is a question rather for the committee than for the members of the staff?—But one may have an opinion about it from a nursing point of view.

8038. You are quite right in expressing your opinion; that is what I wanted you to give. To wind it up, I understand that in your opinion one nurse to three and a-half patients is a good supply, but that you do not consider that the London Hospital has that supply?—Certainly not.

Chairman.

8039. Have you anything else you wish to say?—No, I do not think I have particularly. I may say that I was on duty with that probationer, Pairman, the one who died, who was sent back to the erysipelas ward; and I wish to say that I did ask the assistant matron the first night on her returning on duty if she thought she ought to go into the erysipelas ward after having had an operation performed by Dr. Vokes; and she seemed to think that there was no risk. I think there was great risk.

8040. You have no idea as to whether she consulted any physician or surgeon on the point?—The probationer had been operated upon by Dr. Vokes in the hospital, in the out-patient department, and she was off that night resting, but came on the next night to her duty, as before, in the erysipelas ward as night nurse. She broke down. She was Dr. Fenwick's patient eventually.

Earl *Spencer.*

8041. I think he said that she was treated by another doctor, and that if he himself had been consulted earlier he would not have allowed her to go back to the ward?—The doctor who had treated her was Dr. Vokes, who operated upon her in the out-patient department for some growth in the nose.

8042. And he was not aware of the distribution of the hospital work?—Certainly not; he knew nothing further than that she came back to the hospital; not whether she was going to work.

Earl of *Kimberley.*

8043. Ought not her right to go to the erysipelas ward to have been referred to the house surgeon?—That would have certainly settled it. I had nothing to do with taking it to the surgeon; I took it to the assistant matron.

Chairman.

8044. Now on that point, would it not be a good plan if there was some senior medical officer always resident in the hospital, to whom applications could be made, instead of having to go to the house surgeon?—I think it would be very advisable if they had someone senior medical officer.

8045. What is known in some hospitals as resident medical officer?—Yes; whether resident or not, one that would be there daily.

8046. Is there anything else you wish to say?—No.

The Witness is directed to withdraw.

MISS ELLEN MARY YATMAN, is re-called; and further Examined, as follows:

Chairman.

8047. I THINK you desire to state to the Committee the circumstances of your leaving the hospital, do you not?—The circumstances of my leaving the hospital altogether do you mean.

8048. Altogether, or else in regard to your change of position?—In regard to my leaving the hospital altogether, the reason was entirely because I broke down in health. I wrote to the matron after I had left the hospital stating my reasons for so doing, and I should have been very

Chairman—continued.

Chairman—continued.

very glad if that letter could have been produced, but I kept no copy of it. With regard to the letter written by Mrs. M'Donald, I should like to say that my experience of Mrs. M'Donald was this: When I was first under her she was night sister in the hospital over half the hospital; she was taking night sisters' duty in half the hospital; I was special on a serious surgical case; Mrs. M'Donald had never been in the operating theatre; she had never had a case of the kind that I was nursing; she had never been on night duty; and Miss Carlisle, who was acting staff nurse in the ward near, will confirm what I say in this. Subsequently I was out-patient probationer in Mrs. M'Donald's ward for six weeks. My experience of her was very slight there, because I was very little in the ward when Mrs. M'Donald was there. The last week that I was there I took staff duty in her ward and I left for my holiday at the end of the following week, for no other reason than that which I have mentioned; and when I came back I was put as night staff nurse in Queen Ward. If, as Mrs. M'Donald alleges, I had neglected the patients, it was a curious thing that I should have been put in a ward where the patients could not complain of me; and also Mrs. M'Donald never told me anything of this at the time, and therefore I could not know that that was her opinion of me. When I took staff duty in her ward she was day sister; she did come on day duty, but my first experience of Mrs. M'Donald was when she was night sister. And with regard to my leaving the ward, matron said that, "in the case of Miss Yatman" she did "this"; that is to say, she had been referring to cases where the sister complained, and said it was not safe to have a probationer in charge of the ward, but she removed them when this was the case. I had been two months in Charlotte Ward, and one morning, after a night when there had been a very severe case indeed which had occupied the night sister, myself, and two doctors, for most of the night, and no extra help had been sent, the day sister called me into her room and said that if I liked she would speak to the matron and ask her to put me on probationer's duty, as, though she had nothing to complain about my nursing of the patients, she did not think that I understood ward management. I said I should be very glad indeed if she would do so. I therefore spent the remaining month of my night duty as probationer and as special nurse, about half the time at each.

Earl *Spencer*.

8049. I do not quite understand why you have referred to Mrs. M'Donald; was there any reference made to Mrs. M'Donald in the evidence?—I was asked to state my reason for leaving the ward in which I was in charge, and also I was told that I could give my experience of Mrs. M'Donald, as Mrs. M'Donald wrote the letter which has been read by Mr. Carr Gomm disparaging Miss Raymond and myself as probationers and saying that I did not do my work.

Earl *Spencer*—continued.

8050. Can you give us the reference?—It is in the evidence of Mr. Carr Gomm, which begins at page 413.

Lord *Thring*.

8051. I understand you wish to contradict a letter put in by Mr. Carr Gomm?—Yes, I was told that that was all I was to do to-day.

Earl *Spencer*.

8052. It is the letter at No. 6754 on page 418?—Yes, that is the letter to which I refer.

8053. You are referring to this letter: "I have been very much interested in the Metropolitan Hospitals inquiry, especially in the reports of the last two meetings, where evidence was given on the nursing of our hospital; I much regret that my temporary loss of health prevents me going to London to speak in favour of the nursing in our institution, and the arrangements made for the comfort and well-being of its nurses. I think it is not too much to have hoped that my age and the proof I could give of a fairly wide experience of the world would weigh a little in favour of my evidence when compared with that already given by those late members of our nursing staff. Probationers Yatman and Raymond both worked in my ward for a sufficiently long time for me to form a true idea of their value as nurses. They seemed, certainly, both to have mistaken their vocation, as they were very deficient in the qualities that go to make good nurses. Probationer Yatman was with me for a week, taking holiday duty, and I remember speaking to you then about her unsuitability; but I begged you to remove probationer Raymond, as it was quite impossible to trust her with the cases then in the ward." That is what you refer to?—That is what I refer to; and to what is said at the end of the letter: "They condemn everything in the institution, abide as little by its rule as possible, and make life, in consequence, harder for those to whom hospital nursing is a serious matter, and not a passing excitement." Then another thing she said in her letter was this: "Why they become nurses I know not. Evidently they neither like the work nor the patients, as they do as little as possible for them." "They" is Miss Raymond and I. I had been in the hospital 18 months and Miss Raymond for two years, she having a certificate, which was read to you: that is why I objected to Miss Raymond being spoken of in this way. May I read the letter from Miss Benning, who has sent a telegram to say that she could not come to-day.

Chairman.

8054. I have two letters here, one from Miss Benning and one from Miss Howard Jones, who signs herself matron; who were these letters addressed to?—They were addressed to me.

8055. And you take them to have been signed by the people whose names appear in the copies before me?—Yes.

The Witness is directed to withdraw.

Miss EVA C. E. LÜCKES, re-called; and further Examined, as follows:

Chairman.

8056. We should like, in regard to these nurses, and the number of nurses you have at the London Hospital, if you could tell us how they are distributed. There are 218 nurses of different grades, are there not?—I think we made more than that when we corrected the figures; 242 I think.

8057. I have no doubt you are quite correct, 242; and there were 650 beds full on the average?—Yes. The size of the wards makes a very great deal of difference as to the allotment of the nurses, more difference than perhaps only the number of the beds. Most of the wards are in squares of four, and there would be a sister over this set of four wards; there would be a staff nurse, or an acting staff nurse in each division, and there would be at least a probationer in each one, on day duty.

8058. With regard to this block of four wards, how many beds would there be in it?—There might be 57 or 53, or there might be 64; there would be a fifth ward with some sets of wards.

Earl of *Kimberley.*

8059. I think the total number of nurses is 242?—Yes.

8060. Now in that number I suppose the matron's assistants are included; they do not do any nursing?—They do not do any nursing.

8061. How many would those be?—There are four of them now.

8062. Some nurses of course are taking their holidays?—Yes. There are 19 day sisters, and two holiday sisters in addition to them.

8063. How many on the average, taking all the nurses together, would there be away taking their holiday; seven or eight?—Yes, about that.

8064. Then there is also the day off that nurses have?—Yes; but of course they would take that as the arrangements of the ward enabled it to be done.

8065. But there would always be some off?—Yes, always, except on a Wednesday, I think there would be one or two off; but it generally happens that there are more on the easy days, the days the visiting doctors do not come.

8066. I understand you to mean that they would be absent, when they could be best spared. How many would be generally off duty?—From four to six.

8067. Some would be on the sick list?—Yes. I thought the average of eight that was mentioned the other day would do very well.

8068. Then, besides that, I think there are some nurses and probationers, are there not, engaged in the receiving room?—Yes, there are two always in the receiving room, and one always in the out-patient department, besides the extra help sent down in the afternoon from the smaller wards where a probationer helps with morning and evening work.

8069. How many would that employ?—There would be three reserved for the out-patient department and in the receiving room and then

Earl of *Kimberley*—continued.

an addition of three others to go down part of the day.

8070. Making six altogether?—Yes.

Earl *Cathcart.*

8071. There is the home sister also, is there not?—I counted her as an assistant matron.

Earl of *Kimberley.*

8072. That would make 30; we must take that 30 away from the 242; I am seeking you understand to find the number of those actually efficient in the wards?—Yes.

8073. That would leave 212; then what number would that give in proportion to the patients?—The sisters you see are quite separate again, night and day sisters.

8074. The statement is that there are three and a-half patients to every nurse; my object is to know how many nurses there would be available for duty?—I do not know how Mr. Nixon got at those figures; it was he who got at that average in the first instance.

8075. It is obvious that the calculation of three and a-half patients to each nurse would not be an accurate calculation if you do consider the number actually available for duty; it would be somewhat less than that?—Yes; that is the full number that would be available.

8076. Perhaps you could have it carefully worked out better than you can do by answering it off-hand, and send us the correct number that would be available for duty in the wards both by day and by night?—I will gladly do that.—I have here a paper showing the changes of the *personnel* in the nursing staff in 1888 and 1889.

Earl *Cathcart.*

8077. You have got the paper that the Archbishop asked you to prepare?—Yes.

Chairman.

8078. What is that?—A paper showing how many sisters, nurses, and probationers left during 1889, and why they left. Five sisters left; one on appointment as matron to another hospital; one to be married; one to join her relatives in Australia; two to go to India together after a long holiday. Nineteen staff nurses left; four offered superior posts by the matron, as being suited for promotion to positions for which the matron was asked to recommend candidates; one to enter the Army Nursing Service; one to be married; one to go to South Africa for the sake of her health; one to work with a friend after five years' service in hospital; one to attend to home duties after five years' service in the hospital; one to nurse a sick relative after seven years' service in the hospital; one to nurse in India; one to nurse in Africa; six to take up fresh work elsewhere for legitimate personal reasons of their own; one allowed by the committee to resign after some comparatively trivial neglect of patients; thus completing a total of 19 staff nurses. Of the probationers who were appointed in 1889, sixty-one

Chairman—continued.

are still working in the hospital. In addition to these, 24 left without completing their engagement, at periods varying from a fortnight to several months after appointment; two to be married; two developed a marked tendency to phthisis, inherent in their own families; one to keep house for a widowed brother; one suffered from mental delusions; three because their physical condition, in the opinion of Mr. Treves, rendered it unsafe for them to engage in hospital work; one was warded with gastric ulcer immediately after signing agreement, and was unable to resume work; one from increasing trouble with eyesight, from which she had previously suffered; one because she "didn't like hospital work as much as she thought she should"; one because she felt physically and mentally overwhelmed with her surroundings, though during a year she was never warded; one suspended from duty for drinking, and ultimately allowed to leave the hospital; one broke off her engagement abruptly, which was subsequently explained by the fact that she was known to have been drinking; three left at their own desire, feeling overdone and nonsuited for the work; two asked to leave because they realised that after prolonged trial they were not adapted to the work; four, including a *protegeé* of the chairman's, were rejected by me as hopelessly incapable; making a total of 24 probationers during 1889. There were 1,661 applications for admission as probationers during 1889. Applications for the post of sister or staff nurse are not recorded, because of late years these appointments are reserved for those who have received at least a portion of their training in our own hospital. I have no record of admissions as distinct from those who were appointed on the staff. The names of those accepted after a month's trial are immediately entered in the register, and are also sent in to the committee on a form provided for the purpose. All who were once appointed in 1889 have now been fully accounted for. That (*producing the form*) is the form sent in to the committee on the appointment of every probationer. During 1889, 45 probationers received certificates; out of this number 28 were appointed on the permanent staff; 10 left at their own desire on completion of training; and seven were rejected by me as unequal to the standard of work required in a large busy hospital, though qualified for minor posts in the nursing world. Ninety-five paying probationers entered in 1889; of these, 26 were transferred to the regular staff. Thirty is the limit of paying probationers received at any one time for periods of three months. So, far from being exceeded, the full number allowable was never reached. I have the 1888 particulars (they are very much the same) if you desire to have them.

Earl *Cadogan.*

8079. We are very desirous of having, not only the number available in the day, but the number actually employed in the daytime, and also the number available at night, and actually employed at night; we want to find the real distribution of nurses, both by night and day, and that you should give us the present distribution in the hospital; then it would be a fair test of the ordinary practice?—That will be done.

Earl *Cadogan*—continued.

8080. And if that is not enough, we could ask you to supplement it with anything further?—Yes.

Chairman.

8081. I want to ask you about the evidence given by Miss Mackey; she said that she reported to you about what occurred in the night when she was night sister; was that report in writing?—Not in writing, except on Sunday morning; there is no office on Sunday morning, and then I get written reports.

8082. What is done with these reports; are they kept?—No; they are only written on Sunday mornings when the night sisters go off duty earlier, and as they are only written once a week there is no object in keeping them.

8083. Before sending a probationer out to a private case, she would report to you?—She would go to my assistant matron to get instructions, and I should hear from her at half-past eight what she had done.

8084. Do you report to the house committee that probationers have been sent out in those cases?—I report no details like that.

8085. Then the house committee is absolutely ignorant that nurses are taken out of the wards in the night and sent out to private cases?—They would know the fact; there would be no concealment, but there would be no system of reporting it.

8086. I want to know the practice, whether it is reported to the committee?—It is so very seldom done. We very seldom use private nurses on night duty in the hospital, because they get a great deal of night duty in private work. The night sister would probably go and fetch a private nurse if one was applied for in the night, after receiving a direction from my assistant matron.

8087. Then according to that, you send out to private cases other nurses than those in the private nursing establishment?—In very exceptional circumstances. There must be a special reason why such a thing would be done.

8088. But in such an exceptional case, it would not be reported to the committee?—No; there would be no disorder caused; no nurse would be taken from a ward, if required in it, or in the hospital to oblige anybody.

8089. I understood our first witness to-day, Miss Mackey, to say that she, as night sister, sent a probationer out to a private case?—Then in such a case the ward must have been very light, and there must have been a suitable probationer to spare. Why should I risk such a thing in the hospital with every nurse and doctor in the hospital able to complain to oblige some patient outside.

8090. You say it is not done?—It is not done.

8091. Suppose an application is made, and a nurse is taken from the ward, it may be a light ward, how is it done?—Generally it is done by special request of some probationer, or for some very urgent case, and some one that can be spared is sent. Perhaps there is a private nurse who

Chairman—continued.

who comes in the next day to take the place of the one who is sent to the private case.

8092. Then the private nurses take their turn on duty in the hospital?—Yes; immediately after they have had their holiday, whatever holiday may be needed between their cases. I may say that I believe we have only sent out to 1,300 odd cases in four years, altogether.

8093. With regard to this case of Mrs. McDonald, as a night sister of slight experience, have you anything to say?—She was one of the cleverest sisters it was ever our good fortune to meet with; I never had a complaint against her.

8094. We have had a letter put before us from Miss Howard-Jones, written to Miss Yatman, and the letter is as follows: "Dear Madam,—I have been much interested in the discussion going on at present in reference to the nursing arrangements at the London Hospital, as some years ago I was there treated with what everyone considered great injustice by the matron (Miss Lückes). I went up from Wales by appointment to see Miss Lückes, after which interview I was elected a probationer on a month's trial, for which I was to come up again later on in the same year. I commenced work the middle of July, and in September I was told by Miss Lückes that she was afraid I was not in sufficiently good health for the work of a London hospital. I was greatly astonished to hear this, as I was in excellent health, and with the exception of a slight sore throat for one day, had not complained in any way. The sister under whom I worked said she had reported me as very satisfactory. I was then, with several other probationers, examined by one of the physicians as to the state of my health, after which I was dismissed by Miss Lückes on the plea that my health was not good, but possibly, at some future time, I might return to the London Hospital, but that no metropolitan hospital would take me at that time. I at once applied to the matron of another very large London hospital, who received my application most kindly and considerately, promising to admit me as a probationer on a month's trial if, after a thorough medical examination by one of their staff, I was considered sufficiently strong to go through the training. This physician, who is one of the leading physicians in London, thoroughly examined me (a few days only after my examination at the London Hospital), and his report to the matron was that there was no reason whatever why I should not go through the long training required. I was, therefore, admitted, and at the expiration of my month's trial was elected for three years. During nearly four years at this large hospital, I was only once incapacitated from work by a slight attack of bronchitis, which lasted a few days only. When I add that I have been a hospital matron for more than two years, I am sure you will agree with me that I have good cause for considering the treatment I received as most unjust, as had not the matron of the hospital I was eventually trained at proved so kind and considerate when I applied to her, my great desire of being a nurse would have been frustrated, and I should never have had the honour and satisfaction as I have now, of signing myself, yours truly, *A. C. Howard-Jones*, Matron"?—Dr. Fenwick refused to sign her paper; and you see that, according to her own account, she had nearly two months' trial, and Dr. Fenwick did not consider her strong enough for the work.

Chairman—continued.

8095. Then the refusal had to do entirely with Dr. Fenwick?—Entirely. I cannot appoint any probationers unless he has passed them in regard to health. It is frequently the case that he says to me, "Do not discourage them from trying at a provincial hospital," and I pass on that message. In her case the rejection seems to have done her no harm, because she went on to another London hospital and got her training there.

8096. But the responsibility of a dismissal of a probationer after the medical examination rests entirely on the examining medical officer?—Yes, Dr. Fenwick; he has passed all our probationers for 10 years. She would come for a month's trial, but in this case she had nearly two months; he would be away in August, and he would see her early in September; she had more than the usual month for trial.

8097. Here is the other letter signed by M. J. Benning: "Dear Madam,—I have heard of the evidence you have been brave enough to give before the Select Committee of the House of Lords. I was two years at the London Hospital, and obtained a first-class certificate, and, at matron's request, stayed on another year as staff nurse of William IV. Ward, when I was offered and accepted the post of matron here (at Tynemouth) in November 1889. I think it my duty to say that from all I have heard of your evidence it is perfectly true. The nurses are dreadfully overworked; for instance, a probationer was put in charge of the children's ward (night duty) with 20 children in (three under 12 months old, and the others from three to seven years), and had no probationer to help her; all these children had to be washed, breakfasts given, lamps and inkstands cleaned before the day nurses came on; she never had a chance to sit down to get a proper meal all night. The food is often very bad. I frequently had hampers from home, and had often to buy things, and many others had to do the same. Probationers were sent out to private patients. We liked the change, for we were treated well, and had good food; but if I was sick and was willing to pay for a first-class nurse, and sent to a great hospital for a trained nurse, I should think it very deceitful if I had a probationer sent to me to learn a little private nursing at my expense, and very cruel, too. I was sent out to a case, when I had been a little more than a year at the hospital. Then as to the neglect of the nurses, the dreadful number that break down and die proves that. Of course, you are right about the patients, too, because if nursing is of the value we think it is, and the doctors say it is, surely it should be done well, and by experienced women. I feel strongly that by the overwork of the few trained nurses, the patients really are sacrificed at the London Hospital. But the matron's conduct to the nurses is worst of all, I think; I am sure no public official should be given the power she has

Chairman—continued.

to ruin nurses' lives and healths at her own pleasure; because, of course, there is no use complaining. Mr. Valentine complained, and everyone knows how he has suffered in consequence.—Believe me, dear Madam, yours faithfully, *M. J. Benning.*" But now, as regards the last paragraph of that which speaks of "the matron's conduct to the nurses," you say that they have the right of appeal?—Certainly, all know that they have; they come a great deal in contact with me, more, I have been told by matrons of other hospitals, than they do in the other large hospitals. I endeavour to give them every opportunity. Why Nurse Benning came back as staff nurse after she had finished her training, I do not know, if she was so unhappy there, or had any grievances.

8098. She stayed on another year; she worked for two years, and she stayed on a third?—Yes. Perhaps I should say, in connection with the question of the private nursing, and those of one year's training going out, that ours is the only institution throughout the country that considers two years the minimum amount for permanent appointment on the private nursing staff. We do not lay that down because we disagree with Miss Nightingale's statement that one year is sufficient hospital training; but if I had put on our staff every one at the end of the year that wanted to go on the private nursing staff, it would have resulted in too many inexperienced workers passing through our wards; we should have had too many of them in the wards for the care of the patients; and as I have no doubt that the hospitals throughout the country will very soon follow this sound method of providing the public with private nurses, I thought, if our nurses had the exceptional opportunities for experience which have been pointed out to you by Dr. Fenwick, and if we doubled the minimum standard for making them permanently on the staff, our reputation would be second to none in the country, whatever the competition. We entirely accept, and always have done so, Miss Nightingale's standard, that one year's hospital experience constitutes a trained nurse.

8099. That, you think, is sufficient?—That is sufficient all round.

8100. You want to put in a list of the linen requirements, I believe?—Yes, I was told to do it. I have selected an average ward, women's and men's, and two of the children's wards.

8101. Will you read us a sample?—Rachel Women's Medical Ward, with 57 beds; it has 333 sheets, 90 draw sheets, 162 blankets, 100 counterpanes, 40 night dresses, 18 night dresses for typhoid cases, 10 tea cloths, seven laryngoscope towels, 36 ward towels, 30 doctors' towels.

8102. What are the ward towels?—The ward towels are to supplement the towels for the patients when they have not brought any themselves, the rule being that every patient brings in her towels. In the adult ward that is the reason why there is such a small supply of night dresses; we only supply them when the patients fail to bring them; we provide them for children. In Mellish Men's Accident Ward there are 64 beds; it has 450 sheets, 50 draw sheets, 310 blankets, 30 doctors' towels, 12 tea cloths, 18 night shirts, 118 counterpanes, and 42 ward towels.

Chairman—continued.

8103. Have you enumerated any roller towels?—Some of the ward towels are roller towels; they are classed together. Then Buxton Children's Medical Ward, with 20 beds; that has 217 sheets, 80 blankets, 100 night dresses, 50 counterpanes, 15 ward towels, 18 doctors' towels, and six tea-cloths And the large children's ward, the "Queen" Children's Surgical and Accident Ward, with 53 cots, has 296 sheets (cots), 216 draw sheets, 222 blankets (cots), 150 counterpanes, 350 night gowns, 29 doctors' towels, 36 fine towels (children's), 9 roller towels, and 25 tea cloths.

8104. Then you want to make a statement about the appointment of probationers, and its being reported to the committee?—Yes. The late chairman had forgotten, when giving evidence the other day, that it comes in on a special form provided for the purpose. I have a fly-leaf in the book, and the other form is sent in to the Committee When a probationer has finished her training, I mention her name and say whether she is returning on the staff or not. But these forms are equally handed in immediately Dr. Fenwick has passed a probationer, and she signs her paper.

8105. That is on her appointment as probationer?—Yes. Then the further appointments are mentioned by name.

8106. And as to dismissal?—The arrangement has always been that I should tell the committee first, except in the case of probationers, according to that rule No. 11. I have never said to anybody that they should leave without reporting it to the committee first; and if it had been a case of misconduct by a probationer I should be scrupulously careful to report it first, unless it was a case where she was suspended by me, and asked permission to leave from the house governor and myself before she was reported to the committee.

8107. Do I understand that the probationer who has been suspended for misconduct is kept in the hospital until the committee meet?—Unless she specially requests to be allowed to leave before. Also, there is no hurry in getting rid of a probationer who is parted with because she is inefficient. I should be very much guided by the length of time she had been allowed to remain as to how long it was before she went away. If she was near enough to complete six months with us she would be allowed to do so, because it would be to her advantage to do so; she could then get work in all sorts of institutions. Or if she is near one year it is to her advantage to complete it. But it is important that I should be able immediately after some final instance of inefficiency has been brought to my notice to tell the probationer so. That had a great deal to do with my asking the committee to allow that to be said to the probationer before it was reported to them. If a probationer was reported to me on Wednesday morning, as the house committee does not meet till the following Tuesday, I should prefer, for the sake of the greater sense of justice in my mind and her own, that I should point it out to her at the time when she had been reported. If I had

Chairman—continued.

I had to leave it till I reported it to the committee on the following Tuesday first, her sense of justice would be done away with and I should have an aggrieved probationer. But she would never go, under those circumstances, till after one or two meetings of the committee, possibly more. I should not wish her to go unless it was something flagrant, till I had had time to get another member of the staff in her place, otherwise it would leave me short-handed.

8108. According to you, there is ample opportunity of an appeal being made?—Yes, and they thoroughly well know it.

8109. Then with regard to the payment of hospital and private nurses, what have you to say?—I think hospital nurses should be much better paid than they are. It appears to me that they have not had their pay directly increased ever since the improved nursing, and the better class of women coming to it. They have better food provided and more advantages, but the scale of pay remains very low indeed. I think the probationers are very fairly well paid, except in reference to washing; it always strikes me as rather hard that probationers should be obliged to keep themselves clean in the matter of aprons, collars and cuffs, and washing materials generally, and be obliged to find it at their own expense. I should like to see all sisters, nurses, and probationers allowed 2*s.* 6*d.* a week at least for washing; I would let them get their linen washed where they chose, but I think it only fair that a hospital requiring them to keep a scrupulously clean appearance should do something to help them towards it. The reason why private nurses are so much better paid than hospital nurses is, I think, that it is a comparatively modern departure to have these private nurses, and there is a general feeling that all nurses should be better paid than they are. I do not agree with the plan of a percentage for private nurses. My own experience tends to prove that women do not care to receive their money in that way; more money for actual work done. Increasing their salary independent of the actual detail of the work gives them much more general satisfaction. I find that when private nurses leave us and nurse on their own account, at first they get on very well, receiving the two guineas a week or whatever it may be that would ordinarily come to the hospital; but they deprive themselves of holidays and grow extremely anxious over money matters; in case of a long illness they have not only the outgoing expenses of the illness but they lose their connection, and it takes a long while to right themselves in their money matters again; whereas, if they work in connection with the institution it pays them well, and in case of illness they are properly provided for and during convalescence; they have full pay the whole of the time if the illness is in the most remote way connected with their work, and of course their connection is preserved for them. I think that ours are the best paid private nurses I know of at present.

8110. They begin at what?—They begin at 28*l.*; they get 30*l.* the second year, and rise 2*l.* a year to 40*l.*, with out-door uniform, washing, and everything found, besides the half premium for an adequate pension at 50. I make no doubt that our committee would desire to raise that later on; but we felt it was the highest we could fix without getting quite out of touch with the ordinary scale of payment.

Chairman—continued.

8111. What is paid for nurses when they go out?—We do not send a nurse out under a guinea and a-half a week; in a good many cases it is two guineas.

8112. Does that include infectious cases?—Two guineas for infectious cases. Then the nurses with us get a holiday between cases, according to the length of the case, or the fatigue of the case that has gone before. I should like to say, in justice to our committee, that I was not asked by them to start the private nursing institution with a view to profit; it was my suggestion, and they sanctioned it. My object was not to make money, though I wanted it to be clear that they would not lose money by it; but a good many cases came under my notice which made me feel that the sick rich were not as well looked after as the sick poor. None of our own committee, or of our medical staff, could get nurses without drawing them from the hospital staff; and therefore as our physicians and surgeons had exerted themselves to make our nursing what it is, I thought it would be only right that they should be able to get them in future for their own private cases; I also was anxious to keep in touch with many nice nurses who had completed their training and had grown tired of the hospital, and thought they would like to take up private nursing.

8113. Is that private nursing establishment increasing?—Steadily; as fast as we get nurses trained who wish to join; their joining is, of course, subject to their being suitable and wishing to be admitted.

8114. You find it very popular?—Yes, not more so than the hospital staff; but those who are not very strong especially like it. Sometimes they join it by the doctor's advice for a year or two, and then go back on the hospital staff. We have only sent private nurses out for about four years.

8115. Have they to go on duty in the hospital when they are not engaged in private cases?—They have their time off duty, when they go straight away to their own friends, after reporting themselves at the hospital, for whatever length of time they may be allowed, but if not, those that have any interval immediately go on duty in the hospital; it keeps them up to the mark and is a help to us.

8116. Do you put them on the duty of special nurses?—More often they are put on as special nurses, because they get the advantage of seeing special operations; but still they take ward duty also.

8117. Do you consider they get enough holidays?—The private nurses, I think, do very well, but I should like all hospital nurses to get a month during the year, and sisters six weeks.

8118. What do they get now?—They only get a fortnight; but some years ago the Committee doubled the holiday, before that it was only a week all round. However, they all get more than that really; they are only entitled to that,

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but we take every opportunity of giving them more time, they get extra hours of recreation, four hours, and they get passes to the theatre when people are kind enough to give them tickets.

8119. A suggestion was made by Miss Mackey that it would be a good plan if the nurses had a chance of sleeping out once a month; has that occurred to you?—I should not like to be responsible for the nurses if there was a rule to that effect, quite regardless of their circumstances. The night nurses have the right to a night off once a month, because they have been with us a long time; very often the probationers get it too, but I often say why does she want a pass; where is she going?

8120. Providing the inquiry is satisfactory as to her circumstances, and so on, it would be a good plan to grant that permission?—Yes. In earlier days I had one or two instances where it proved very undesirable to give them a night out, so we have not given the right to those who have been with us less than two years.

8121. You wish to make a further remark as to medical attendance on the nurses, I think?—Yes, in reference particularly to Miss Page; I did not think it was made sufficiently clear that it is quite impossible that any probationer or nurse in the hospital could be forced to see a young doctor, when for reasons of delicacy, she preferred to see an elder one. By this morning's post, I received another letter in connection with probationer Page, which makes it clear to me, for the first time, why she had an objection to seeing Dr. Fenwick. It appears that at Highgate Infirmary also she suffered from these ulcerated legs, and in another instance also she got outside advice; and probably she thought that Dr. Fenwick, if she had gone to him, would have said to her, "Nurse, you have deceived me; I should not have admitted you if I had known you had had this ailment for some years." As a rule if a nurse or probationer had anything she did not like to mention, a letter from the sister or me would go straight to the doctor, and she would be spared the trouble even of telling him herself what it was.

8122. Have you ever considered the question of having a resident medical man?—I have never exactly wanted it; it might spare the other physicians trouble, and be some satisfaction to ourselves; but I have never had such an incident happen in connection with the house physicians, especially since the arrangements made in 1886, for these two physicians to see the nurses, as could make me wish for it.

8123. Who admits the patients at the London Hospital?—Whichever house physician or surgeon is taking in for that particular week; and of course the out-patient physicians and surgeons send up cases to the wards during the afternoon.

8124. There is no delay in the admission of the cases?—There is a receiving room medical officer as well, so that the patients do not wait a moment when they are brought into the hospital.

8125. Then about convalescent homes for nurses, what have you to say about them?—I do not think they are at all needed; we have no difficulty

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whatever in getting our nurses, when they need a rest, and do not wish to go to their own friends, invited to stay with ladies and different people in the country, either in their own houses or in servants' cottages, or whatever may be best adapted to the class of nurse and the comforts required. It provides a mental change which no convalescent home for nurses can do. We feel very grateful to those spending money and time in getting up the convalescent homes for nurses; but if anyone has a knowledge of a nurse's life, and thinks what it is for her to be kept so punctually to general meals, and to have the rules which, even, a small institution must have, they would know that it is half of the holiday to throw that sort of thing aside. It is not desirable for them to talk over hospital matters and meet other nurses; and they are not inclined for that

8126. Do you think that the majority of the nurses in the London Hospital are in that position of being able to go to other people's houses if not to their own homes?—The majority are; we have more offers of that sort than we can make use of for ourselves. I am often able to tell those people who write to me of other institutions that would be glad of the help they offer to us, people to whom I could send a telegram, and say, "Will you take in a nurse for three days or a week, or a fortnight as the case may be."

8127. Have the London Hospital any convalescent homes of their own?—Yes; there is the Samaritan Society, and several convalescent homes in connection with it; and if a nurse prefers to go to Brighton we can manage it, and she then is better off to be with other patients than with fellow nurses.

8128. As to the registration of nurses, do you wish to make a further statement?—Yes; I wanted to make one remark in connection with what Mr. Treves said the other day. It is not that I feel it my mission in life to protect the interests of the general practitioner; but I do think that what Mr. Treves said has more bearing than he seemed to me to have made quite clear, in connection with the risk the nurses themselves might run. It is not as so many people might suppose, that it is only a difference in the degree of knowledge which a nurse and a doctor possess. There is a great difference in the degree, but also a great difference in kind; and, while I should be the last to underrate the value of a competent nurse in cases of illness, I feel that she would be but a quack doctor if she came to practise as a doctor, and be regarded as a doctor by the patient depending on her. One knows how suddenly patients die, when they are very ill, and yet are not supposed to be dangerously ill; and sisters with years of experience will say to me, with thankfulness, "I am glad that So-and-so saw that patient half an hour before;" and I think it would be very wrong to take any step that would bring the trained nurses into that sort of conflict with the general practitioner, or place them in a false position with the public. Fourteen years ago, when I began nursing, there was a great deal of conflict between doctors and trained nurses. I think it arose from the fact

that

Chairman—continued.

that nurses hardly knew what their own lines were, and studied things from the doctor's point of view, and the doctors hardly realised what the nurses were; and I think that the harmony with which they work now, and the fact that the doctor is the nurse's best friend comes from the fact that they have each realised their distinct positions, and that their work goes on distinct lines. The very elementary anatomy and physiology that a nurse is taught, she is taught kindly by these physicians and surgeons from the nurse's point of view; not as the doctors learn it; she has no dissecting knowledge, no pathological knowledge; nothing to qualify her to practise as a doctor any more than the doctor can practise as a nurse. That is one of the reasons why, I think, registration is not advisable, though we are very thankful to those who take such interest in nurses. Those who object to it are almost the whole of the teachers in London, and they are best in touch with the nurses at the present time, and naturally warmly interested in the development of nursing, from the nurse's point of view.

8129. Did you ever have any experience of nursing in special hospitals?—In the hip disease hospital I was a little time.

8130. Is that a small hospital?—Quite small; it is the Alexandra Hospital, in Queen-square. It was long ago that I was there. I have been in children's hospitals also.

8131. Have you an opinion as to the nursing in special hospitals, as compared with other hospitals?—The special hospitals have the advantage that they can send for private nurses whenever they like. Miss Mackey has again and again telegraphed to us; and, as a large hospital, we cannot easily supplement our wants in that manner ourselves; we have to provide for unequal degrees of pressure inside the building.

8132. Do you think that a hospital can easily be too large?—No; I cannot say that it is my experience that it can. For instance, as to the London, which is the largest, I believe, in this country, I do not feel that it is too large. I think wards can be; I think it is our great difficulty that we have so many beds under one head, under one sister. I should like to separate wards into a number, arranged for one sister.

8133. What is the limit of the number of beds that you think one sister could look after?—Thirty.

8134. That is the ideal number?—That is the ideal number; not more.

8135. And what assistance ought she to have for that, supposing money is no object?—I should like two staff nurses and two probationers on day duty.

8136. That is five, including the sister herself?—Yes; then I think, as a rule, one staff nurse and two probationers would be liberal at night, supposing, as you say, money was no object at all.

8137. Then ward maids into the bargain?—Certainly ward maids.

8138. How many ward maids would be necessary for 30 beds?—In our hospital, at present, we have only one to a ward of 30 beds.

8139. In an ideal hospital, how many would there be?—I should say one-and-a-half; so many things that ward maids have to do they have to do up to time.

8140. I think we have been told that your ward maids do not sleep on the premises?—No, they are ordinary strong middle-aged women from Whitechapel.

8141. You find they answer well?—Yes, they answer very well. I should like more of them, but they answer very well, so far as they go. Our resident space is too valuable to be taken up by ward maids at all; I do not wish to see that done, even if we could find space for them.

Earl of *Kimberley*.

8142. The hospital make a profit out of the private nurses?—Yes, they make up the figures, not I.

8143. But it is profitable?—It is profitable, certainly.

8144. I want to ask you a simple question about food. You mentioned that a considerable change was made in the food, and for the better; does the food cost more or less now than it did when it was not so satisfactory?—I expect it costs more, but I am afraid you must ask the house governor for that information. I simply found out, in the first instance, that we could feed them better than they were being fed on the same money; and having done that, I have not troubled myself very much as to the cost.

8145. You think the house governor could tell us?—Better than I can; it is an increasing quantity, I think.

8146. You gave us some information about the linen; you gave us the inventory?—I chose specimen wards which I thought the most fair way of giving it.

8147. But would not the most practical test be the quantity of linen sent out to be washed from a ward in any given week?—I have no doubt I could ascertain that; it does not come into my department.

8148. To show what linen is actually used, I mean?—Yes; I could do that in every ward. May I say in reference to what has been suggested as to the meals, namely, that it would be well for the matron, or one of the assistants, to dine with the nurses.

Chairman.

8149. Somebody, or some official, not necessarily the matron?—I wanted to say how impossible that is, if you could realise the immense number of nurses at one meal, never fewer than 60. I find fault with the home sister if she does even the carving herself, except in an emergency; I say to her: "It is our object to keep up the family feeling; you cannot do that with 60 nurses at different tables if you are carving; if you will keep yourself free to walk up and down between the tables, and find out why any nurse is not making a good meal, you will be acting as hostess, and do it better than you can if you take up a knife and fork." I should mention she constantly gets her lunch from the same meat, and I do it myself; so that it is not a difference in the food, but in the manner of supervision. In this way, I know she does it, because she would call my attention to a nurse who never touches meat, or something

Chairman—continued.

something else. And about the supervision necessary in the wards, if I may add this, it takes me an hour-and-three-quarters to two hours to walk round the wards, only speaking here and there.

8150. Is that the wards in one wing?—The wards in the whole hospital, just going through them. I cannot do it under that length of time; when I start to go round at night it often takes more. If it were to be done more frequently, some one would have to be kept distinctly for the purpose. It would be quite impossible for the matron, who has an immense amount of work besides her own duties, work connected with all the general public visitors to the hospital, and people who write for every conceivable thing, to do daily anything in the way of that supervision; and, rightly or wrongly, I have gone on this principle. There are 19 sisters, and I hold them very directly responsible to me for every department under their charge. I have thought if I could go at any hour of the day or night to any part of the hospital the real test is how I found that part, or how members of the house committee find it when they go. I have thought of the results. I am obliged to be guided, in my own post, by the relative importance of the work claiming my attention for the time being. I I have very very long days, and cannot get through all one would do if one could do what one wished.

8151. At what hour do you begin?—I begin at half-past eight with the letters, and go into the office at nine; I often go on till 12 o'clock at night without any leisure. My breakfast is at a settled hour, but my other meals are movable feasts. Sometimes I go to bed saying to my assistants, "I have not written a letter, or done a thing I had planned to do, this morning; something of prior importance has come." We have an immense connection with the outside people, applying to us for all sorts of information on every conceivable subject; with regard to all those things the direction of them must come from me It takes two or three others to write the letters; of course, I write some myself.

Earl *Cadogan.*

8152. What is your clerical staff?—Three of the assistants have to do with the letters; the clerical work is very heavy. Then there is another point. I want to make it clear that the register is a strictly confidential register; it has never been examined by anyone before being placed before your Lordships the other day; it has never been taken into the house committee, but often read out to the chairman and members of the committee in my office. The particulars concerning the nurses are entered by my assistants, as to the wards in which they work; but all comments on them are made by myself, within two or three months after the probationer has left the hospital; they are seldom written inside the hospital, because of the interruption. I usually spend the first week of my holiday, and some of my Saturday holidays, in filling up the register. I have in that register mentioned only those points that hitherto have proved of practical value in answering inquiries about probationers.

Earl *Cadogan*—continued.

We have a large number of names already on the register, and it would be impossible for me to trust to memory to answer all sorts of inquiries about them long after they have left us.

Earl *Cathcart.*

8153. About this book, I apprehend that this book is an official book, this register of nurses, because you are ordered in the standing orders to keep the book?—Yes

8154. Suppose I was a governor, and there was a discussion, should I not have a right to call for that book?—Certainly; but that never has been done; and the system, such as it is, was organised by myself with the practical object of giving the particulars that we want to be able to give when necessary.

8155. I did venture to suggest that perhaps that book might be kept more as an official book, seeing that it is the muster-roll of the nurses?—I should keep it perhaps in a more concise and official manner if that was its chief object; but I am obliged to give details.

8156. If I presumed to give advice on this point, I should suggest that you should keep those things in a private book, but put the facts in the official book. Now, as to the training in mental cases that you have for the nurses, where do they get that from?—We have a large number of those cases in the Dr. Hughlings-Jackson's ward.

8157. You would like, perhaps, to make an explanation of the statement made by Miss Raymond, as to tying patients in bed when the nursing staff was weak-handed; that is at Question 5196. Miss Raymond stated that when they were weak handed a patient was tied in bed because he was restless?—She had no right whatever to do such a thing; we are most kind and careful, and I am sure any doctor would be angry to find a patient tied. But a sheet is sometimes carefully tucked in, and one is put down extra over the clothes if a patient has a tendency to roll out of bed, but a special nurse or male attendant would be put there if the patient was likely to injure himself.

8158. I thought it would perhaps turn out to be that in this case, that the sheet might have tucked in, and so on, in the way you describe; and that might have given rise to the idea of tying the patient in bed?—It was something of that sort I feel confident.

Lord *Thring.*

8159. You said you could not suggest any apparent mode in which parochial nurses could get a hospital training?—Yes; if there was more accommodation in the hospital that might be extended, perhaps.

8160. What do you mean by "more accommodation"?—If we had more bedrooms we could take in more people like that without detriment to the hospital.

8161. It is simply a question of making more bedrooms?—Yes; we could manage for a certain number of people ourselves. I have promised to take a probationer forthe Queen Victoria Nursing Jubilee Institute for one year.

8162. If you had a home outside the hospital for

Lord *Thring*—continued.

for nurses, that would do as well, I suppose, for that purpose?—For their district work; but while training anyone in the hospital we should prefer to have them under our control.

8163. They need not be actually in the same building if it is a building under your control?—We have that now; three little buildings in Philpot-street.

8164. But if people anxious for parochial nurses would subscribe and find accommodation under your control, or under the same roof, or outside, as I understand it, you could employ those nurses and train them in your hospital?—We do so at 10 *s.* 6 *d.* a week, which is half the sum that others pay. We have two parochial nurses always on our books.

Earl of *Lauderdale.*

8165. What is your staff of nurses in the present nursing home?—At present we have 25; we have had 29; once we had 30.

8166. How many of that number can you employ on ordinary hospital duty, have you any idea?—No; I know the demand is so increasing that we very seldom have them in at all now. There were two in the hospital last week for two days.

Lord *Thring.*

8167. What class of persons do you recommend for training as parochial nurses?—The better educated people they are the better we can train them; but they do send us the least educated people we receive at all for parochial nurses. I think a good many choose, in the country especially, a person who is liked by the people, and send her up to get training. In the country it may answer; but in London and large towns they find a superior class, an educated class, more efficient.

8168. For the country, how much training do you consider necessary?—I think for a manufacturing district, where there are accidents, she ought to have a year in a big hospital like ours: but I should not be afraid to send her to country people, with the usual run of ailments, with six months' training; we should give a few months in our out-patient department, which would be of great advantage to her.

Lord *Lamington.*

8169. Does your work get busier in the winter, for instance?—Yes; in the late autumn we feel it heavier; we get a good many more typhoid cases and others; then in the summer months a good many go from Whitechapel to the hop-picking, and that diminishes our number.

Earl of *Kimberley.*

8170. With reference to what have been called the menial duties of the nurses, is it the case that the nurses do certain services for the sisters, make their beds, clean their rooms, and fetch their water and so forth?—In the large majority of instances the ward maids took that on, but it used to be the custom for the night nurses to do it. I think that a great deal of the personal attendance on the sisters is done for the pleasure of the nurse; they prefer to do it, but there is no duty that they are obliged to do which the ward maid could not do if they objected.

8171. Would it not be desirable that these duties should be performed by people who are not trained nurses, and who can do the ordinary duties as well as the nurses?—Yes, if we were anything like as short-handed as we are represented to be it would be desirable.

8172. But in any case you have admitted that if you had an unlimited amount of money you would like to have more nurses, and therefore anything which would lighten the nurses' duty in matters that do not belong to them would be desirable?—Yes, that is always desirable.

Chairman.

8173. We have heard a great deal about special nurses; they are extra nurses?—Yes, extra nurses taking probationers' or nights-off duty. Taking the average, two nurses are off duty every night, and there are always two good ones going about.

8174. But what I mean is this: supposing you had a tracheotomy case and the sister applied for a special nurse, you would send down an extra nurse and not a person specially trained for that case?—No, unless it was in a ward where I did not think the nurse in charge of the ward knew about such cases.

8175. You mean by a special nurse merely an extra nurse?—Yes.

8176. Is there anything more you wish to say?—I think not.

The Witness is directed to withdraw.

MR. WILLIAM JOHN NIXON is called in; and, having been sworn, is Examined, as follows:

Chairman.

8177. YOU are the House Governor, are you not, of the London Hospital?—Yes.

8178. Would you tell us how many years you have been in that service?—I have been in the service of the hospital 44 years.

8179. And may I ask what salary you draw now from the hospital?—I think it is now 880 *l.* and something.

8180. And do they find you a house?—They do.

Chairman—continued.

8181. And light and heating?—Nothing but the furnished house. A part of that (I think it is 89 *l.*) is for the allowances which my predecessor had in kind, but which when I was appointed I said I should prefer to have in money; because, having the entire control of the stores, I wished to be perfectly independent as to what I liked to use.

8182. What salary did you begin at when you first

Chairman—continued.

first began?—Perhaps I had better tell my history.

8183. If you please, in regard, that is to say, to the hospital?—For the first 20 years I was secretary; in that time I had been doing the duties of the house governor for the last two years; and, I believe, it was at the suggestion of my predecessor, Captain Hill, a military man, whose health had been failing, that at the end of those two years the position of house governor was offered to me, in addition to the secretaryship. It was felt that it would be awkward to appoint a younger man over my head, whom I should have to teach his duties, and who would have a much larger salary than the sum that would be offered to me in my then present position. But that appointment was subject to this arrangement. I had, with the entire consent of the committee, for many years held a local appointment in the district where I lived in the country which only occupied me in the evenings, the work having to do with evening board meetings, and for the purposes of which I kept a private secretary of my own for several years. I said, "I will consent to accept this appointment if you will place me in just the same position as I now hold, so that I do not lose by serving the hospital. I should prefer to serve the hospital, but I cannot afford to give up my local appointment unless you make the double appointment equal in value to those I now hold." I was appointed, and I consented to accept 200 *l.* as house governor, in addition to the 600 *l.* which I had had as secretary and receiver of rents and subscriptions; with money for allowances and the house. It was not all profit to me; I lost 600 *l.* by the forced sale of my own furniture; a clause in my lease prevented me selling it in the district; and, therefore, I found myself in this position, that I became house governor and secretary, with the understanding that I was to hold the two as long as I felt I could properly hold them in justice to the hospital and myself; and I entered on duty with the large Alexandra wing, in addition to the then existing hospital. I held the two appointments for nine years, at the end of which time I found it was impossible for me to go on any longer. I devolved most of my duties as secretary on the assistant secretary, and said that they should appoint a secretary and allow me to be house governor only, the duties of which post would fully occupy the time of any ordinary person. They saw the justice of the request and relieved me of the secretaryship; and for the last 15 years I have been house governor only, and it is quite as much as I can comfortably manage.

8184. Would you tell us what your duties are as house governor?—I cannot tell you that; every day provides its duties. I am the universal referee.

8185. You are responsible for everything that goes on in the hospital when the committee is not sitting; is that so?—Except with reference to the secretary and chaplain. As to both of those positions, I myself suggested when I was secretary that they should be removed from the control of the house governor. I found we were in this position; there were three educated men all on a level in social position, and two of them liable to be spoken to with the voice of authority by a man only their equal. The chaplain agreed with me in making the matter a subject of discussion with the then house governor, and he, who had worked with me for 20 years most amicably, saw the justice of it, and fell into the arrangement at once. So I was the author of the separation of those two from the house governor. With regard to the position of the matron, who is still technically under the bye-laws subject to me, I may mention that Mr. Carr-Gomm asked me, when the new nursing home was established, if I had any objection to the matron being held entirely responsible for its management. I said, "Not the least." I had had so much difficulty in providing the food for the nurses out of the hospital kitchen, that I was quite willing to consent to it. Practically the law in question remains in the bye-laws, but the committee would be well aware that, in dealing with a person like myself, no technical advantage would be taken of that law remaining in the letter on the book; the law, I mean, which makes the matron subordinate to the house governor in the absence of the house committee.

Chairman—continued.

8186. Then the house committee meet once a week?—They meet once a week.

8187. And it is your duty to report to them?—I do report to them every week.

8188. Is the matron independent of you, or is she responsible to you?—By the law she is responsible to me, but in practice it has come to be that she is entirely independent.

8189. In everything, not only in the nursing home?—In the nursing home and all arrangements with her nurses. I should not hesitate still to call upon any nurse whom I considered deficient in her duty in the wards, to come and see me; and if it were a complaint of a serious kind that I had to make of her, I should ask the matron to come into my room and investigate it with me; but I hold the general control of the hospital with regard to the wards.

8190. In regard to the case of the dismissal of a nurse, would the matron consult you?—I have never known her to do so in such a case.

8191. She would merely report it?—It would go direct to the house committee. I recollect cases where I have agreed to suspend offending nurses, so that they should be turned over to the committee afterwards, but I have no power myself, except to suspend a servant of the hospital; no power to dismiss one.

8192. Then I do understand you that the nursing is under the matron, and has nothing whatever to do with you?—Not as between the matron and the nurses themselves—the arrangements of the nursing department. When they are in the wards I claim the right to control them if I see a thing wrong, or to say "You are doing wrong."

8193. Would you do that without consultation with the matron?—If I thought it necessary I should send for them; if it were a trifling thing I should give them my advice; I have frequently done so, partly in the way of remonstrance; but if there is anything of any consequence whatever I should

Chairman—continued.

I should undoubtedly request the matron to enter into the discussion.

8194. Do you visit the wards?—As often as I can, not nearly so frequently as I could wish. I am so closely tied by receiving the reports of troubles and difficulties that come to a person in my position every hour of the day on new subjects. I never know when I go into the office in the morning what I am going to do during the day. My visits depend on what I can do. I take every opportunity I can of going through the wards to investigate, and every now and then I make a thorough investigation, generally in company with the surveyor. From long habit I probably see much more than other people, and I find his assistance in structural matters very convenient; but it is quite impossible for me to be much in the wards. I consider that the matron is responsible for the general good order of the wards, and I myself share in the belief that the sisters of the London Hospital are a highly responsible body of officials; they have my utmost respect.

8195. Who is the matron responsible to, then?—The matron is responsible to the house committee, except in the qualified sense which has been mentioned with regard to the new home and so on; technically by the law she is responsible to me in the absence of the house committee; but that has lapsed.

8196. It has lapsed, and she is responsible to the house committee?—Yes.

8197. With regard to any visitors to the hospital who come for any purpose whatever, are they shown to you or do they go to the secretary?—It depends upon what the business is; if it is connected with the estate or with the meetings of the house committee or the accounts of the hospital, they would go to the secretary; if it is about nursing, they would go to the matron; everything else comes to me.

8198. And you report every week to the house committee?—I do up to the last moment, everything that is of any consequence.

8199. Now would you tell us what the chief departments of the hospital are. There is the nursing, and the accounts; that is a separate department, I suppose?—There is the secretary's department, the entire arrangement of the matters connected with the house committee, their meetings, and the accounts of the hospital, and the management of the estate of the hospital, and the receipt of subscriptions and donations, all money matters. The matron has the entire nursing department; the chaplain has his department; and everything else practically belongs to me; and my expenditure is carried out through the medium of a petty cash account, for which I keep an account at a separate banker's, paying the amounts myself by cheque, and which amounts now to nearly 10,000 *l.* a year for small sums.

8200. Then what becomes of the dispensary and so forth?—Everything of that sort is under me.

8201. And the medical school?—No, I have nothing to do with that.

8202. That is under the college board?—Yes; The out-patient department is under me.

8203. And also the in-patient department?—I am responsible for everything.

Chairman—continued.

8204. But you have nothing to do with the admissions, I understand?—I cannot admit a case myself; that is decided upon its medical or surgical merits. Occasionally I go out of my way to request that a case should be taken in if it appears to me desirable, and if it comes from people who have supplied us with thousands of pounds to enable us to keep the hospital going. I think now and then they should have an opportunity of getting in a case if it is a proper case; but the great mass of the cases come solely through the receiving-room and the out-patient department.

8205. In adjusting your accounts, have you drawn a distinction between the cost of in-patients and out-patients?—I have investigated the whole matter at very considerable length. I believe you have had my system quoted here. I started it some years ago, and one gentleman gave this in evidence, after reading a page or two of the method of drawing it up: "The man who could draw up this account deserves a premium; I could not do it myself." That is the account I drew up myself, and I believe it is practically accurate.

Earl *Cathcart.*

8206. On which page of your annual report shall I find it?—The system of calculation is not given there, but it is in my report which, being always drawn up as the last thing to be included in this annual report, is included between pages 16 and 17. I see I have made out this return upon the same basis practically; in reality in the same form as when I first laid out the scheme for doing it, separating the cost in the same way 10 for the past 18 years.

Chairman.

8207. This is printed by order of the house committee?—It is.

8208. In the making out of the cost of an in-patient, what do you include?—I first deduct everything that can be brought into account connected with the out-patient department, partly actual and partly estimated, but very carefully estimated, the only chief care that I apply in the matter being not to deduct too much, because the out-patient department of every hospital is an unimportant item as compared with the in-patient department. The main expenditure is the cost of the in-patients, and that is the main reason why every hospital exists as distinct from a mere dispensary. Therefore it is clearly my duty to deduct a minimum amount, and not to trench upon the amount due to the in-patients in order to reduce the cost per bed. If there is one fault in the mode I adopt it is that the out-patients cost more than the large sum that I say they do. I err on that side purposely.

8209. Then what do you include in the cost of the in-patient?—I have here a condensed account of how I do it.

8210. For instance, there is all the expense of building, the rates, and so forth?—I think it would be simpler if I read my statement on this point.

8211. If you please?—"How to ascertain the approximate cost of in and out-patients, say,

Chairman—continued.

for 1889" (I have applied it to that year), "Deduct from total expenditure all items of extraordinary or capital expenditure. Having done this, deduct from remaining balance of cost the actual cost of out-patients, by the method shown hereinafter, and then divide the residue by the daily number of fully-occupied beds. This gives the cost per fully-occupied bed. The cost per in-patient in total is found by a division of the cost per fully-occupied bed by the number of patients who occupied each such bed, viz., 13¾. The cost per in patient per day is found by a division of the total cost per in-patient by the residence per patient, viz., 26½ days. The above is all easy work; but to get at the cost of out-patients is much more difficult, so difficult that it was long customary to lump them all together at 1*s.* per head. I was long ago convinced that this was a delusive estimate, and I schemed a plan for getting at the then cost with considerable accuracy. I will now show that plan as applied to the last year, 1889. From the total cost of dispensary and surgery, viz., 8,073 *l.*, I deduct all items not applying to out-patients, such as scientific appliances, ice, soda-water, &c., amounting to 897 *l.*, and also all mechanical aids and surgical appliances, less 10 per cent., attributable to out-patients, viz., 590 *l.*, or, together, 1,487 *l.*; thus leaving a balance chargeable equally over in and out-patients of 6,586 *l.* The actual apportionment per in and out patient, with approximate accuracy, can be obtained, it would seem, only in one way, viz., by ascertaining how many days' supply of medical and surgical items are attributable relatively to in and out patients. With respect to the in-patients the solution is easy, their aggregate residence in the hospital having amounted to 225,329 days. But to arrive at the same solution with reference to out-patients, it is first necessary to reduce them (so to speak) to one denomination, which I have ventured to call genuine out-patients. To arrive at this, I first deduct from the published total of out-patients, viz., 109,839, the minor casualties and dental cases, which are equivalent only to single attendances, amounting together to 74,718, and to the balance then left, viz., 35,121, I again add, in an altered and commuted form, such minor casualties, &c., viz., after they have been divided by 28, the number of days for which a genuine continuous out-patient who comes on the average four times, is provided with all medical and surgical requisites. These 74,718 (taking no account of dental cases as too trivial in cost for notice) now appear as 2,440, showing a total of genuine out-patients amounting to 37,561. This commuted total involves 1,051,708 days of hospital aid, and with the in-patient item noted above, viz., 225,329 days, brings up the total days' supply of dispensary (medical and surgical) aid to in and out patients together to 1,277,037 days. The balance of dispensary and surgery cost chargeable to both in and out patients, viz., 6,586 *l.* shows, when divided by the above number of days, a cost per patient per day, for items common to both in and out patients, of nearly 1¼ *d.*, or a total for the out-patients, as the first item in calculating their

Chairman—continued.

total cost, of a sum of 5,477 *l.*; to this must be added the following items of expense which would not fall upon the hospital at all, but for the existence of an out-patient department, viz., honorarium to 11 out-patient physicians and surgeons, 550 *l.*; salaries of three clinical assistants, 240 *l.*; salaries of two dispensers, 240 *l.*; salaries of two half-time dispensers, 155 *l.*" (they are there in the busy hours of the day, when the out-patients are coming in); "salaries of senior dresser, 40 *l.*; assistant laboratory man, 61 *l.*; half-time of one clerk, 34 *l.*; full time of out-patient inspector, 140 *l.*; quarter time of three labourers, 50 *l.*; full time of medical and surgical waiting hall porters, 170 *l.*; partial board of dispensers, 48 *l.*; half-time of out-patient sister, cost of probationer nurse, bath woman, ward maid, extra scrubbers, &c., 160 *l.*; estimated minimum cost of coals, water, steam, gas, white-washing, repairs, and painting (per annum), 100 *l.* These amount to 1,988 *l.*, and raise the total cost of the out-patient department to 7,465 *l.* This amount divided by the commuted total, or total of genuine, continuous out-patients, viz., 37,561, shows that they cost, in 1889, 3 *s.* 11¼ *d.* per patient. No charge, it will be observed, being made for use of our large out-patient halls and examining rooms, which, but for out-patients, would never have been built. If there be any error in the above statement, it is on the side of understating the average cost of real out-patients; but I leave the figures as they are, being chiefly anxious to avoid any suspicion of a desire to reduce the cost per bed, which is, of course, the chief item of expenditure of a hospital, considered as such, and as distinguished from a dispensary."

8212. Then as to the in-patients, what is the cost of the in-patients?—The cost of the in-patients last year was 72 *l.* 16 *s.* 0½ *d.* per fully occupied bed; that number was 622 last year.

8213. In that are there included the rates and taxes and the interest on the buildings, and on any money you have laid out for capital account?—No; capital account is excluded. Of course I have no control over that; this is the sum spent for hospital purposes.

8214. That includes the rates?—Yes, but they have been very trifling with us; we were protected by the Whitechapel Improvement Act under which they raised them many years ago, with the understanding in Parliament that they would not rate additionally any charities in the district.

8215. You have a petty cash account, you say; has the secretary any petty cash?—That would be a very small sum indeed. I pay a vast number of things out of the petty cash; I pay all the weekly wages; that amounts to between 90 *l.* and 100 *l.* a week.

8216. Has the matron any cash account of any kind?—The matron also has a nominal petty cash account in connection with the nursing home, which is, since that has been opened, under her control. One of her assistants comes to me and presents her accounts as soon as she has exhausted 20 *l.*; and I go through it myself and I certify it, and pass over another cheque for 20 *l.*

8217. That

Chairman—continued.

8217. That is to say, she has 20*l.* at intervals?—Yes.

Earl of *Kimberley.*

8218. If you execute any new works, do you include the interest upon the cost of those new works in the cost of your in and out patients?—No, that is capital expenditure. These are merely items connected with the ordinary current expenditure of the hospital as a hospital.

8219. Of course you include repairs?—Yes always, all current repairs.

8220. How do you distinguish between repairs and new works?—They are carefully sub-divided, when the artificers' accounts are presented by the surveyor to the committee every half-year. You will see at the bottom of the page where the statistics are in my report, what is due to current repairs. Out of the total expenditure of the hospital, I see that last year it was 4·67 per cent. only for the current repairs of this vast hospital, part of which has been built 140 years.

8221. Supposing that a part of the hospital got so much out of repair that you had to rebuild it, should you include the cost of that?—No, undoubtedly not; that would be improvement and extension on a large scale.

8222. So that your account does not really show the cost per bed?—Yes, it does entirely show it.

8223. But the large initial expenditure which has been incurred for the hospital is not brought in at all?—It is calculated in the same way everywhere in all hospitals.

8224. It may be the same in other hospitals, but in point of fact your account does not show the real cost per bed?—It was 72*l.* last year; in another year you might bring it out 98*l.* if you included that expenditure which you mention.

8225. Would it not be a great deal more satisfactory to show also the interest on the original money laid out?—I think not. This is a matter of hospital working, to give a comparative statement showing how the hospital is going year after year.

8226. Would not the result of your system of account be this, that supposing your interest is higher than that on the capital that has been expended in another hospital, it would not show the difference between the two?—I have nothing to do with that. These figures are only given by me to show the expenses of the hospital as it is "run."

Earl *Cadogan.*

8227. Supposing it were necessary next year to spend a large sum in repairs, that would be spent out of capital, and you would not include it?—I will give you an instance. They are now commencing the alterations of the hospital in a sanitary sense; now I should certainly not include that in current repairs; it will be a vast additional expenditure. (I should like to say something about that afterwards.) That would not come into my accounts, but be tabulated by the secretary in arranging the accounts, as an expenditure on capital on a vast scale, extending over many years.

8228. Do you not think that the interest of that

Earl *Cadogan*—continued.

expenditure ought to enter into your accounts?—If there were such a system of account keeping, it would enter into my accounts.

8229. You make your calculation according to your own idea of how the expenditure ought to be calculated?—No; I take the exact figures as published by the committee, and audited by the auditor.

Earl of *Kimberley.*

8230. Would it not be better if the accounts were made up in the following manner: In one division, showing what you show, namely, the proportion of the current expenditure to the number of beds and out-patients; and to have another account which would show also the interest upon money expended on the hospital; so that you might see either the one or the other, or the two combined?—That would be more interesting, but would not give us the means of telling how the hospital is worked.

8231. The question is not whether it is more interesting or not, but the question is whether it is not more correct and more calculated to give the public an idea what the cost of the hospital really is?—I am not sufficient of an accountant to answer that question; I take the figures as I find them.

Lord *Thring.*

8232. As I understand it, you make up your account on the principle that the buildings of the hospital cost you nothing?—They do not enter into the question of the maintenance of patients, or how you run the hospital.

8233. According to you, the hospital itself costs nothing. I do not say whether you are right or wrong; but that is the effect of it?—This account does not profess to do anything except to show what stands on the face of it.

8234. You give the public no idea whatever of what the value of the hospital is; do you publish at all the value of the hospital or the capital account?—The capital account is published every year in the report of the hospital.

8235. And how about the furniture; does the furniture go to the capital account?—Nothing in the accounts of the hospital is valued; they give the actual item, the amount of stock that they hold year by year, but it is not valued.

8236. Supposing that next year you had to buy 1,000*l.* worth of new furniture, where do you put it?—That would be called "furniture," and would come into the current state of things.

8237. Whatever the quantity of furniture?—No, not on a large scale. For instance, when the new nursing home was established, the whole of the expenses were kept separate, and it was stated distinctly so in the nursing home account. It cost several thousand pounds, and some thousands more to fit and furnish it, and it would have made the patients come out at an abnormal amount altogether if that had been included.

8238. I am perfectly aware that the distinction between capital and current account is the most difficult in the world, as everyone knows who has anything to do with railways; but sup-

Lord *Thring*—continued.

posing you require every 10 years to new furnish, to have a large expenditure in furnishing, does it go to capital account or to current account?—We never allow anything to grow into requiring large repairs; all ordinary things are tackled at the moment.

Earl of *Kimberley.*

8239. But expenditure on sanitary matters is exactly a case in point?—That is quite another point, I consider.

Earl *Cadogan.*

8240. Supposing, as we have heard with regard to your hospital and other hospitals, it was necessary to improve largely the system of draining in the hospital, that would be a matter that would cost a considerable sum of money?—Yes.

8241. Where would it appear?—As a separate item in the published balance sheet.

8242. And would not the interest of the money so expended form part of the general cost per bed?—I am not aware how it would be made out.

8243. Who ought we to get that information from?—That belongs to the committee and secretary, and the auditor has passed these accounts as being correctly kept.

8244. No doubt they are correctly kept; it is a question of the system on which you keep them. We want to ascertain the cost per bed in your hospital; and you produce the accounts, which no doubt are admirably kept, but we cannot ascertain what becomes of the interest on the capital; that does not seem to be included in your accounts?—I do not think it is shown.

8245. I think you told Lord Thring that the capital account appeared in the yearly report of the hospital?—Yes.

8246. But where is the interest on that capital account shown?—I do not think any account is kept of interest on the capital.

Earl *Cathcart.*

8247. Anyone wanting to make out, can make out this year's capital account what is called the balance sheet, which is on page 33; for example, "wood paving" is put in among the liabilities as 481 *l.* 15 *s.* 4 *d.*; and your sanitary improvements would appear in this balance sheet for whatever they might cost?—That is a peculiar account; I could explain the meaning of that wood-paving item, I think.

8248. I do not care about the wood-paving; but the money paid on sanitary improvements would be put in the balance sheet in like manner, would it not?—I suppose it would. I really am not responsible for keeping the accounts.

8249. You have nothing to do with the balance sheet?—I have had nothing to do with keeping the accounts for many years.

Chairman.

8250. Who keeps the accounts?—The secretary.

Earl *Cathcart.*

8251. On page 35, under the heading "Particulars of Expenditure," you have "Furniture;" it appears that in that year you were renewing furniture; you have "Furniture, general, 917 *l.* 1 *s.* 10 *d.*; bedsteads, 59 *l.* 5 *s.*; mattresses, 131 *l.* 8 *s.* 3 *d.*; hydrostatic and other beds, 16 *l.* 4 *s.* 1 *d.*; sundries, 8 *l.* 0 *s.* 1 *d.*," making in all 1,131 *l.* 19 *s.* 3 *d.*?—Yes; everything that can be called current expenditure for furniture is put there, and it enters into the calculation I made.

Earl of *Kimberley.*

8252. Do you take stock once a year of all the materials, and so forth, you have in the hospital?—No.

8253. Then how is that managed with reference to your calculation?—Not at all.

8254. Have they not reckoned anything for that?—No; we do not keep our accounts as a business firm.

8255. And you do not make any valuation, either, of the furniture once a year?—No.

Chairman.

8256. Do I understand that you put the annual repairs into the cost of the in-patients?—All is divided between the in and out-patients; that comes into the cost of the in-patients, you see.

Lord *Thring.*

8257. Are these accounts approved of by the hospital committee of which we have heard so much, that distributes the large sum that is collected?—Do you mean the Hospital Sunday Fund?

8258. Yes, the Hospital Sunday Fund?—They are entirely approved by them. They supply a form, and the accounts are drawn out for them to suit that particular form; they come to the same amount in the total.

8259. Are your accounts drawn out in a way to meet the views of the Sunday Hospital Fund?—I think they are, otherwise they would not give us the largest amount of all, as they do.

8260. I thought you said that these accounts were drawn in the same way that all the large hospital accounts in London are drawn?—That is to say there is an income and expenditure sheet, and the current items are all that enter into the cost of the patients.

8261. Are they drawn in the same form at other hospitals, because that is what I understood you to say?—Perhaps I said too much when I said that.

Chairman.

8262. Is not this the fact, that all the hospitals have to furnish to the Hospital Sunday Fund their accounts on a particular form which is supplied by the Hospital Sunday Fund?—They have.

8263. But it does not therefore stand to reason that you make your calculations in the same way as another hospital; you have your own system of making up your accounts?—Yes; the hospital system of making up the accounts.

Lord *Thring.*

8264. Do you or does the secretary determine which sums are to go to capital account, and which are to go to this current account?—What you call the capital account we call extraordinary expenditure, which has nothing to do with the current expenditure of the hospital. In a certain sense I control that, because I look through the half-yearly items supplied by the surveyor for the building account and the repairs; and he takes my advice on a difficult point as to whether it should go to current or to extraordinary expenditure.

8265. Who is responsible, you or the secretary, for items being found in the capital account or being found in the current account?—I think, in the first instance, I am responsible. The surveyor divides them according to his technical and practical knowledge, and then I look through them and approve of the form in which they are sent in.

8266. You are responsible for the form in which these accounts are kept?—I think I am responsible for the building account, not anything else.

8267. I am asking you about the general accounts; they may be right, but they are not divided in the usual mode in which accounts are divided. I ask whether you or the secretary are responsible, or who else is responsible for the form of those accounts?—I am not.

8268. Who is responsible for them?—The secretary and the committee.

8269. Who gives the directions that they should be in that form?—They have followed the routine of many years; they are all made out on the same principle year after year.

8270. Somebody must be responsible?—The Committee of Accounts look through them, and the auditors are summoned to audit them. The form in which they are kept was decided many years ago by a first-rate accountant who volunteered his services, and put them on their present basis.

8271. It is obvious that you cannot lay down a general rule as to what sums are to be deemed extraordinary expenditure, and what sums are not to be deemed extraordinary expenditure that arises every year; I want to know who is responsible for charging the extraordinary expenditure to one account, and what you call current expenditure to the other?—I have already said that I think I am.

Earl of *Lauderdale.*

8272. If a sum is to be charged to one or the other account, is it you who determine which account it shall go to?—Yes, according to what I think is the proper account.

Earl *Cathcart.*

8273. You have all the materials and could make out any account in the form in which their Lordships please to order an account?—So far as my abilities as an accountant would carry me; I am not a professional accountant.

8274. I mean you could have it done?—I could have it done of course.

Chairman.

8275. All the accounts furnished to the Hospital Sunday Fund by all the hospitals have to be done on a special form?—On a special form, one identical form.

8276. Do you send your accounts also to the Hospital Saturday Fund?—Yes. In the same way they supply a form, and all charities have to give in their accounts on that basis.

8277. The Hospital Saturday Fund form, and the Hospital Sunday Fund form differ, do they not?—Very materially.

8278. And the ordinary way in which you draw your accounts differs from both of them, does it not?—Yes, there are different headings for them.

8279. Do you not think it would be a good plan if there was one uniform system of keeping hospital accounts?—An exceedingly good plan. It would facilitate the investigation of all hospital accounts, and I think that if they were kept on that system on a common basis (and still more all statistics of patients) we should hear less about the million and a-half of patients treated by the London hospitals, a statement which I do not believe in myself.

8280. Do you think there would be any difficulty in getting the London hospitals to agree to it?—There ought not to be; it is a suggestion that has been made many times over.

8281. That suggestion has not been carried out yet?—No.

Earl *Cathcart.*

8282. It would be necessary, would it not, to have a glossary for all the hospitals?—I would not carry it so far. I was present at a meeting when that was suggested.

Chairman.

8283. What books do you keep in your office; have you a ledger?—They are kept by the clerks in my office. The steward has just been parted with in ill-health, and it was decided to abolish the office of steward and to put a junior clerk at the foot, and raise the other clerks up one step, so that the "steward" (as he was formerly) is now my head clerk. The steward was my head clerk; but I suggested his title myself, because he had at first a good deal to do with passing the stores; he and one or two others of the best of the clerks keep the tradesmen's ledgers; there is a separate system of books in which the trade accounts are kept, and a summary of which is handed to the Committee of Accounts quarterly for the payment of quarterly bills.

8284. Who form the Committee of Accounts?—I think 12 members; most of them are also members of the house committee; there are also selected members.

8285. Do they generally attend?—I know they attend, but as to the number I know nothing. I have not attended sub-committees. When I was appointed house governor only, and gave up the secretaryship, it was made a matter of arrangement that whereas the house governor formerly did not attend the meetings of the house committee except when summoned to them, I should always attend (as a sort of *amicus curiæ*), meetings of the house committee, I knowing intimately all the details of the hospital; but the sub-committees were not provided for in the same way.

8286. What do you do with legacies?—If they

Chairman—continued.

are in cash they are generally spent; that has always been the custom with us. If they are in stock they are generally transferred. We always are in the position of having to refer to the stock account and sell out something to meet our requirements, so that it really comes to the same thing.

8287. Say your quarterly bills are 2,000 *l.*, and you only have a balance of 1,000 *l.*, you would have to sell out stock to meet the difference?—Yes, we should.

8288. So that you put your legacies into your income?—The cash legacies have ordinarily been spent, as a rule. Sometimes the hospital was in a position to fund them; but generally they have been spent. I may say that I do not know how we live. Our income is about 16,000 *l.* or 17,000 *l.* a year, and our expenditure is always necessarily over 50,000 *l.* a year, and somehow or another we live.

8289. And yet, last year, you had a balance in your favour of 1,400 *l.* odd?—I believe a number of legacies fell in; it will be all used up. The quarter's bills, which I have seen the account of this day, are more than 10,000 *l.* Few people have an idea of the extent of the London Hospital.

8290. Have you had great difficulty in raising the necessary funds?—I cannot say that we ever had any difficulty in raising the necessary funds. We do not tout for custom; it comes to us in such enormous quantities, and the public know that we must meet the demands made upon us; and therefore the public have always responded, and, I think, always will, so far as my experience is concerned.

8291. Do you keep a legacy book?—Yes, there is a legacy book kept.

8292. You have not got it here?—No; it is in the secretary's keeping. Every legacy is carefully written off when received, and when notice of a legacy is received from Doctors' Commons it is entered in the book. The book is watched from time to time, and looked through, so that nothing lapses.

8293. Passing to the details of some of these accounts, I see one item here, "Officers (including honorarium to out-patient staff), 4,789 *l.*;" what officers do these include?—I have not taken the exact particulars, I will try to remember. That would include the house governor, the secretary, the chaplain, the matron, and the 11 members of the assistant medical and surgical staff.

Earl *Cathcart.*

8294. The matron, you will notice, is put separately on the same page; "Nursing staff (including matron)" is put separately?—Yes, I see that. I have a list of the *personnel* of the hospital here, which will help me in a moment. I think, as far as I can tell (it is a long time since I paid the salaries' account of the officers, many years), that would include the chaplain, the assistant chaplain, the house governor, and the secretary.

Chairman.

8295. Would that include the clerks in the offices?—It does. The out-patient staff receive an honorarium of 50 *l.* each per annum.

Chairman—continued.

8296. The out-patient staff you say; you mean by that the surgeons and physicans?—I mean the assistant surgeons and physicians. Would you like to hear a summary on this point of the number of persons employed in the place?

8297. If you please?—I took the account the other day as clearly as I could, and made the division into honorary, partly paid, paying and fully-paid officers and servants. The unpaid are the senior staff, &c., viz., five physicians, five surgeons, one obstetric physician, one surgeon dentist, and two aural surgeons; together 14. The assistant staff receiving an honorarium are 11. The resident staff, unpaid, receiving board and lodging only, are 15. Nurses who pay (about whom you have heard something from the matron), 42. And I made it out at that time that there were paid officers and servants, male and female, of all ranks, from the highest to the lowest, 369. That makes the total of persons employed permanently in the hospital (without the casual workers that come in in a great number on Saturday, and without occasional labour that we cannot employ permanently) 451 persons.

8298. I should like you to distinguish more clearly between the officers, because I see in this balance sheet "Officers (including honorarium to out-patient staff), 4,789 *l.* 19 *s.* 3 *d.*"; and then I see "Servants, male and female, 5,807 *l.* 14 *s.* 10 *d.*"?—That is made out on a different principle from what it was ever made out before, and I find it difficult to follow the details. I cannot give you the details exactly. The salaries are made out in this way: there is one book in which all those salaries are collected and handed in by the secretary to the house committee to be paid quarterly; that is entirely in the secretary's office; that consists of all the superior salaries. Then there are three other books which are returned by myself and all the calculations made by me and carefully checked by my clerks, that is to say, some subordinate officers of the hospital. The whole of the sisters are in one book; in another book are the whole of the nursing staff of the hospital below the grade of sister whether nurses or probationers. These involve very close and accurate calculations carefully checked. They are all made out in writing every quarter and initialed and endorsed by myself and sent in to the house committee to be paid quarterly. Then there is also the pension book. There are a few officers and servants on pensions; that account I make out quarterly and send in to the house committee to pay by separate cheque. Then, weekly, I pay out of my petty cash account the whole of the weekly servants; some are officers, such as the dispensers; they draw their salaries weekly, because it is more convenient to them; on the other hand certain officers draw their salaries monthly; they find it convenient. The amount is entered in this book where an account is kept and which is certified weekly, and sent in to the house committee.

8299. Do the house committee examine these books?—Sometimes they do, but it is my business to examine them literally; I certify them as correct, and if there is anything in fault anywhere

Chairman—continued.

where it rests with me. They all go in to be examined, and when they have the opportunity I notice they look over the books, and they all are in rotation in the book of agenda and printed, so that if they call for a book it is there in its place.

8300. They are all laid on the table?—They are all laid on the table every week.

8301. Have you ever seen them looked at by any of the committee?—Many, many times. I may mention that my petty cash is balanced weekly; that is passed every week by some member of the house committee, who initials it as passed.

8302. Is that petty cash done on the system of vouchers?—Everything to a farthing. I draw the money by cheque from the general accounts of the hospital signed by the treasurer and the secretary sums of 300 *l.* as I require it; sometimes it will last a fortnight, and sometimes I have to draw an intermediate cheque; but altogether I find that at the present time it is something over 9,000 *l.* a year, which I keep a separate banking account for by the suggestion of the house committee.

8303. Now, coming to the "Charges and Incidental Expenses," I see "Shaving patients, 27 *l.*;" what is that?—We have a barber who shaves all the sick men who require it, and we also pay a certain sum for shaving heads; that is more of a surgical operation; it is done by the surgery beadle; he is sent for, for instance, to shave a head that has been fractured.

8304. Then there are two other items here, that I notice; one is under "Charges and Incidental Expenses," "Sundries," 201 *l.*, and then lower down, under "Furniture," there is again 8 *l.* for "Sundries"?—I know nothing of how these are subdivided.

8305. Who can tell us about that?—These are the main accounts of the hospital kept by the secretary.

8306. He would know about the heading "Sundry Debtors," under which is "Assistant Chaplain's Fund"?—Entirely, in the same way.

8307. Now, does the house committee make contracts for food?—They do, six-monthly contracts for everything except milk; and it is very difficult to get a contract for milk unless it is for a longer time; it is a matter of formidable difficulty to make a contract like that of the London Hospital to supply milk, the quantity is so large; it costs us now, I believe, 3,000 *l.* a year.

8308. You have a power in your contract, have you not, to buy elsewhere, and charge any loss to the contractor?—Yes; I have a great deal to say about that if you will allow me.

8309. The committee make the contract, you say?—The committee do make a contract for all prime articles of expenditure in food.

8310. They have all the tenders before them?—They have all the tenders before them.

8311. And they select certain firms?—Yes; I may say that they generally select on my advice. I am very much in favour of keeping to people who have served us honestly and faithfully. We have sometimes, for the sake of what is called new blood, or to get a little pecuniary aid, taken a lower contract; occasionally we have done so because the man's name was good; but generally we have found that the nearer we can come to people who have served us without complaint year after year the better. Still it is an open contract, and it is a good thing to have it so, because it keeps them up to the mark; they always run the risk of losing it, and they have occasionally done so.

Chairman—continued.

8312. Now, the committee makes the contract, you say; then in that case who is responsible to the hospital for the food, for the provisions being up to sample?—Everything is very carefully examined by the persons who have to issue it. We have a highly respectable and intelligent man as storekeeper; he is primarily responsible for the bread and the milk and the potatoes. Then the hospital housekeeper is responsible for the proper supply of meat and eggs, mainly. There are very few groceries used in the hospital; tea, sugar, and butter are not supplied to the patients. As to tea it was an old form which has never been departed from; because when the hospital was started, tea was a guinea a pound, and people never drank it. In practice no one goes without tea, butter, and sugar in our hospital; because all very poor persons are recommended to our Samaritan Society, which supplies the sister of the ward in which such cases are located with the agreed sum to provide tea, butter, and sugar for destitute persons. The patients' friends are not allowed to bring in anything in the way of spirits or other forbidden articles; they try it; but we find that they are very pleased to bring in some things to their friends in the hospital, and they bring in tea, sugar, and butter for those who depend upon them. But no person is without them. I have an account showing how many the Samaritan Society supplied last year, for instance.

8313. You have to do with the Samaritan Society?—Nominally I am on the committee, and one of the almoners, and I was once deputy chairman, but I have far too much to do to attend to that society now.

8314. But you understand all about it?—I think so.

8315. You give a certain small sum a week to poor patients who can provide nothing for themselves?—It is given to the sister of the ward, when she reports that there is a very poor person who cannot provide tea, sugar, and butter. This is the little memorandum I drew up the other day, seeing it referred to in the Minutes of this Committee: "Destitute patients supplied with tea, sugar, and butter, by the Samaritan Society; five years' average of numbers and cost. 1,989 patients per annum, 126 *l.* 10 *s.* per annum; or one-fourth of the total of our patients. The cost for all our patients would be 500 *l.* a year." As the balance of that money is supplied by the patients' friends with a certain amount of pleasure, there is no reason why we should trouble ourselves about it there not being enough to meet the expenditure.

8316. How much money do you give the sister?—One and sixpence for each patient per week for tea, sugar, and butter.

8317. Is there any check on that?—Yes; it is entered

Chairman—continued.

entered in my petty cash account every week, and all the vouchers are ticked off by myself.

8318. You have a finance committee?—We have a committee of accounts that meets quarterly, and at special times, as necessary.

8319. And the audit is done from outside by a firm of auditors?—By Chatteris, Nichols, and Atkins, the well known auditors.

8320. And of course they see everything vouched?—I am not present at the audit; I cannot say.

8321. Do you supply the patients with any clothes, any jackets or coats?—Very poor patients are supplied by the Samaritan Society with anything they may want to go away with, anything of that sort.

Earl of *Kimberley.*

8322. You say you find that the friends of the patients often supply them with tea, sugar, and butter; have you ever considered whether you might not extend that further; whether you might not make them provide most of the food?—No, I have not, and I should not consider it worth while.

8323. Why not?—This is merely an old habit that is kept up with regard to those things.

8324. The question is, whether the thing is right or not; the old habit was that very few people drank tea?—Yes, when that regulation came in, that was the case.

8325. When you have it you consider it a necessary of life to almost everybody?—Yes; I quite agree with your Lordship that it would be better to have it, if you mean that.

8326. Is there any reason whatever for such a distinction between those articles of food and other articles of food?—Nothing but the matter of expense, and that nobody goes without it.

8327. But there may be something to be said in favour of the patient contributing towards the expenses of the hospital, and I was suggesting that you might extend that a little further, and let them contribute most of the food?—I should be very sorry to see that.

8328. Then I am unable to see on what principle you can rest the distinction?—Merely that it has always existed as an old custom for the patients to provide those things for themselves; that is all.

Lord *Monkswell.*

8329. You said that you give the sisters 1 *s.* 6 *d.* a week from your Samaritan Society to buy tea, sugar, and butter for the poor patients; I suppose they buy it where they like?—That I do not know.

8330. Would it not cost less if you contracted and you had a store to which the sister could go; I understand you give her that 1 *s.* 6 *d.*, and she gets the tea, sugar, and butter where she can?—I believe she does.

8331. Is that not rather a wasteful method of proceeding; would it not be better to have a contract?—That would be for the Samaritan Society to consider in passing the accounts; they supply the money.

Earl *Cathcart.*

8332. Who appoints the auditor?—The house committee.

8333. Did you ever know the auditor make a disallowance in any of the accounts?—Never.

8334. You mentioned having a list of books in the printed agenda: we might see at our next meeting, I suppose, those books, and also the printed agenda?—Everything could be shown.

8335. You mentioned that in the printed agenda there was really a list of the books which you have?—Yes; that is to prevent anything being lost sight of. That is a standing thing. Extras are written underneath for the committee's inspection.

Lord *Thring.*

8336. Do I understand you that there is no housekeeper generally responsible for the food of the hospital?—There is a hospital housekeeper generally responsible for the things that pass through the hospital kitchen, such as meat and eggs.

8337. But only for those?—I do not remember anything else that she is responsible for. The milk is passed by the storekeeper.

8338. Why?—Because it is found more convenient to divide the labour of those things; because the receipt of the milk is a formidable thing, and it requires to be carefully tested. It is tested daily in three different ways by a skilled hand, a man who has been with us for more than 20 years; that is by taste, by lactometer, and by specific gravity.

8339. But I should have thought the larger the hospital the more the necessity that the one person, and a competent person, should test the bread and milk?—The bread is also passed by the storekeeper.

8340. But for the milk and the potatoes, surely the proper person would be either the housekeeper or the cook, not the storekeeper; why is it done in the way you say?—I cannot tell you why; all I know is that it has worked admirably, and that we have a highly-skilled officer.

8341. We are told that it has not worked admirably; we are told that eggs have been bad, and other things; perhaps that may be due to the system?—I can tell you something to the contrary; it does not result from the system with us, but from the bad contractors.

8342. The contracts are made on your advice, you have told us?—Generally, but sometimes I am overruled. In the instance in question where the eggs were bad, I was overruled; the contract was taken because it was advantageous in a money point of view.

8343. Why was not that contractor discharged immediately?—I have every particular on the minutes showing how he was reported, and how he was dealt with, how he promised and how he ultimately failed.

8344. I should like to know why the responsibility is not more concentrated; surely there ought to be one housekeeper to look through all the food to be responsible for it entirely?—Ultimately it comes to this, that I am responsible for it.

8345. You say you are not, because you say that the storekeeper is responsible?—He is responsible

Lord *Thring*—continued.

responsible for the receipt of stores and the passing of them.

8346. You told the Chairman he was responsible for the goodness of the bread, the milk, and the potatoes, and the housekeeper for the meat and the eggs?—It is only another way of saying that they report to me. I have here accurate extracts from the minutes, and you will find every precaution is taken to secure the best supplies. You cannot suddenly dismiss a bad contractor.

8347. You think it is better not to have one housekeeper responsible, but to have the business divided?—It is on a very large scale; no woman could do it.

8348. Indeed I do not agree with you there; who is the steward?—A steward does not exist there; he is called my head clerk.

8349. Then there is nobody performing the duties of steward?—The housekeeper and the storekeeper do the practical duties of steward; and for several years the steward has been too much occupied in book work to attend and see the stores delivered, as was the case when it was a small hospital.

8350. Who is the surveyor?—The surveyor is an officer of one of my chief departments. He looks to the general repairs of the hospital and sees that everything is kept in proper condition.

8351. What is he by profession?—He is a surveyor by profession.

8352. Is he a builder?—He is an architect.

8353. What is he paid a year?—£. 200 a year.

8354. And when he makes repairs, who overlooks them?—He is our skilled officer paid to overlook the repairs and see that they are properly done.

8355. He does not contract himself?—Undoubtedly not.

8356. He is the overlooker?—He is the overlooker and the general overlooker of the men.

8357. And does he perform any other functions but those of architect of your works?—He is a man of some considerable property in his own district, where he is on various local boards; but that has nothing to do with us. He comes to the hospital daily.

8358. Is he professionally occupied in any other position?—He has a small block of the estate which, experimentally, was put into his hands to regulate when the rack rents began to fall in to the hospital.

8359. And why is it necessary for the hospital to have an architect?—I could not regulate the repairs of our large hospital.

8360. But you could contract for them?—Who is to pass them? There must be somebody to pass them as work justly and honourably done, and that he does to the best of his ability and thoroughly well.

Chairman.

8361. Does he get any commission on sums paid by the hospital?—Nothing, except in connection with that small block I mentioned; and his salary covers everything.

Earl *Spencer.*

8362. Is he more than clerk of the works?—He was clerk of the works to Mr. Charles Barry, the well known architect, before he came into our service.

Earl *Spencer*—continued.

8363. He is more of a clerk of the works in your case?—He was; but he is a skilled officer also; he was recommended to us by the gentleman I have mentioned, Mr. Barry, when the business became so large that we could not get on without a permanent officer as the proper person for our surveyor.

Lord *Thring.*

8364. Can you give us the average building expenses?—I never thought of striking an average; everything is done when necessary.

8365. How much did it cost last year?—I have nothing to do with that.

8366. Who has?—The house committee, who regulate the affairs of the hospital.

8367. It is the house committee, not you, who are responsible with regard to the buildings?—They would give the orders.

8368. I want to know how much the architect cost last year?—£. 200.

8369. I mean how much he spent?—What we call the artificers' accounts, which involve everything connected with keeping the fabric in repair, and all the ordinary accounts connected with buildings, and preventing everything going to decay, I think last year amounted to 2,400 *l.*

8370. I understand you, then, that the architect spent, on behalf of the hospital last year, 2,400 *l.*; is that so?—He did not spend it; it was spent under his directions in the current repairs.

8371. What did he spend for current repairs the year before?—Very much the same, I should say. You will find the percentage is pretty even by referring to the first page of my annual report.

8372. And who determines what are current repairs?—The account is drawn up by the surveyor, and practically I determine it if there is anything wrong.

8373. Does the architect suggest to you what are to be the current repairs, or do you suggest them to the architect?—He draws up the accounts, and they all pass under my supervision before they go to the house committee.

8374. The architect tells you every year what current repairs ought to be made, and you approve of them or disapprove of them?—I approve or disapprove of the way in which the accounts are subdivided as being current repairs when they come in.

8375. Who determines in each year what structural repairs the hospital requires?—I am responsible for that.

8376. Who determines it in the first place; the architect or yourself, or both?—We frequently go round the hospital together, and make a thorough inspection of everything.

8377. You are jointly responsible then?—In that sense we are; but I am absolutely responsible.

8378. What did the architect spend last year besides what was spent on current repairs; on the structure what did he spend?—I have not looked; I had nothing to do with that.

8379. I thought you approved of it?—Works

Lord *Thring*—continued.

are ordered by the committee, and they frequently take contracts for separate works.

8380. Have you nothing to do with works except repairs?—I generally overlook everything connected with the hospital.

8381. That is the question. I ask you what works were done last year?—I really cannot say.

8382. But who can?—Here are the "extensions and improvements" at page 35 of our annual report. These were done under the supervision of the surveyor, and entirely with my consent; and many of them by special order of the house committee. For instance, "Lightning conductors," 124 *l.* odd.

8383. What was the whole sum under that heading?—The total sum is 596 *l.* 3 *s.* 11 *d.*

8384. For works?—For extensions and improvements.

8385. Then can you give us for some years back what has been the expenditure?—If I had the time to make out the account I could show you. It is quite impossible for me to say offhand; it varies very materially, sometimes being as many thousands of pounds as it is here hundreds; I mean when large buildings are going on.

8386. And when it amounts to many thousands, who determines it?—Then I do not determine it; everything of importance is determined by the house committee.

8387. And does the architect get any commission on these works?—To my knowledge not a fraction.

Earl *Cathcart.*

8388. Do you mean that the 200 *l.* a-year includes all the work that he does?—Everything.

8389. Such as the building of the new club?—He is sometimes employed as clerk of the works, but his payment for that is settled by the committee; but the ordinary pay for ordinary current repairs connected with the hospital is 200 *l.* a-year.

Lord *Thring.*

8390. That was the question I asked you; I asked you, whether the works are great or small, does he ever receive on account of those works, in any character whatever, anything above his 200 *l.* a-year?—I did not see it in that light when you put the question; I see it now. There is a large building now commencing; he has been appointed clerk of the works to superintend it by the house committee, as being the best arrangement in their judgment.

Earl *Spencer.*

8391. And he receives so much a week for that?—Yes.

8392. Who is the architect for those new works going on now?—Mr. Rowland Plumbe, of Fitzroy-square.

Chairman.

8393. The committee sanction any expenditure of money for improvements?—They do.

8394. Is there a building sub-committee?—

Chairman—continued.

Sometimes there has been a building sub-committee appointed, but, generally speaking, the committee have resolved themselves into a building committee, and the whole of them have taken part in the debates.

8395. And then do they generally act on your suggestion?—They generally ask me, but sometimes they have not done so.

8396. But then the responsibility rests upon the shoulders of the committee?—Yes, it does.

Earl of *Kimberley.*

8397. Who orders ordinary repairs?—I do.

8398. Should you consider yourself limited as to the amount of expenditure in any way?—Undoubtedly not; if it was an urgent matter, I should order it.

8399. But if it was not an immediately urgent matter it would go to the committee?—Yes. For instance, here is a case in point: "Warming attic bedrooms, 154 *l.*." Last year it was found that the nurses complained that the passages in the attic bedrooms of the old hospital, where all the night nurses sleep, were very cold; and I got in a contract and submitted it to the committee, and showed that it could be done for 154 *l.*; and they ordered it.

8400. Do you ever order the supplies yourself?—Frequently.

8401. And you receive the complaints as to the supplies?—I do.

8402. And if you are not satisfied you report to the committee?—I inform the committee.

8403. Have you, in the whole of your experience, had many complaints as to the supplies?—Not many; I have all the particulars as to those contractors that have been warned.

8404. But, on the whole, you have not been dissatisfied, speaking generally, with the character of your supplies?—Quite the contrary.

Earl *Spencer.*

8405. Is there any method of checking orders of diet by medical men, so as to see that what is supplied agrees with the orders they give?—Yes; that is to say, the sisters themselves keep books which come down to the clerks' office daily, with all the different diets ordered for the different patients. They are summarised, and those orders are drawn out in proper form and go out to the tradesmen daily. If these patients did not receive what was ordered, the sister would complain immediately, if the patient did not.

8406. But supposing the sisters ordered more than was wanted for several particular patients in order to use it for themselves (I do not say that it is ever done), would you be able to check that?—We should never suspect it, because they have everything they can require.

Earl of *Kimberley.*

8407. If the patient were ordered some particular fish, by the doctor, I mean, would he be sure to get it?—As a rule they do; and I think some fish has been so dear that the doctors should not order that particular fish; we have to pay extra for it.

8408. But do the patients get it when it is ordered?

Earl of *Kimberley*—continued.

ordered?—As a rule they do get it. Sometimes it is impossible to procure what is ordered; for instance, soles which we know in private houses are sometimes 3*s.* 6*d.* a pound when they are very scarce.

8409. They do not get them you mean?—Yes, they do, in too great a number, merely to suit the taste of the patient. The sister supplies from the diet boards that are hung over every patient's bed, the number of diets required of each kind.

Earl *Spencer.*

8410. The boards are made up by the physician or surgeon, I understand you?—Yes.

Earl of *Kimberley.*

8411. You have no particular days on which fish is ordered?—No. Those patients who are on fish diet get it every day.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, Twelve o'clock.

Die Jovis, 24° Julii, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl of LAUDERDALE.
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord SAYE AND SELE.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. G. Q. ROBERTS, is called in; and further Examined, as follows:

Chairman.

8412. YOU, as secretary to the London Hospital, are responsible for the accounts, I understand?—I am responsible for the publication of the balance sheet as published in the annual report. May I say that I have brought some annual reports for the use of the Committee. (*The same are handed round.*)

8413. That is to say, you are responsible to the house committee for the accuracy of the accounts?—Yes.

8414. And you are assisted in that responsibility by a public firm of auditors?—By a public firm of auditors; or, rather, I am not assisted by them. I am checked by them when I have completed my accounts.

8415. Now, when bills are paid, who pays the bills?—I pay all the bills by cheque; that is to say, the bills are submitted, in the first instance, to the committee of accounts, and the committee of accounts check them through with a tradesmen's balance sheet, which is prepared each quarter in the house governor's office. The recommendation of the committee of accounts is submitted to the house committee of the hospital, and by the house committee I am ordered to draw cheques to the amount as certified by the committee of accounts. Those cheques are signed by myself and by Mr. Buxton, as treasurer.

8416. Do the committee of accounts go through all the vouchers?—The committee of accounts go through all the bills that are sent in.

8417. Are you the secretary of the committee of accounts?—I attend all sub-committees as secretary.

8418. Then as regards the cash accounts, the weekly amount, I think you said, was 300*l.* a week, or something of that sort?—£. 300 a week in petty cash; it is a term that is given to this weekly account. This 300*l.* is paid to the house governor whenever required; not necessarily every week; 2½ in 3.

8419. A running account?—A running account which is paid to the house governor; that amount he pays in to a banker's, the London and Westminster Bank, which is not the ordinary hospital bank; and he is authorised by the committee to draw cheques in satisfaction of small amounts. All those cheques and accounts as paid are submitted weekly to the committee, and the vouchers examined by one or other of the committee.

Chairman—continued.

8420. The house governor told us that every halfpenny of that 300*l.* was accounted for by vouchers?—By vouchers.

8421. Are those vouchers put with the accounts on the table?—Yes, I believe that they are; I could not say definitely whether they are or not; I have not looked through them myself.

8422. You are the secretary of the house committee?—Yes.

8423. And you know what is furnished to the house committee, I suppose?—I mean that I do not know that every single voucher is put there, because I do not look through them. A bundle of vouchers are put there.

8424. Whose business is it to look through them, and see that the vouchers are there?—They are sent in from the house governor's office; therefore the house governor would be responsible for their being there.

8425. Then we get another link in the chain of responsibility. The house governor is responsible for those accounts?—He is responsible for the petty cash account.

8426. I want to get at whether there is any responsibility for the vouchers being on the table, so that the members of the board may look through them?—That would rest with the house governor.

8427. You mean that he has to send them in as a part of his weekly business?—As a part of his weekly business.

8428. When these accounts and vouchers are on the table, does some member of the house committee every week examine them?—Not every week; I should think not.

8429. Do you suppose that they do it once a month?—More than that, I should say.

8430. Is there any system of ticking off each separate item?—I cannot say how it is done.

8431. Have you got the book here?—Yes.

8432. Do the members of the board initial the book

Chairman—continued.

book after ticking these vouchers?—Sometimes they do, and sometimes they do not.

8433. When does the paid public auditor go through these accounts?—Twice every year.

8434. Whose initial is this (*pointing to the book*)?—That is the house governor's.

8435. But I want you to point me to the initials of a member of the house committee who has looked through these?—There is one there (*pointing*).

8436. H. D.?—That would be Captain Davis.

8437. How much does this amount to; is this a week's account on one page?—Yes; to each red line it is a week's account (*explaining it on the book*).

8438. These are the house-governor's ticks here, I suppose (*pointing*)?—Yes, I suppose so.

8439. Where is the half-yearly account?—The half-yearly account has not been done yet; this is the current one.

8440. Have you got the last one in the room?—It is not here.

8441. Perhaps you would bring it at another sitting, so that we can see what is done?—Yes.

8442. Then there is no regular system of initialing by a member of this accounts committee?—It is not the duty of any particular member of the accounts committee to do so.

8443. But the accounts committee is a submittee consisting of three or four different members, is it not?—There are twelve members of the committee of accounts; that is a separate committee altogether, quite independent of the house committee. The committee of accounts is elected by the governors at the quarterly court, held in December, and that committee of accounts examine all the tradesmen's bills which are paid on that quarterly account.

8444. Then this book which is sent in once a week does not go to the committee of accounts, because it only meets once in three months?—No, it does not go to the committee of accounts.

8445. It goes to the weekly house committee?—Yes, to the weekly house committee; because the weekly house committee pay the cheque which has been spoken of for 300 *l.* to meet that petty cash account.

8446. Have you ever known the auditor to find fault with the accounts?—He has never found any fault with them since I have been secretary.

8447. To what does the auditor limit his duties; is it merely to seeing that the vouchers tally with the accounts?—I believe he goes systematically through the whole of the books; every book in my office is laid before him; and it is the same in the house governor's office.

8448. Do you mean that the adding up is done by him?—Yes, I believe he does all the adding up. Of course, I do not touch his work at all; he is in a room by himself; all the books are submitted to him. I think it takes him about three or four weeks, as a rule, to go through them, he being there every day; sometimes two men.

8449. But there is no check of any kind by the house committee?—I do not quite understand your Lordship.

Chairman—continued.

8450. Have the house committee ever disallowed any account; have they ever criticised this weekly account, to your knowledge?—I do not know of their having criticised the weekly account, but certainly the quarterly account has been criticised by the committee of accounts, and altered accordingly.

8451. Do the committee of accounts compare the quarterly bills at all with the previous quarters?—Yes, always.

8452. Have you a finance committee, as well as an accounts committee?—No.

8453. But you have a treasurer?—Yes, we have a treasurer.

8454. The treasurer is Mr. John Henry Buxton?—Yes.

8455. Have you only one treasurer?—Only one treasurer.

8456. He is the banker, is he not?—No, he is one of the directors of Truman, Hanbury, Buxton & Co.

8457. Now, will you please turn to page 30 in the annual report for 1890, and take your receipts, "Voluntary contributions, viz., annual subscriptions." I need not ask you about that; then "People's Subscription Fund;" what is the People's Subscription Fund?—The People's Subscription Fund is a fund which was started many years ago, and for that fund we have a special collector, who goes out and visits at all the firms, and all the shops in the district, and he organises subscriptions amongst Foresters and kindred societies; friendly societies. It is worked very much on the same principle as the Hospital Saturday Fund.

8458. Do they get any letters in return for subscriptions?—Yes, they do get letters in return for subscriptions, and they are frequently made life governors.

8459. Do you find that as a rule these societies to which you give letters in exchange for subscriptions use their letters up to the full amount or not?—They invariably use their letters up to the full amount; and we are rather handicapped in regard to that People's Subscription Fund by the fact that the Hospital Saturday Fund and the Hospital Sunday Fund distribute letters amongst the workmen of the districts from which subscriptions are received to their funds, and then the men do not subscribe to us because they say they can get a London Hospital letter elsewhere.

8460. Is the man who collects this money, this People's Subscription Fund, the ordinary collector of the hospital?—We have no ordinary collector at all; we do not send out for ordinary subscriptions. I have a list of not more than 20 subscribers in the total who ask for their subscriptions to be called for, and then this man goes for them for me.

8461. But you have other subscribers, have you not, besides these 20?—Yes.

8462. Who pay by banker's order?—Who pay by banker's order, and on application from the secretary's office, on notice being sent to them asking them if they will be kind enough to forward their current subscription.

8463. Do you give the collector who collects these people's subscriptions any commission?—He receives 5 per cent. commission on all old subscription

Chairman—continued.

subscription and donations, but for new subscriptions he gets 10 per cent.

8464. Then as regards these other subscriptions that are paid into the bank, does anybody get any commission on them?—Nobody at all; all that work is done by my office.

8465. Then "Parish paupers (for support of);" what does that mean?—A great many unions send up severe cases to us, and they agree to pay so much a week for them; it is arranged for them and the account is rendered.

8466. That is from the country?—From the country, and also from the neighbourhood, in cases of severe operations.

8467. And then what is the "Maintenance Fund"?—The maintenance fund is a fund of subscriptions and donations which were started 15 years ago, and a special appeal is made to the public once every five years to avoid the general appeal being made too often.

8468. Have you found it answer as well to appeal occasionally, instead of being always at the public?—I think it is far better not to be at the public always.

8469. I mean as a matter of experience have you found the occasional appeal to answer?—Yes, as a matter of experience.

8470. You think that an occasional appeal does answer better than incessant application?—Yes.

8471. Then the legacies this year were 25,733 *l.*?—Yes.

8472. Is that an abnormally large sum or about the average?—It is a very large sum. I think the average is about 15,000 *l.*; in the report the average is given as about 15,000 *l.*

8473. And upon those legacies you rely for being able to carry on your hospital?—I think that is a very main source of support.

8474. Then the "Hospital Sunday Fund," 3,331 *l.*, and the "Hospital Saturday Fund," 602 *l.* What is the "Trust Funds," 630 *l.*?—A number of small funds which had been left at various times to the hospital invested; perpetual donations, as they are called, also, on pages 44 and 45 of the Report.

8475. They leave you no option as to how you are to invest them?—They are all for the most part in the hands of the different trustees, not in the hands of the hospital trustees.

8476. For instance on page 44: "By Robert Batson, Esq., 104 *l.* 6 *s.*; three per cent. consols, and 11 *l.* 9 *s.* 9 *d.* and so on, making together 115 *l.* 15 *s.* 9 *d.*; that means that you cannot possibly sell out that capital?—No, we simply receive the dividends each year.

8477. Then there is "interest," 7,103 *l.*; what is that?—"Interest" is the income on the various investments that we have; for instance, at the bankers last year we had 42,500 *l.* on deposit for part of the time.

8478. That is a temporary investment?—Yes.

8479. And then there is "dividends"?—Of course that "interest" includes the interest on mortgages. The "dividends" would be the dividends on the various stocks that we hold, as shown on page 33.

8480. Is that a temporary or permanent investment?—Those referred to on page 33 are not necessarily permanent; we hold them till they are sold by order of the Committee.

Chairman—continued.

8481. I mean you can sell them?—We could sell all of them.

8482. What is the item under "rents" of 464 *l.* 16 *s.* 10 *d.*, from the medical college?—That is rent which is paid by the medical school. The school is managed entirely independently of the hospital, the funds are entirely apart.

8483. That comes under the college board?—That comes under the college board, of which Mr. Buxton is also the chairman, as well as being the treasurer of the hospital.

8484. Perhaps you can explain, "Private Nursing Institution, 1,207 *l.*"?—The sum there is the sum derived from sending out private nurses to cases.

8485. What is the "Training School for Nurses"?—That is for paying probationers; probationers who pay for training.

8486. Where are the expenses of the Nursing Home; is that 1,207 *l.* all net profit?—That 1,207 *l.* is net profit on the Private Nursing Institution.

8487. After paying the expenses of the Private Nursing Institution?—Yes.

8488. Where are the accounts of the expenses of the Private Nursing Institution; are they in this balance sheet?—No, they are not stated in the balance sheet.

8489. But how do you know that that is all net profit?—We get out a balance sheet in March of each year on the working of that Private Nursing Institution; and a special minute of the committee was passed a few weeks ago, ordering me, as secretary, to prepare this balance sheet each year, coinciding with this ordinary balance sheet of the hospital, so that it shall terminate yearly on the 31st of December.

8290. But would it not be simpler if you put down here, in your expenditure, the expenses of your Private Nursing Institution, so that we we might see what the real net profit was?—That would be a separate balance sheet, of course.

Earl *Cadogan.*

8491. On page 31 you have the expenditure on various other items, but on this item of "Private Nursing Institution" I see no expenditure?—All those receipts are profits, you see, all net profits.

Chairman.

8492. This is a net profit, you say?—Yes.

8493. And then on another balance sheet you have the expenses and the income of the nursing institution?—Yes; it is not published in this book.

8494. Is that only kept now for the first time?—No, it has been kept each year for the last four years.

8495. And the alteration that you speak of is that it is to be included in this report?—Yes.

Earl *Cadogan.*

8496. On page 31 you give in the other items an account of the receipts, and on the other side of

Earl *Cadogan*—continued.

of the expenditure; but on that "private nursing institution" you only give the balance of receipts over expenditure, without furnishing on page 31 the amount expended with reference to that special institution?—All the receipts on page 30 are net profits on those particular accounts, with the exception of the "rents."

Earl *Spencer.*

8497. You have some expenditure on house property, I suppose?—Yes, we have some expenditure; that is put down at the bottom of page 31, "Incidental to house property, 5,728 *l.*" Is that estate expenditure?—That is estate expenditure for structural improvements on the estate, not for ordinary improvements.

8499. Then the "House Property, 9,350 *l.*" on page 30 is not a net receipt?—If it were taken as 11,200 *l.*, and the 5,728 *l.* were deducted, that would give the net receipt.

8500. It is really gross rent?—It is not entirely gross, because the house property is not all gross. That expenditure "Incidental to house property, &c." is for structural repairs of a permanent nature. The small repairs, such as mending pipes, papering walls, and so on, are all deducted before that amount of rent is paid in.

Earl *Cadogan.*

8501. But take the item "Training school for nurses"; there is included in that an expenditure for food and so forth, is there not?—Yes; there would be.

8502. Is that accounted for on page 31?—Such expenditure as there is for food is accounted for on page 31.

8503. But I understood you to say that on page 30 they are all net receipts?—Yes; with the exception of the "rents" they are all net items.

8504. Now take the "Training school for nurses"; is that a net item or not?—There is an order that when the private nurses are not out, they are to be fed in the nursing home in return for their services in the hospital.

8505. Where does the expense of their so feeding appear here?—Under the heading of the "Nursing home."

8506. Then the item on page 30 is not net; it is gross, is it not?—It is net for everything, except in regard to the provisions; and, of course, they are in the hospital such a very short time.

8507. Now I wish to ask you a question on the subject of these "legacies," on page 30, "Legacies, 25,733 *l.* 16 *s.* 3 *d.*" On page 31, at the bottom, you will find "balance" of the whole, "being excess of income over expenditure, 15,842 *l.* 17 *s.* 2 *d.*" Now you call that a balance of income over expenditure; then do you take your legacies as income?—Yes; all legacies are taken as income except when they come as perpetual donations, as trust funds.

Earl *Spencer.*

8508. At the end of this account for 1889, on the expenditure side there is this balance to which the noble Lord has just referred; there was a balance in the year before too, I presume, in the year ending 31st of December 1888?—Yes; there was a balance.

8509. What became of that balance, because there is no balance shown, as far as I can see, on the receipt side; so that the balance must have gone somewhere; where did it go?—The balance is carried to the "Hospital estate," as stated on page 32.

8510. The 283,680 *l.*?—Yes.

8511. But on this account there is no item to show that a certain balance which accrued at the end of 1888 was paid over to the hospital estate. I think it is usual to show what becomes of the balance?

Earl *Cadogan.*

8512. Have you no list of the items which make up that 283,000 *l.* under the words "Hospital Estate." I will not ask you questions about the hospital estate now, because the Chairman has not come to it yet; but I will merely ask you whether you have no list printed of the items which make up that?—Yes, on page 33.

Earl *Spencer.*

8513. It might be convenient to refer to the year 1888 to see what became of the balance, because surely you ought to have some record of what became of the balance?—I have ordered the report for the preceding year to be brought, but it has not arrived yet; it will be here soon.

8514. Is it not usual in auditing accounts to check the balances?—All balances are checked.

8515. But these accounts do not show what became of the balance of 15,842 *l.*, or of any balance of the year before?

Earl *Cadogan.*

8516. The "balance, being excess of income over expenditure" on page 31 is 15,000 *l.* odd?—Yes.

8517. The "legacies" are 25,000 *l.* odd on page 30?—Yes.

8518. Those, you say, are treated as income, therefore there would be presumably 10,000 *l.* of the legacies for that year carried over?—No, I beg pardon; if you will look at the totals, the 15,000 *l.* taken with the actual expenditure, some 59,000 *l.* makes up the total 75,000 *l.* at the bottom, which is the total coinciding with the total of the receipts, 75,000 *l.*

8519. That is what I say; I am reckoning that if you had not received 25,000 *l.* of legacies, you would be 15,000 *l.* out on your page 31?—We should be 10,000 *l.* short on page 31, viz., the difference between the 25,000 *l.* and the 15,842 *l.*

8520. Then I thought that 10,000 *l.* should be accounted for, and I imagined that there must be 10,000 *l.* over; but I do not see that balance accounted for on page 33?—You see that is in money, and therefore it is included in "Cash on deposit, 42,500 *l.*," to go to page 33; it is cash at the bankers.

Chairman.

8521. Does that cash at the bankers include the

Chairman—continued.

the stock too?—No, it includes no stock at all; it is money lying on deposit.

Earl *Spencer.*

8522. I presume you require some floating balance at the beginning of the year; you do not require the whole balance, 15,000 *l.* odd; you would probably invest it, or would you leave it all on deposit?—We do invest all our money as we have a good investment to invest it in. The 42,500 *l.* was cash on deposit at the bankers, because we were getting 1 per cent. less than the bank rate, and the bank rate was very high, so that we were getting 4 per cent. without making an investment. As soon as the bank rate fell, 20,000 *l.* of that was immediately invested.

8523. Then, as a rule, the balance at the end of the year would be found in the "Cash on deposit"?—Certainly.

Earl *Cadogan.*

8524. That 15,842 *l.* was so found?—Yes, that is included.

Lord *Monkswell.*

8525. About the quarterly accounts; you say that the quarterly accounts are criticised and sometimes altered; in what particulars would they be altered; would it be to correct mistakes?—One mistake only has been found during my experience in the hospital.

8526. And that is the alteration you referred to?—That is the alteration I referred to.

8527. You say on page 30, among the receipts, "Rents, house property, 9,350 *l.* 2 *s.* 3 *d.*"; but I find on page 34, under "Particulars of expenditure" the same amount. I do not quite understand how it can be included under the expenditure as well as under the receipts. On page 30 you see, "Rents, house property, 9,350 *l.* 2 *s.* 3 *d.*"; and then on page 34, "Particulars of expenditure, house property, quarterly and weekly rents 8,084 *l.* 13 *s.* 1 *d.*; Block D., 1,265 *l.* 9 *s.* 2 *d.*," together making 9,350 *l.* 2 *s.* 3 *d.*?—That is an error of the printers, it was printed at a time when I was ill, though corrected it was not altered by the printer.

8528. What ought it to be?—It should have been "Particulars of income," and then below that "Particulars of expenditure."

8529. The words "Particulars of expenditure," you mean are put in the wrong place, and you have omitted "Particulars of income"?—"Particulars of income" should have stood above that.

Lord *Thring.*

8530. I will put a few general questions to you. I understand that there are concerned with the accounts, the committee of accounts, the house committee, the house governor, and the treasurer. Now, the committee of accounts, what do they do shortly?—The committee of accounts examine all the books and see that they are kept in proper order.

8531. When do they examine them?—Quarterly.

8532. And examine the vouchers?—Yes.

Lord *Thring*—continued.

8533. And have they ever disallowed any accounts?—Only in the one instance of which I have spoken.

8534. Then the house committee, what accounts do they examine into?—The weekly cash account which submitted by the house governor.

8535. The petty cash account?—The petty cash account.

8536. That is 10,000 *l.* a year, is it not?—Less than 10,000 *l.* a year.

8537. What proportion does that bear to the whole expenditure?—That year the whole expenditure was 59,422 *l.*

8538. Then the house committee superintend the whole of the petty cash?—Yes.

8539. And they are responsible for its being correct?—Yes.

8540. And yet they never examine the accounts, not regularly?—The accounts are submitted to the committee each week.

8541. True; but they do not always examine them?—They are not always examined.

8542. Then your answer is, that the house committee are responsible for the house accounts, but they do not examine them regularly; that is so?—I am very sorry, but I suppose the house committee are perfectly satisfied.

8543. I do not doubt that; but your answer is, Yes, they do not examine them regularly, though they are responsible for them. Is anybody else responsible for them; does the auditor go through those accounts?—Yes, the auditor is responsible for those accounts.

8544. The petty cash accounts, he goes through them?—Yes.

8545. Has he ever disallowed any of them?—Not to my knowledge.

8546. Then what does the house governor do with the accounts. He pays the bills; he spends all the petty cash?—Yes.

8547. And accounts for that to the house committee, and then to the auditor?—Yes.

8548. And there has never been any disallowance?—Not to my knowledge.

8549. What does the treasurer do?—The treasurer signs all cheques, and all questions of accounts are referred to the treasurer for his direction as to how they should be done, with the approval of the house committee.

8550. The treasurer is in no respect accountable for the expenditure?—He signs all cheques.

8551. But he signs them ministerially; he has no responsibility; he merely puts his signature?—No responsibility, except as treasurer.

8552. He has merely to see that he signs so many cheques?—Yes, by order of the house committee.

Earl *Cathcart.*

8553. But, as a man of business, you know, do you not, that an auditor is not responsible for the policy of the expenditure in any way?—Not for the policy at all.

8554. Then the chairman of the committee

Earl *Cathcart*—continued.

and the committee are responsible for the policy of the expenditure?—Yes.

8555. In all my past experience of life, the chairman has either ticked or initialed, or marked the books in some way or other to show that he has been over them, but that has not been done by your committee?—Not in all the books.

8556. It is not regularly done?—No; there is a weekly order book submitted by the house governor each week, and that is signed by the chairman of the house committee, the order-book on which those things are paid.

8557. It would have been better to mention that in the first instance, and then we might have seen the book, and probably some of the questions that have been put to you would have been rendered unnecessary?—I am sorry I did not remember it.

Earl of *Arran.*

8558. Are the accounts audited half-yearly or yearly?—Half-yearly.

Earl of *Lauderdale.*

8559. The auditor signs the accounts as correct?—Yes.

8560. In addition, does he furnish a certificate to say that he has examined them, or compared the vouchers with the charges?—This is the certificate, "examined and found correct."

8561. I see that; is that all he does?—Yes, that is all he does.

8562. Is there any individual who furnishes a certificate to state that the vouchers have been compared with the charges?—No, there is none.

8563. No person furnishes a certificate of that discription?—No person furnishes a certificate as to that.

Earl *Cadogan.*

8564. May I ask how long has this system of keeping the accounts been in operation?—Mr. Buxton would answer that question.

Lord *Thring.*

8565. With regard to your answer to Lord Cathcart about the order-book; what is that book?—The house governor submits an order book of the various items he orders during the week, and that is signed by the chairman.

8566. Is that in reference to what he has ordered, or to what he is going to order?—I cannot say whether they have been ordered or not.

8567. Does the house governor produce on Monday morning an order book of what he intends to order for the ensuing week, or of what he has ordered for the past week?—The house governor would explain that exactly.

Chairman.

8568. I want to turn your attention to page 31, please. Under the heading of "Expenditure," you will see, "Wines, spirits, and beer as medicine, 646 *l.* 13 *s.* 4 *d.*;" who orders all that?—That is ordered by the doctors.

8569. But is not ordered through the secretary's office?—No, through the house governor's office.

Chairman—continued.

8570. Then with that you have nothing to do?—No.

8571. Then the "dispensary: drugs," and so forth; are those ordered by the house governor?—All.

8572. Are the "salaries and wages" paid by the house governor or by you?—Part of the salaries I pay myself by cheque each quarter.

8573. What salaries?—The chaplain, 300 *l.*; the secretary, 350 *l.*; the house governor, 887 *l.*; the steward, 330 *l.*; the surveyor, 200 *l.*; the housekeeper, 60 *l.*; the instructor in anesthetics, 50 *l.*; clinical assistants, 240 *l.*; surgical registrar, 100 *l.*; medical registrar, 100 *l.*; assistant chaplain, 150 *l.*; honorarium to the members of the visiting staff, 550 *l.*; pathologists, 200 *l.*; the matron, 350 *l.*

8574. Does that conclude your responsibility?—That is my responsibility.

8575. Then the house governor pays all the rest of the servants?—Yes.

8576. Then "annuities and pensions," what does that mean?—There are a certain number of old servants who receive annuities and pensions.

8577. That is beyond the nurses who are on the pension fund?—Yes.

8578. Then, with regard to your "printing and advertising, 1,264 *l.*," do you know what proportion the two items hold to one another?—No; I have not got the detail.

8579. Have you increased your advertising?—We advertised very largely at the time of the maintenance fund. We have one standing advertisement each day in "The Times."

8580. Only in one daily paper?—Yes.

8581. Do you advertise in any periodical?—We advertise in "The Hospital" newspaper, and in one or two other papers, and then in sundry annual reports such as "Whitaker."

8582. And weekly papers, I suppose, too?—No; we do not advertise in any weekly papers.

8583. Have you increased your advertisements lately?—It was diminished two years ago by order of the committee.

8584. "Insurance," and then "burials"; are those of poor patients who die in the hospital?—They are certain patients who die; the house governor is responsible for that expenditure.

8585. I thought you were responsible for all these accounts?—I am responsible for the accounts by direction of the committee of accounts.

8586. But then you cannot explain about these "burials" as one of the items?—We do not bury all people, but certain of the people who die are buried by the hospital.

8587. Those are poor patients, I suppose, whose relatives cannot afford to pay for them. Can you inform yourself from the house governor. (*The Witness refers to Mr. Nixon.*)?—They are poor patients coming from abroad who have no relatives or whose relatives cannot supply anything at all.

8588. Foreigners, in fact?—Yes.

8589. Now we come to "Extensions and improvements, 896 *l.* 3 *s.* 11 *d.*"; to what do those extensions and improvements refer; are those hospital improvements?—They are all hospital improvements,

Chairman—continued.

improvements, all improvements of the building, permanent improvements.

8590. Which come under the surveyor?—Which come under the surveyor and the house governor.

8591. Recommended by the surveyor and the house governor to the weekly committee?—Yes.

8592. And ordered by them?—Yes.

8593. That 596 *l.* is distinctly for the hospital buildings proper?—Yes.

8594. Then, "Incidental to house property, &c, 5,728 *l.* –*s.* 3 *d.*;" what does that allude to?—That is for expenditure in the improvement of the house property estate possessed by the hospital; improvement of a permanent nature.

8595. In London?—In London; ordered by the house committee on the recommendation of an architect and surveyor employed for the management.

8596. Then the next item, "Law expenses, 350 *l.*;" is that in connexion with the estate, or the legal business of the hospital?—That is an extraordinary expenditure in connection with a contested will, the Goldenberg legacy.

8597. Who advised your going to law about it; was the advice of the solicitor taken?—The advice of the solicitor would undoubtedly be taken, and be carefully considered by the Committee.

8598. Then on the next page we come to "Liabilities and Estate;" "To sundry creditors 9,258 *l.* 18 *s.* 1 *d.*" Will you kindly explain what that means?—"To sundry creditors 9,258 *l.* 18 *s.* 1 *d.*" is the tradesmen's quarterly accounts, which are due on the 31st of December, and are not paid till they have been passed by the committee of accounts early in the following year.

8599. Those are the current bills of the tradesmen?—The current bills.

8600. Are they included in the total of the 59,422 *l.* at the bottom of page 31?—That would include those of the last quarter of the year before; the "Expenditure" is money actually paid away; therefore the last quarter of the year 1888 would be included in the 59,422 *l.*, not this sum 9,258 *l.*

8601. But then that 9,000 *l.* is the sum of the expenses of the hospital for the last quarter of 1889; is that so?—Yes.

8602. Which would be paid early in the following year?—Which were paid early in the present year, 1890.

8603. Then I see at the top, "Balance Sheet, 31st December 1889"?—That is an account which shows the balance less the sum which is due on the 31st December 1889.

8604. That is the liability?—That is the liability.

8605. Then we come to "Convalescent Hospital Fund, 2,857 *l.*;" what is that?—That is an old-standing fund which, I believe, comes from the fact that the hospital many years ago had a convalescent home, or intended to build a convalescent home at Brighton, and the corporation objected, and this sum was paid to the hospital in compensation for not taking the site, and it is kept as a fund in the possible event of the hospital building a convalescent home.

Chairman—continued.

8606. Then that is a permanent fund?—It is a part of the permanent fund.

8607. A part of the permanent fund which you cannot sell out?—No.

8608. But now here we have "To Sundry Creditors," 9,000 *l.* odd on page 32?—Yes.

8609. That is paid away immediately?—Yes.

8610. But then just below that in the same column you have "Convalescent Hospital Fund," which is inalienable property altogether; that is assets, is it not?—You see that 2,857 *l.* has been carried into the hospital estate, and is being used, that is to say the interest on it, for the purposes of the hospital at the present time.

8611. Now you have first of all "To Sundry Creditors?"—May Mr. Buxton answer that question, because of course I only keep the accounts as I am instructed to keep them.

8612. Then "Wood Paving," 481 *l.*; is that a debt?—May I also refer you to him for the answer to that question.

8613. Then are you any more acquainted with the various "Assets"?—Those are simply the various stocks that we hold.

8614. Then are you more acquainted with the "Particulars of Trust Funds" on page 34?—Those "Particulars of Trust Funds" are explained in the report on pages 44 and 45.

8615. Then are you acquainted with the "Particulars of Expenditure," and so forth?—Yes.

8616. There is one item in particular I am anxious to understand; take page 35; under "Charges and Incidental Expenses" there is an item "Sundries, 201 *l.* 1 *s.* 5 *d.*"?—Those are made up from the petty cash statements as they are handed in to me, and certain of the items of "Charges and Incidentals" have always been stated in full, such as "Cabs," "Dust removing," "Auditors," &c. Then there are very many other small items which occur every week, and we do not publish every one of them; for instance, carriage of hampers, 1 *l.* 13 *s.* 5 *d.*; clock repairs, 1 *l.* 1 *s.* 6 *d.*

8617. Have you a detailed account of all those things?—Yes, a complete detailed account.

8618. Of every item of this 201 *l.*?—Yes.

8619. Then does the same remark apply to "Sundries," again 234 *l.* under the head of "Extensions and Improvements?"—The same remark applies again.

8620. Was this form of accounts ever submitted to the auditor for approval?—The present form of accounts was submitted to the house committee at the beginning of the present year, before publication, and approved by the house committee.

8621. Do you think it a simple form of account?—I think it a very simple form.

8622. But would you like to see any amendment of this form of account, as a practical man and secretary of the institution?—I think it would be simpler if we had the whole of the accounts in one office; but that is only my personal opinion.

8623. Notwithstanding the extreme simplicity of the accounts, as they now stand, you think they might devise a better form?—I think the work would be lightened, if what I mentioned was done.

Chairman—continued.

8624. Do you think the balance sheet would be more intelligible than it is now?—I cannot see how it could be improved, because this balance sheet is the result of various suggestions I have made myself.

Earl *Spencer.*

8625. At the top of page 31, under "Expenditure," you divide certain expenditure between "Hospital" and "Nursing Home;" then you come to various other expenditure, which is not so divided; do you mean that all the rest, which is in big type, belongs only to the hospital?—That those items belong only to the hospital.

8626. That expenditure does not at all belong to the nursing home, no "wines, spirits, and beer," for instance?—No; the beer for the nursing home is included under the "Provisions."

8627. And no "Annuities and Pensions," and no "Salaries and Wages," belong to the nursing home; is that so?—The "Salaries and Wages" are paid to the nurses for their work in the hospital.

8628. The "Salaries and Wages" in this column do not go to the nursing home at all, as to any part of them, if I understand you?—Yes, they go to the nursing home. That detail that you have on page 31 is merely with regard to the provisions and house expenses of the nursing home.

Chairman—continued.

8629. Then you cannot, by looking at this, form an opinion as to what the total expenditure on the nursing home is, because it is mixed up with the hospital in those charges below?—Yes.

8630. Have the Hospital Sunday Fund asked any questions about the form of your account?—No, I have never known it.

8631. They have been satisfied with the form?—Yes.

Earl of *Arran.*

8632. On page 33, under the head "Sundry Debtors," I see the item 2,336 *l.* 13 *s.* 1 *d.*; who are the debtors?—The "Sundry Debtors" refers to rents which are not paid up to date, and to a sum due by the Income Tax Commissioners (which they have since paid), because it takes a long time to get it from them.

The Witness is directed to withdraw.

Mr. JOHN HENRY BUXTON, is called in; and, having been sworn, is Examined, as follows:

Chairman.

8633. You have been Chairman of the London Hospital, have you not?—Yes.

8634. From what year to what year were you chairman?—From 1877 to 1884.

8635. And you are now the treasurer, are you not?—Yes.

8636. Have you a copy of the accounts here?—Yes.

8637. Could you throw a little light on this balance sheet?—I shall be happy to answer any questions.

Earl *Spencer.*

8638. On page 31 at the top you see the expenditure on "provisions" and "house expenses" is divided between "hospital" and "nursing home"; then, come in large type a quantity of other expenses; those are not divided; do any of those for "wines, spirits, and beer as medicine," "surgery," "salaries, and wages," "annuities and pensions," and so on refer to the nursing home as well as to the hospital?—I am not able to answer.

8639. Can you tell us where we can get an answer; the secretary was rather doubtful about it. I think, I understood him to say, that some of the salaries and wages under this head did go to the nursing home, but he was rather doubtful; who could answer that question?—I should go to the house governor if I wanted that information; it is a detail of the accounts which I am not familiar with.

8640. As you are in some way responsible for the accounts, do you think the account satisfactory now, and that it shows distinctly what the expenditure is on the nursing home as distinct from the hospital there?—I have thought it extremely satisfactory and very clear.

Earl *Spencer*—continued.

8641. It does not seem to be the case, however?—On this particular point I cannot answer your question.

Chairman.

8642. Perhaps you would inform yourself from the house governor (*the Witness asks Mr. Nixon*)?—The answer is on page 31, second column, under the head "Nursing Home," and again on page 35, at the top of the page, where, under the heading of "Salaries and Wages" you will find "Nursing Staff (including Matron)."

Earl *Spencer.*

8643. That is of the hospital; does that include, then, the home, because I imagine besides the actual having nurses there, there is a certain expenditure on the nursing home; there are the under servants, and various things of that sort?—I see; but without information I cannot myself reply (*the Witness speaks to Mr. Roberts*). The 4,244 *l.* 11 *s.* 10 *d.*, which is the amount for "Nursing Staff (including Matron)," includes the servants of the nursing home.

8644. Does it include all the servants?—It includes the servants of the nursing home.

8645. Then, "Servants, male and female, 5,807 *l.* 14 *s.* 10 *d.*," has no reference to the nursing home?—No, that would have no reference to the nursing home.

8646. Then, do you think it is clear; in one case the staff is given separately for the hospital, and in the other it is not; where do the servants of the nursing home appear; I understand they appear under "Nursing staff?"—Under "Nursing staff," I have just been informed.

8647. Then, again, do you think it is clear whether

Earl *Spencer*—continued.

whether the items on page 30 are net receipts' or whether they are not mixed, net and gross?—I am sure they are nearly all net, but there are some which are gross.

8648. Is it not rather a mistake to mix the two up?—Various reasons arise in our committee every day, and we give orders to the secretary how he shall enter them.

8649. Then there is another question I should like to ask you. Is it not usual to account for the balance which appears on the income and expenditure account; and here, as far as we can make out, there is no direct entry of the balance, which I presume there was at the beginning of the year?—Yes; I think perhaps there might be brought into the receipts the balance at the beginning of the last year; but then our accounts have been done under the order of our auditors who do their work extremely efficiently, and it would be a strong measure for us to advise against professional men.

8650. But the accounts, I presume, are for the public as well as for the hospital?—Certainly.

8651. And do you think that they are made clear for the public, who take them up as we are doing now?—I think it is extremely clear. It shows our whole expenditure, our whole extraordinary expenditure for the year, and our whole receipts for the year.

8652. That may be; but there is no explanation where this balance goes, how much is invested, and how much goes to current expenditure?—It goes to the assets of the hospital on the next page.

8653. There is nothing to show that. The The "Hospital Estate" might be real property?—Some of it is.

8654. Then "Hospital Estate" is a mixed item of real property and other property?—Yes, of real property and investments.

Earl *Cadogan.*

8655. Is there in any part of this book an account of the various items that form the "Hospital Estate"?—Yes, on page 33.

Chairman.

8656. Where is the balance of 15,000 *l.* odd put on this page 33?—The balance is not named as that exact sum; it only increases our assets because we fortunately had a good year last year.

Earl *Cadogan.*

8657. But on the page of "Assets" could you point to it?—I have just said that I am sorry I cannot show that exact amount of 15,000 *l.*, but but it has increased our assets, which, you see, are given as 296,278 *l.*

8658. In which item is it?—I think you may say that it is, or most of it is, in the "Cash on Deposit."

Chairman.

8659. Would it not be a better plan to state "Brought forward, 15,000 *l.*"?—I think it might be, but it is done under our auditor's direction.

8660. So that the subscribers and so on might recognise it?—I think it might be better, but we should consult with our auditor before making that change.

Earl *Spencer.*

8661. Why is "Wood Paving" brought in there on page 32 under "Liabilities and Estate"?—Because a legacy was left to us while I was chairman, which was to be invested for the permanent good of the hospital. At that time we were suffering excessively from the noise of very bad stones in the street in Whitechapel-road, and we therefore used this legacy gradually for a period of years by arrangement with the road authorities, in order to have instead silent wood paving.

8662. Then what do you mean by "To Sundry Creditors, 9,258 *l.* 18 *s.* 1 *d.*;" it occurred to me that those were debts owing to the hospital?—No; that is debts which we owe to tradesmen for one quarter, which are due on the 31st of December, but not paid until a few weeks afterwards.

Earl *Cadogan.*

8663. Then may I ask upon what principle they are added to your hospital estate as property?—Deducted from the hospital estate.

8664. I think at the bottom of page 32 you will see that the 283,000 *l.* "Hospital Estate" has become 296,000 *l.* by the addition of your "Sundry Creditors," and some other items?—The balance is 283,000. It is 296,000 *l.*, and when those three items are taken off it, the balance remains 283,000 *l.*

8665. I read "To Sundry Creditors," "Convalescent Hospital Fund," "Wood Paving," and "Hospital Estate," and, adding them together, you get the total given at the bottom of the page, "Sundry Creditors" are liabilities, and the "Wood paving" is a liability?—Yes.

8666. And the "Convalescent Hospital Fund" is an asset, is it not?—A liability.

8667. The "Hospital Estate," on the other hand, is an asset?—Yes.

8668. Therefore three liabilities are added to one asset, and the gross is shown as 296,000 *l.*?—Certainly; that is perfect account-keeping to have the balance 283,000 *l.* after the debts are deducted from the assets.

8669. I do not see any deduction?—But the balance is arrived at at the bottom.

Earl *Spencer.*

8670. In fact, instead of "Balance," you put the words "Hospital Estate," and interpret "Balance" in that way?—Yes, it is the usual way of showing the balance.

Lord *Monkswell.*

8671. On page 34 you see the words "Particulars of Expenditure," those being really particulars of receipts, and between the headings "House Property" and "Dispensary;" on that page there ought to be "Particulars of Expenditure" inserted?—Yes; that is a misprint, as the secretary has already explained.

Earl *Spencer.*

8672. What is the explanation of "Block D., 1,265 *l.*"?—Block D. is a portion of our freehold,

Earl *Spencer*—continued.

which is in the hands of a different collector from the main part of the property.

Chairman.

8673. And you think that this plan of account is such that any of your subscribers might fairly consider that they ought to be able to understand it?—I am very well satisfied with it.

8674. Then, very likely you yourself are an able accountant; but, taking some of the ordinary subscribers, subscribers of 2 *l.* or 3 *l.* a year, do you think that if they wanted to find out what the state of the hospital was, and what the expenses in certain items were, they would have no difficulty?—I believe none whatever.

Earl *Spencer.*

8675. I would like to ask one question: We have here that the "House Property" brings in 9,350 *l.* 2 *s.* 3 *d.*, and on page 31 we have expenditure "Incidental to House Property, &c., 5,728 *l.* – *s.* 3 *d.*;" does that mean that you only net the difference between those two sums on your property?—Yes; the expenditure has been very large lately, because the leases have just fallen in of some of it.

8676. Then does this expenditure mean capital expenditure in the way of additions to the houses and permanent improvements?—A large portion of that is expenditure of that kind.

8677. Do you not, as is done in ordinary estate, show that as capital expenditure as against maintenance?—It is almost the same thing. "Capital Expenditure" and "Extraordinary Expenditure;" they have the same meaning.

8678. Where is the word "Extraordinary"?—Near the bottom of page 31 you will notice it.

8679. Then that is not the ordinary repairs and small things; they are all permanent improvements?—I cannot say all, without reference; I should say nearly all.

8680. What about any residue. You say that does not include all; where is that shown upon the other side; that becomes net, so far as it goes, on page 30; that is the small incidental expenditure which, I presume, you do not class as extraordinary?—It is included in the 5,728 *l.*, but as it has nothing to do with the management and carrying on of the hospital it is not called ordinary expenditure, because it would make our accounts misleading.

Earl *Cathcart.*

8681. You admit the press to the meetings of your governing body, do you not?—Yes, to our courts.

Chairman.

8682. Do the press come?—There are generally one or two reporters.

8683. You are the chairman of the college board, are you not?—Yes.

8684. And will you tell us what the functions of the college board are?—The college board is a body which was founded in 1878 or 1879, composed half of laymen and half of medical men. They entirely manage the college in every respect.

8685. What is the college?—The medical school.

8686. Then have you a dean of the medical school?—We have a warden.

Chairman—continued.

8687. Is he a professional man?—No, a layman.

8688. Then the college board directs and manages the students?—It entirely manages the students; but while the students are in the hospital they are under the control of the house governor, of course.

8689. The college board arrange about the lectures and so forth?—Entirely.

8690. And are the lecturers paid?—Yes, out of the fees of the students; not from the hospital.

8691. What is the amount of income of the school?—I wish I had brought my accounts with me, but I have not them here.

8962. Can you tell us in round figures; is it 6,000 *l.* or 10,000 *l.* a year?—Nearer 6,000 *l.* than 10,000 *l.* a year, I think; I cannot swear to that figure.

8693. Then none of the money comes from the hospital?—Yes, it does; a grant of 350 *l.* a year, which was arranged at the time that the college board was established.

8694. What was the object of that 350 *l.* a-year; what does it go to?—It goes to the general funds of the college board. It was thought at the time that the hospital owed so much to the school, that as the school was not very flush of money we ought to pay a certain sum per annum.

8695. Is that stated in the hospital account; we have "Medical College," at page 31, 438 *l.* 13 *s.*?—Yes, that includes the 350 *l.* that I have just mentioned.

8696. Then that is an excess of 88 *l.*?—That is rates.

8697. Rates which the hospital pay for the school?—Which we are bound to pay for the school under the arrangement.

8698. Then the medical college also pays rent to the hospital, does it not?—Yes; because the hospital re-built the school lately; two or three years ago. We could not afford the money, but we agreed with the staff that we should build it and charge them rent on the outlay.

8699. Charge them interest?—Charge them interest or rent on the outlay.

8700. Now, can you tell us how the school is managed?—It is managed entirely by the college board, which I have just spoken of.

8701. But do the college board arrange what students shall go to each lecture, and so forth?—They arrange everything to do with the education of all the students; take the fees from a large number of students, arrange the lectures, nominate men who shall be house surgeons and house physicians in the hospital, nominate them, that is for appointment by the house committee.

8702. Then, as to discipline, is the discipline of the school in the hands of the college board?—Yes, it is in the hands of the warden; but of course he is under the authority of the college board.

8703. Supposing that some grave breach of discipline occured, the warden would suspend the student, I suppose?—Yes, or he would refer the case to the college visitors. Every week there are two special members of the board appointed as visitors, to whom everything occuring between the meetings of the board shall be referred.

8704. Have

Chairman—continued.

8704. Have those visitors any book in which they put down anything which comes to their notice?—They make a report to the college board, a written report.

8705. Would the college board have the right of suspending a student or dismissing him?—Yes; and they have done it.

8706. They have that power independently of the house committee?—Yes.

8707. The house committee are responsible for the appointment of the hospital; is the committee or is the college board responsible for the attendance of the doctors at the proper hours?—The hospital committee.

8708. Have they any attendance books at the hospital?—Yes.

8709. Which are signed by the doctors?—By the members of the staff. That was arranged in December 1877.

8710. It would appear from the books whether the attendance was regular?—Certainly.

8711. Are these books examined?—Yes, by the house committee on Tuesdays.

8712. Your opinion is that these books are examined?—They are not always examined, but generally examined.

8713. Do not you think it would be a good plan if the chairman of the board made it his duty to look through these books, or to get somebody else to look through them and initial them, so as to check the attendance?—We have it as our duty to examine them; but sometimes business is so long and so pressing that a matter like that is deferred.

8714. But if that happens in one case it might happen in another case. It would seem right, would it not, that the chairman, if he cannot do it himself, should suggest to somebody else to do it, so that it might weekly be initialed, otherwise there is no warrant for anything being regular?—If there was any irregularity worth noting the house governor would it report in his weekly report.

8715. But supposing a surgeon or a physician does not attend, it is noted in that book, we will suppose, and then supposing the book is not looked at, it is not discovered?—It would not be discovered perhaps till a week afterwards.

8716. And then what would be the course pursued?—Then the house committee have given a direction to the secretary to write a letter to the gentleman in question.

8717. Then the officer in question is written to, the member of the visiting staff or whoever he is, and he writes back and gives his reasons; but now supposing that is not deemed satisfactory by the house committee, would they refer it to the college board?—No, that is the business of the house committee to manage everything in the hospital.

8718. But do any gentleman of the profession have seats on the committee?—No; when we went for our Bill some years ago, when I was chairman, I was very anxious that our two senior members of the staff should have seats on our committee; and when I was having a long talk with Lord Redesdale about the matter I urged very strongly that our two senior men should have seats on our committee; but he was very firm about it, and entirely refused that the clause should go in at all.

Chairman—continued.

8719. Then, is it necessary to have a Bill to alter your charter?—Our charter says that our committee consists of laymen only, I think.

8720. But would it not be a good plan to have some medical body to which the lay body could refer questions relating to professional matters for their advice and suggestion, before they finally deal with them themselves?—It is not of great importance, because we frequently ask members of our staff in, to get their advice.

8721. The house could dismiss a doctor, if necessary?—They could advise our court of governors not to re-elect him.

Earl of *Kimberley*.

8722. But in the interval before the governors met, would you be able to suspend a doctor, if unfortunately there should be one who was guilty of any misconduct?—We, of course, can refuse permission to any person to come into the hospital; but it would be a tremendously strong measure, and so strong that such a case has never occurred.

8723. Still such a power would exist?—Yes.

Chairman.

8724. Then how long are these appointments given for?—Every officer is elected once a year.

8725. Then do your house appointments last a year; for instance, the appointment of a house surgeon?—No, I was speaking of our staff and members of the committee; they are elected for a year; but as to the house surgeons and house physicians, they are only elected for a short time, for six months or nine months, as the case may be.

8726. As a general question of hospital management, do you think it is a good plan not having a medical man of some standing resident in the hospital?—We have a layman, in whom we have the greatest confidence, living in the hospital.

8727. Do not you think that to look after the nurses in case of illness, or to exercise a general supervision professionally, it would be well to have some resident medical officer of standing in the hospital, who should be responsible, more or less, for the behaviour of the other medical gentlemen, who are all young men?—That has been very much discussed, and one member of our staff advocates it strongly. I do not think I see the advantages. I heard Dr. Fenwick give his evidence here on that subject.

Earl *Spencer*.

8728. In regard to the medical school, and the teachers, what kind of salaries do you give the teachers in the medical school?—Some of them have fixed salaries, and some of them are according to the number of the students. I am afraid, not being treasurer of the school, I cannot answer without seeing the account.

8729. They do other, private, practice?—Oh, yes.

8730. Have you ever considered whether that is the best system; we had some evidence about it, and the recommendation was made that there should be a school where teachers should be paid a high

Earl *Spencer*—continued.

a high salary, and should only do that work?—Nothing could work better than the present system, I think.

8731. Are the teachers men of repute in their profession as medical men, practising in London?—Certainly, and most of them are members of our medical staff.

8732. Senior men, many of them?—Yes.

8733. We had a case quoted to us where it was said that some distinguished man had delivered the same lecture for 30 years, I think it was; that is not the practice of your teachers?—I cannot think who that could have been are may remark that the teachers of the school. I not paid out of the hospital funds.

8734. Do the pupils in the medical school come from all parts of the country?—Yes, and from the colonies.

8735. Do they come, attracted by the distinction of the lecturers, or because their relations have had to do with the hospital?—Mainly because of the names which they see upon the lecture list, and the practice which they know that they will get in the London Hospital.

8736. And the classes are taken round the wards by the lecturers?—Yes.

8737. With regularity?—Yes.

8738. They watch a case, in fact?—Yes, they go round with their physician or surgeon, who says what he has to say on each case.

8739. And they go continuously, not at intervals, not in a broken way?—Continuously.

8740. Then you think the present system would be better than having a central school in London with teachers specially selected for their ability to lecture and teach?—I should much prefer the present system of each hospital having its own school.

8741. You think that there is, under the present system, a wholesome competition, do you?—That is it.

Earl *Cathcart.*

8742. Will you please tell their Lordships about the students' club, and its working?—The students' club consists mainly of a room where they can get their luncheon and dinner and so on without going outside; and the warden has a large voice in the management of it; certainly has been of great advantage ever since we have had it.

8743. And it has conduced to discipline and to the comfort of the students?—Yes; and prevented their going out to dinner, where we prefer they should not go.

8744. And, in fact, the working of it is satisfactory?—Yes.

Earl of *Arran.*

8745. Should you be in favour of affiliating the provident dispensaries and the Poor Law infirmaries with hospitals?—The provident dispensaries; yes.

8746. But not the infirmaries?—I cannot say. They are very large; in many cases larger than the hospitals; and it sounds a difficult point to say that those large institutions should be affiliated to a hospital which might be smaller than they are.

Earl of *Arran*—continued.

8747. I meant for teaching purposes; I ought to have said that?—It is a question for medical men; but many of them wish that they had opportunities of taking their students to the large infirmaries.

Chairman.

8748. Do you think that the difficulty of carrying on the hospital charities of London is increasing:—I am quite sure it is increasing; in the case of every charity which is in the East End of London. So many wealthy people used to live within the reach of Whitechapel or near it 20 years ago, and now none do.

8749. And has the competition of hospitals increased?—Certainly, the small special hospitals have taken a large amount of our support away, and also the competition of other charities of all sorts.

8750. Would you like to see any controlling power in regard to building new hospitals?—Very much indeed.

8751. Have you considered how that could be done?—Not until we have some controlling power over the hospitals generally of London. I hope that some day we shall get to some system of inspection of hospitals, but with the greatest possible care that there shall be no interference with the management. The present management is so good of the great hospitals that if the men who so manage them were interfered with by a body who would not be such experts they would no longer be governors of the hospitals, and it would do endless harm; but I believe that if there was inspection of the hospitals, without interfering with them, and if power were given to prevent the erection of new hospitals and special hospitals until leave had been obtained from the central body, it would be an admirable improvement.

8752. You would dislike to see anything that would bring the hospitals instead of being supported as they are at present on to the rates?—I should be very sorry to see that.

8753. Then would you have any grants for efficiency?—I wish for it because I do not think the great hospitals can be carried on without it; but if there were grants for efficiency (again I say without interference), such as a school will receive for efficiency, I believe that it would be very valuable.

8754. I do not quite see what would be the use of an inspecting officer if he is not to interfere?—To report as to efficiency.

8755. You said that you would like to have an inspector?—Yes.

8756. But if he finds that things are going wrong, and he is not to interfere, what is he to do?—To reduce his grant.

8757. But would he not report to the body of governors or to somebody connected with the hospital?—To our house committee you mean? No doubt he would.

8758. But that would be interference, would it not?—I think not; it would be a controlling power, but without interferring with how the committee may do their work.

8759. May

Earl *Cadogan.*

8759. May I ask, putting it the other way, do you think that inspection without interference would be any use?—I feel that it would; and I think that it would bring with it at least my suggestion that it should bring with it grants in aid; not that we want grants in aid as long as we can go on without, but my fear is that the great hospitals will not be carried on without them in the future.

8760. But if an inspector were to report some defects that he found in the management of the London Hospital, either he has or has not the power to enforce the carrying out of his recommendation; if he has that power it involves interference; if he has not that power, what is the use of his inspection?—Perhaps there would be slight interference in the sense of the house committee receiving advice.

8761. Whom would you wish him to report to?—To report, as in the case of a school, to the managers of the hospital, and make his grants according to first-rate efficiency, or second or third.

8762. But school inspectors do not report to the schools, nor are they appointed by the schools?—They are not appointed by them, but the school managers know what report has been given.

8763. The object of the school inspector is to report to an independent authority over the school?—Yes.

8764. What would be your system of inspection; would the inspector be appointed by an independent authority?—Yes.

8765. What would that authority be?—Some Government office.

8766. In fact, he would be a Government inspector; that is what I wanted to elicit from you?—Yes.

8767. If he inspected a hospital, and found matters which he thought were not quite satisfactory, and he reported that to the Government, would not that be interference. I am only wanting to elicit your own opinion?—Perhaps your meaning is such that it would be interference. It might be done in such a way as to give advice, which would be valued, and would be taken.

8768. Do you think that the governors and managing bodies of hospitals in London would like to be inspected by a Government inspector, because I understand it comes to that?—I think the majority of them would not like it.

8769. Do you think it would be practicable?—Most of my colleagues do not agree with me about this. I am saying my own opinion, but most of my colleagues at the London Hospital do not agree with me.

8770. But you, yourself, think it would be possible and practicable?—I think it would.

Earl *Spencer.*

8771. In the case of a Government inspection of schools the Government have control of the the funds paid to the schools. You said something about possibly having some payment made according to the report of the inspector; what payment did you refer to?—A payment that now does not exist, of course.

8772. Would you propose that the London hospitals should be paid out of a national fund?—Yes.

Earl *Spencer*—continued.

8773. And that the general taxes of the country, all over the country, should go towards assisting London hospitals?—Assisting the hospitals all over England.

8774. You would have a board managing the hospitals all over England?—Yes.

8775. Do you think it would be an advantage to have Government interference in matters of this sort?—I have guarded myself by saying that I hoped there would not be interference, because it would discourage volunteers from in future managing the hospitals, who at present manage them very well; but inspection I cannot help feeling to be good, coupled with what the Chairman has spoken of, the power of forbidding the establishment of new hospitals, except where they are really wanted.

8776. You want to have the reports made public, and get a discussion upon them, and let light in upon the management and state of each hospital. Is that it?—Yes; I think those hospitals that are well managed have nothing to be afraid of, such as our own hospital, I venture to say; we should like it, and should welcome any such inspection.

Earl of *Kimberley.*

8777. If you had this system of inspection combined with grants, of course, if the report of the inspector was unfavourable, the grant might be withheld; that would be the kind of compulsion that there would be?—Yes.

8778. But now supposing the inspector reported to the Government that a hospital was extremely overcrowded in consequence really of undue pressure upon the hospital, from there not being a sufficient amount of hospital accommodation, would not the result of that be that soon there would be pressure to have a sum voted by Parliament to provide a new hospital?—Parliament has never yet provided hospitals; only Poor Law infirmaries.

8779. I am aware of that. Take the district served by the London Hospital; suppose the inspector reported that the London Hospital was well managed but greatly overcrowded, and he felt that this was due really to the undue pressure upon the hospital, owing to its being the only institution of the kind to meet the wants of a very large number of inhabitants; that being so, would there not arise soon a public demand for that deficiency to be supplied?—There would arise a public demand.

8780. And if that public demand was not met by subscriptions, would it not inevitably come to this: that there would be a demand made that it should be done from the public funds?—There might be a demand made.

8781. And would not the result of the thing be that the hospitals would become Government institutions?—I should not have thought that it would, and I should be very sorry that they should become Government institutions.

Earl *Spencer.*

8782. I want to ask this question: do you at the London Hospital employ medical men beyond those who have diplomas from London: do you employ men who have diplomas from Edinburgh or from Dublin?—Yes, sometimes. You mean

Earl *Spencer*—continued.

mean in the house as house surgeons, for instance?

8783. Yes, as house surgeons. You are not bound then to take only those who have got the London diploma?—No, I think we are not bound,

8784. You are sure of that?—I think we are not bound.

8785. You would be in favour of keeping open these appointments, and getting able men from Dublin or Edinburgh, irrespective of the London diploma?—The house appointments, do you mean?

8786. The house appointments and other appointments; teachers, for instance, in your medical school?—I think we are very free as to whom we appoint, so long as they have a proper diploma.

8787. What is a "proper" diploma; do you consider that a Dublin diploma or an Edinburgh diploma is a proper one?—It is according to what our bye-laws order us to consider a proper diploma; we are bound by that. Each officer requires a different diploma. For instance, we can elect an assistant-surgeon who is not a Fellow of the College of Surgeons, but our senior surgeons must be Fellows of the College of Surgeons.

8788. Then the senior staff is rather a close staff, if I may use the phrase; it is not open to the ablest men in Edinburgh or in Dublin?—The surgeoncy is not open to any man unless he is a Fellow of the Royal College of Surgeons.

8789. It is not open to a Fellow of the Royal College of Surgeons in Dublin?—No, it is not.

8790. May you not be excluding some very able and efficient men by adhering to that rule?—But the number of candidates for those appointments, candidates who are excellent men, is so large that there is not the smallest difficulty in filling them up.

8791. No, there may not be; at the same time you may be excluding the ablest man in the United Kingdom?—I should prefer that that question was put to a member of the profession.

8792. But you are chairman of the committee, who have a good deal to do with the appointment?—No, the house committee exclusively have to do with these appointments; I am treasurer.

8793. But you would have a voice in a general matter of policy like that?—Yes.

8794. And you would have a right to have your own opinion on it?—Yes.

8795. What is your opinion; do you prefer to remain as you are, or to open the appointment?—I feel sure that it is quite open enough.

8796. It is not completely open?—I still say that I should prefer that that question was put to a member of the profession.

Earl of *Kimberley*.

8797. Does it not occur to you that the medical profession in London are exactly the body that could not give us an unbiassed answer?—It may be so.

8798. And is it not open to this construction: that these rules may have been framed, not merely for the purpose of procuring efficiency, but also for the sake of securing these appointments for those who have been educated in London?—I can hardly believe such a thing.

Earl of *Kimberley*—continued.

8799. However, the result is, that it is not open to you to choose the ablest men; you must choose them from a certain body. You must choose for a surgeoncy, from the Fellows of the College of Surgeons, and for the post of a physician a member of the Royal College of Physicians in London.

8800. So that, in point of fact, there may be an abler man than any candidate that comes before you, and you cannot elect him?—That may be so; I prefer that question being asked of a medical man.

8801. Do you think that there would be any advantage in a system of licensing or registering hospitals; I mean that some public authority should give a license to any hospital before it was opened?—Yes, I have just said so; I believe it would be an admirable thing if no hospital could be opened without some authority from a responsible body, which should say whether it was really needed or not. Now, to show thet hospitals are not always in the best places, I may mention that not long ago I took every hospital in London that might truly be called a hospital, and calling Blackfriars Bridge the centre of London, I found that there were 51 west and 15 east; some, of conrse, were very large and some very small; but one knows that the majority of the working men, if in either, are in the east; and therefore it would seem that the hospitals are established rather where the money can be easily collected than where they may be most needed.

8802. Then there would be this difficulty, would there not; that in the places where hospitals are really greatly needed, very likely subscriptions would not be forthcoming to establish the hospitals, owing to their being at a distance from the places where the people who would subscribe live?—Exactly; that is what we suffer from at the London; that we want this enormous income every year, and exactly in the place where it is most difficult to get it.

8803. Can you suggest any remedy for that admitted evil?—No; I cannot.

Lord *Monkswell*.

8804. Do I rightly understand you to say that most of your colleagues object to this Government inspection, which you suggest?—Yes; they object to the system of Government inspection.

8805. Do you think that the objection would come principally from your colleagues, or principally from the staff of the hospital?—My colleagues are laymen.

8806. You have not talked the matter over with the staff?—No; I do not know what they would say.

8807. I suppose you think that the inspector's reports would bring pressure to bear on your governors, not only in the way of reducing the grant, but that if the house committee did not take the advice of the inspector the subscriptions from the public would probably fall off?—Yes.

8808. And you consider that at the present moment

Lord *Monkswell*—continued.

moment the existence of a volunteer committee is rather an inducement to the public to subscribe; they may subscribe with the view that they may themselves some day be on the committee, and have a voice in the management?—Large numbers subscribe to become governors that they may get tickets.

8809. You do not think that they subscribe in order that in course of time they may be on the committee, and have a voice in the management themselves?—No, it is the other way; the difficulty is increasing of getting good men to serve in our part of London; not that good men are so anxious to go on that we cannot find places for them.

Lord *Thring.*

8810. We have been told that although these hospitals are so distributed, in a way which does not apparently provide for the needs of the population, as a matter of fact, a hospital like the London Hospital draws its patients from a considerable area beyond its immediate neighbourhood; is not that so?—Yes, but the very large proportion are from within two or three miles round Whitechapel.

8811. Then do you say the same with respect to the subscriptions; is it the fact that the neighbourhood support the hospital, as a general rule, and that you do not draw your subscriptions from a much wider area?—A large proportion of our subscriptions come from men or firms in the neighbourhood; but, of course, city firms help us fairly well.

8812. However, you think that the greater proportion of the contributions to a hospital, as a general rule, come from the neighbourhood?—Yes, they do.

8813 In other words, you think that a rich neighbourhood will support more hospitals than a poor neighbourhood, because the majority of the subscriptions come from near at hand?—Yes.

Earl *Cathcart.*

8814. Dr. Steele told us that two-thirds at least of all patients come from the neighbourhood of the hospital?—Fully that.

8815. When you mentioned the difficulties of the East End, you did not mean to exclude altogether any ideas of the south, and the crowded districts of the south of the river where they have great difficulty?—No.

Earl *Cathcart*—continued.

8816. Perhaps greater difficulty than at the East End?—The difficulties hardly could be greater. In addition to the difficulties which the south have, we have the docks, the large factories, and so on, which bring us a very large proportion of accidents.

8817. But at all events there are very serious difficulties on the south side, and no great institution like the London Hospital in the more populated districts there?—They have Guy's and St. Thomas's.

8818. But those are by the river side and are a long way off from the populated districts; we were told that the Dreadnought and a small hospital, the Memorial Hospital, were about the only two hospitals in the midst of that population?—Yes.

Chairman.

8819. Is there anything more you wish to say?—I think not.

Lord *Thring.*

8820. Are you quite certain, at least in your own mind, that you are correct in saying that you draw your subscriptions usually from the immediate neighbourhood, and not from a larger area; I only ask you the question again, because it seems to me that the West End subscribe very largely to the East End?—The very large proportion of our money would come from our own neighbourhood and from the City, which is tolerably near.

Chairman.

8821. I believe you desire to hand in something?—I was going to ask if I might hand in a document; it is not very modern; it is dated June 1879, but, at that time, I and some others were feeling very strongly about the condition of the hospitals in London. We got together a very strong committee and sat a great number of times, and ultimately drew up a report which is very short; and I ask leave just to hand it in. As I say, we had a strong committee, and Mr. Stansfeld was our chairman; and I think it may be worth just looking over (*handing in the report*).

The Witness is directed to withdraw.

Mr. WILLIAM JOHN NIXON, is re-called; and further Examined, as follows:

Chairman.

8822. Do you wish to make some correction in addition to the evidence which you gave the other day?—On one or two points. I was asked by one of your Lordship's Committee whether it would not have been better that the Samaritan Society should tender for its supplies, or take them wholesale rather than distribute them retail; that is the society, you remember, which supplies our patients with tea, sugar, and butter. I have made a mistake, I have gone wrong there for want of recent information. I find that since I left the Samaritan Society's practical work, they have arranged for the wholesale supply of tea and sugar to themselves in kind, which they

Chairman—continued.

distribute in kind to the patients requiring them in the wards. The only payment for anything on a small scale is for butter, which is a perishable article, and cannot be got in large quantities, as they cannot keep it in store. Then I used the words "very frequently," when I was asked whether the books that go in from my office to the house committee weekly, were examined frequently; I said they were very frequently. I made a mistake there; I was trading upon my previous experience of past years when I was secretary as well as house governor. They were very frequently examined then; indeed, I may say that I have seen them.

Chairman—continued.

examined many hundreds of times in my experience; and I can only account for their not being so frequently and regularly examined now, by a fact which I would mention about the petty cash papers that have been referred to. I may say first, that every voucher is supplied weekly for the minutest trifle that occurs in that book; every item is ticked off by myself before it goes in; every account is cast by myself and verified after it has passed the hands of the clerks, and it is absolutely correct to the merest fraction. For 20 years I supervised that account as it came from the house governor's office; while I was secretary for nine years I presented the account responsibly as house governor, and I supervised it as secretary before it came before the committee; and for the last 15 years I have presented it as the responsible agent to the house committee. Now in those 44 years I can only call to mind one single error, and that was an error of a sum of 1 *s.* which occurred through a clerical error in casting up the items. Not one penny has ever been disallowed. Judging from that I think you will see that the Committee might rather consider that as every book that goes before them passes through my hands and is signed by myself, or initialed by myself as being correct, showing that I should have found fault if it were not correct, it was rather a waste of labour to go into the matter more closely. That is only my own opinion, but I think so. Then I think Mr. Buxton will thank me for mentioning that although the senior officers of the hospital are tied as to their qualifications when they come forward as candidates for those appointments, the house physicians for instance, are not so tied as I gather from the wording of the law. The qualification for the house physician is such that a great number of these young men not tied in like manner as the visiting staff, are constantly passing through the hospital.

8823. What page of the standing orders are you referring to?—Page 77 of the standing orders containing those for house physicians: "All candidates must be either graduates in medicine of a recognised British university, licentiates of a recognised college of physicians, or members of the Royal College of Surgeons of England." They enter, therefore, very freely, as I see it, though I have no personal knowledge of the matter as to their other qualifications; but it is clear that if persons desire to become candidates for the main appointments of the hospital, they have the opportunity, I presume, of being members of the Royal College of Surgeons of England or a recognised college of physicians. The next thing has to do with the sanitary question. Some of the nurses who have given evidence have attributed their diseases to the sewage gas. It has been explained already that in one special instance it was found to be common coal gas. I would say that throughout the whole tenure of my office I have most carefully looked to the sanitary question; because I consider that it is the duty of everybody who has charge of the lives of patients to put the sanitary arrangements in the best possible condition, and I have never, to my knowledge, neglected for one single moment the slightest hint that I have discovered or been told of with respect to any insanitary condition in the hospital. The present sanitary

Chairman—continued.

examination of the hospital, and alteration of drainage and other arrangements, has no doubt confirmed these ladies in the impression that they were suffering from sanitary defects in the hospital; but I am in a position to say that, carefully as I have watched the whole question, I have never been able to trace one case of typhoid fever that has been contracted in the hospital from any of our arrangements. We have had them brought in as patients to the extent of 120 typhoid cases in one year, and the majority of them have gone away cured; not one arising in the hospital; and I am not conscious of one having occurred in the hospital to this day. In the next place, what I may call the scare about the sanitary condition of the hospital was started, as it were, by little illnesses, which Dr. Fenwick described as being very trifling, among the probationers. Now, if these illnesses had to do with the general sanitary condition of the hospital, how is it that only one class suffered? There are no recognised instances of any other class suffering at all. It has been said that some of the patients suffered from the insanitary conditions, and that there was a difficulty in controlling the general sanitary condition of the hospital and in the prevention of hospital diseases. Now, I find, from the mortality returns of the hospital, starting after the cholera year (which would give an abnormal percentage, because then the patients gave an average of 37$\frac{1}{2}$ths per cent. mortality, therefore I started after that), that for 24 years after that our hospital, even without allowing for the extreme severity of the cases, holds a fair position as to mortality with any other large hospital in London. The average has been 10·57 per cent. The mortality from hospital causes has been in fact very much lower than formerly; and therefore I cannot see that that state of affairs could have existed if the hospital had been in an insanitary condition. I am able to prove this by the following fact: on only two occasions have our own registrar's returns been published: the first was in the year 1875, and it contained only the return of that one year. It has been kept ever since, and has been paid for to the officers, but it has been too expensive to publish it continuously. For the last four years ending 1888 the surgical returns have again been published, and the figures stand thus as to erysipelas and pyæmia, which are said to be preventible hospital diseases: of erysipelas there were 23 fatal cases in the last four years, as against 12 in the one year, 1875; of pyæmia there were 18 fatal cases from hospital causes in the last four years, as against 12 certain and four probable in the one year, 1875. In both cases also it must be remembered that the smaller number was taken from among surgical patients, numbering 1 000 per annum more than they did in 1875. Those struck me as being reasons to show that the governors of the hospital and the public need not be frightened as to the sanitary arrangements having led to these illnesses. I do not blame the house committee for what they have done; they employed an expert, and they were bound to carry out the things suggested by that expert; one of them in particular, the removal of the main drain underneath the old part of the hospital, which has been 140 years in existence, was an extremely desirable alteration.

8824. With

Earl *Spencer.*

8824. With regard to the standing order which you read just now about house physicians, "British University" did not include Dublin?—I do not know. I think Mr. Buxton had not noticed that the appointments are not so exclusively guarded as the senior appointments in the hospital.

8825. "Licentiates of a recognised college of physicians," that might include Dublin?—It might.

8826. Or "Members of the Royal College of Surgeons of England." According to those words you might have a physician from a college in Dublin, but you could not have a surgeon from it?—I do not know as to that at all.

8827. What does a "recognised college mean"? I do not know. That standing order was not drawn by myself.

8828. You came rather to explain the matter, therefore I thought you did understand it?—I merely wished to put forward the wording of the laws as a thing that might throw a light on the subject, and show that it is not so closely guarded as it might appear to be. But I have nothing to do with it, and perhaps I had better have left it alone.

8829. Who could explain it?—The college board, I should say, could explain it, which consists of medical men and laymen mixed.

8830. You have known the medical officers and surgeons of the ho-pital; have you known a gentleman from Dublin in the hospital?—Not in a senior appointment; he would not be qualified.

Chairman.

8831. But as house physician or surgeon?—I am not acquainted with their qualifications; they are selected by the college board. The standing order at page 85 says, that candidates for the house surgeonship "must be members of the Royal College of Surgeons of England, or possess such diploma or diplomas as may be considered equivalent."

Earl *Cadogan.*

8832. Are you present at the election of these medical men. These elections are made at the meetings of the board, are they not?—Are you speaking of the house physicians and house surgeons?

8833. Yes?—I am present always when they are elected, they having been nominated by the college board to the house committee for election.

8834. Do you ever remember a case in which there was a candidate with favourable testimonials, who might have been elected, but who could not be elected owing to that standing order?—I could not know because I am not present at the committee of the college board at which the selection is made.

8835. Who is present?—The warden of the college.

Chairman.

8836. The action of the house committee is merely formal, endorsing that of the college board?—It is formal; and they know that six members of their own board have been selected to be present at the meetings of the college board.

Earl *Spencer.*

8837. Who would decide the question supposing a member of the Royal College of Physicians of Dublin claimed to be a candidate for the post of house physician; who would have to decide whether the words of this standing order which you read excluded him or not?—The college board.

8838. You admit that it is a very open question whether he would be excluded or not?—I do not know whether it is open or close; I have no means of judging. The College Board would have to decide.

Earl of *Kimberley.*

8839. Cannot you form an opinion on the words?—No, I cannot.

8840. Then I may take it that the words are very ambiguous?—I have never studied the question, because I have nothing whatever to do with it.

8841. On looking at the words, you do not recognise what they mean?—No, I do not; I think it means that they may admit them or that they may not admit them, so far as I am concerned. I do not know whether I am at liberty to say this, but I have been told that they have been elected, but it is not within my knowledge. With regard to men who have been elected, whatever their qualification, I can testify to their good qualities in the performance of their duties, because they are under my personal inspection.

Chairman.

8842. You have a plan at the London Hospital, I believe, by which you appoint an officer to look after the out-patients?—To inspect their social condition.

8843. And how long has that been the practice?—I established it myself rather more than six years ago. After looking at the question for a number of years and listening to the extraordinarily exaggerated complaints afloat about the social condition of patients attending London hospitals, I got the committee to allow me to lay out a scheme for their social inspection.

8844. Was it for the purpose of their social inspection, or because of the overwhelming numbers in which they came that you instituted that system?—There has been a mistake as to the number to which the inspection was applicable. It has been said that 75,000 people were inspected; that includes all the minor casualties that come into the receiving room; they are supposed to have only one attendance; no inspection could be available there; the patient gets a dose, or has a plaster, and is not supposed to come again, and is gone before he can be asked any question about his social condition. Inspection means investigation, and investigation means delay. Those patients who are so investigated and inquired about are the patients recommended by the governors, patients who come with a ticket, and are entitled to continuous attendance. That gives an opportunity for an inspector after the first visit to make his inquiries. He takes part in the registration of the cases as they come into the out-patient department; in the primary registration every case comes before him, and he takes his own notes,

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which he knows will help him if it is necessary for him to make inquiries. The registration is finished by other clerks for mere purposes of the hospital registers. If he has the slightest doubt or hesitation about the case before him, he asks the person to come into his office, and in a private manner makes inquiries about his or her position. He judges by their appearance partly, but more particularly by the answers which they give. Some of them answer in a hesitating manner; some of them answer at once in a way which he knows is incorrect, because he knows well the rates of wages. If a woman says her husband is an engineer, and is receiving 16 *s.* or 18 *s.* a week wages, he knows that that cannot be correct; and he then says, "I must make further inquiries; I require a reference to enable me to decide what your income is." The woman is then told that she can receive her advice and prescription for the first time, and in the meanwhile investigation will be made. I may mention the headings involved in his inspection. The out-patient inspector's register contains the following headings: current number of the case; book number; name; address; occupation; age; social state; number of family; income of self or family; whether in a sick club; whether in receipt of parish relief; whether they have had advice elsewhere; and the date of the patient's application. And then the whole of the rest of the page, if he decides to make the inquiry, is concerned in showing the "remarks or result," with regard to deciding whether the case is to continue a patient or not.

8845. Has that materially reduced your numbers?—That very materially reduced the number of cases in the first year. We always supposed that the patients of special departments were of a better social class than ought to come to a hospital free; and I think it had the effect of reducing those patients to the extent of certainly 5,000 in the first year. I think that the results of the inspection are far more beneficial in the way of choking off persons who would otherwise come to sponge upon our resources than in the result of the inspector's examination, although that has developed certain good things for our guidance. It has had the effect for instance of showing that a multitude of persons who come and who are apparently unfit to receive charity, are among the fittest recipients, and they are passed accordingly. A few are rejected, perhaps about the same number. But it is clearly set down in this return (*producing a return*) which I have drawn up as an "explanatory return of the inspection system as applied to continuously attending out-patients recommended by governors for six years, namely, from 1884 to 1889 inclusive, preceded by a summary of the number and character of cases for whose inspection the system was devised." This is the return drawn up for the last six years.

8846. Are the number decreasing or increasing?—The number of special cases has decreased as a rule, in fact to such an extent that the committee have decided that they must open the door for ophthalmic cases, because there are not enough for the teaching of students. The number of governors' recommended cases, which were increasing in an alarming ratio, have been kept down, notwithstanding the increasing population of the neighbourhood, and the number of governors belonging to small firms and workmen's associations, who apply for all the tickets they can get, and use them. In spite of that the returns are very probably the same as they were six or seven years ago.

8847. Is the population increasing in Whitechapel?—I think it is increasing always, in every part becoming more dense.

8848. I thought we were told that a great number of people had migrated from Whitechapel?—They may have done so, but their places are taken by others.

8849. Do you keep a register of what are termed old cases and new cases?—Yes, they are all very carefully kept, the records of old cases and new cases.

8850. For instance, the visiting physician or surgeon who takes the out-patient department, has got a book in which he enters that he has seen, say, three new cases and 10 old cases; do you know?—It is regulated in this way; each patient presents the governor's ticket on applying, and that is registered, and the inquiries I have mentioned are made; he then passes over to another part with a book-cover in which his ticket is entered, to preserve it as a record to the hospital of all the prescriptions and treatment given. At the same time he receives a card corresponding in number with this book-cover, which he presents on his future visits, to enable him to claim the book containing the prescriptions. The patient goes into the first room in the series of rooms forming part of the four separate systems of out-patient treating rooms; and the particulars are taken by the clinical clerks, to clear the way for the physician or surgeon. The clinical assistant does his utmost to see that that is made clear, in order that the fullest time of the visiting physician may be given to the new cases that ought to receive it. The new cases then go before the visiting physician or surgeon; and if they are trifling things he makes no mark upon them; he may stamp them for further treatment, but makes no private mark; he considers that they can be perfectly well treated by the general practitioner; viz., a clinical assistant, a paid man, in the outer room; it being understood that that gentleman sends on any case on which he wants advice to the senior officer when such case comes again. The second or third time they come they pass to the clinical assistant direct, and he treats them, because the senior has not marked them as cases which he thinks need come before him again. Those that he thinks are serious or interesting to the students, or anything of that kind, he makes his own particular mark on; and those cases are always referred to him again, until he says, "I have done with them." And, therefore, that is the method of selecting the new cases that come to him. A great deal has been said about the pace at which out-patients have been seen; 60 per hour has been looked upon as an outrageous thing. Now, I think that a great number of these cases, if they were properly sorted out, as they are with us, and the old ones put together before they came

Chairman—continued.

came near the examining room, could be seen at the rate of more than 60 per hour; could be seen satisfactorily, because the only thing which would happen would be this. The patient goes before the clinical assistant, and he would say, perhaps, "How are you getting on"? "Very well"; "Does your medicine suit you"? "Yes, perfectly"; then he writes his rep. (that is to say, *repetatur*), and the patient passes on. Probably more than one a minute can be seen of cases of that sort. But I thought it would be satisfactory, certainly to myself, and probably to this Committee, if I gave you a summary of the out-patient work for one week, so that you may see what is actually done, and that is the week preceding the time when this question first came before me, in reading the evidence given before the Committee here. It is a summary of the out-patient work from the 5th to the 10th of May 1890, inclusive. The next day was Sunday, when I was able to attend to it, and I gave a part of the Sunday to the work. On the medical side, the staff on the Wednesday and Saturday was, three physicians, the resident accoucheur, two paid and qualified clinical assistants, and 10 clinical clerks. On the Monday, Tuesday, Thursday, and Friday, there were two physicians, two clinical assistants, and four clinical clerks, those days not being so busy as the others in our general practice. The number of new cases or reserved old ones seen by the assistant physicians in that week, was 335; the time occupied in seeing them, was 25 hours and five minutes, and the average number of patients seen per physician per hour was 13. That is new or special cases. Then the number of old cases seen by the clinical assistants and resident accoucheur was 988; the time occupied in seeing them was 30 hours and 15 minutes, and the average number of patients seen per assistant, &c., per hour was 33. On the surgical side the staff on Monday and Tuesday was two surgeons and one clinical (qualified) assistant. On the Wednesday, Thursday, Friday, and Saturday, the staff was one surgeon, one qualified clinical assistant, one paid senior dresser, and about six other dressers daily. The number of new (or reserved) cases seen by the surgeons was 142; the time occupied in seeing them was 19 hours, and the average number of patients seen per surgeon per hour was seven, those are new and reserved cases. The number of old cases seen by the clinical assistant, including all the out-patient accidents (which are very numerous and very trifling, and having been seen once in the receiving room, require only renewal of plasters, or such like treatment) was 950; the time occupied in seeing them was 22 hours and five minutes, and the average number of patients per assistant per hour was 43. I have other particulars here about patients as showing the vast number of patients recommended, and that come into the hospital.

8851. What is that statement you are now referring to?—A general summary of the number of cases that come into the hospital, showing the vast amount of work that has to be got through.

8852. Will you give us the number of cases?—These are statistics of the out patients for one year. The Governors' recommended cases (to which alone the inspection applies) were 22,848; the accident out-patients were 9,355, and the number of those in-patients who were discharged from the wards, and were not quite well, but were obliged to have a little more treatment as out-patients, was 896. This gave about 107 per day (excluding Sundays, Christmas Day, Good Friday, and Bank holidays) or per week of six days, 642. The minor casualties, medical and surgical (which I may call *quasi* out-patients, and not the genuine out-patients continuously attending), numbered 68,342. This gave about 187 per 24 hours for 365 days and nights, or per week of seven days and nights, 1,309. The in-patients of that year were 8,503, or nearly one per hour, day and night throughout the year, thus divisible: An accident about every four hours; a Recommended or Governors' case about every four hours; and an urgent casualty, medical or surgical (admitted without tickets) about every two hours.

8853. Now, do these out-patients have to wait a long time; is there much delay in seeing them?—There is no delay that can possibly be avoided occurring in the out-patient department; that we have reduced by our arrangements to a minimum. I do not think it is possible to get through them in a shorter time; everything is provided for to the utmost of our power. The dispensary is very regular as to the supply of men; we have extra men there in the middle of the day specially to provide that the out-patients shall not be kept waiting a moment longer than is necessary.

8854. Those are dispensers, I understand you to mean?—Two or three extra men in addition to our regular staff, not entirely employed, half-day men who come in at that time in order that the out-patients may be rapidly cleared off.

8855. Those are dispensers?—Yes. One thing that accounts for delay in some out-patient departments, is that, after the patients have passed the doctor and the registrar and everything of the kind, they have so long to wait for their medicine.

8856. Are those qualified dispensers?—The main staff are all qualified, and the senior dispenser is responsible for those men not qualified, who are acting under inspection, and he selects men whom he considers better than many qualified men, for the reason that before they come to us they have had a large amount of practice, generally in public institutions; but you could not get a qualified man (who is always on the look out for a permanent appointment) to come for two or three hours as a rule.

8857. You have a provident dispensary, have you not, quite close to the London Hospital?—I believe there has been one there for about 12 months.

8858. You do not know anything about it?—I cannot say that I know nothing about it, because we have had deputations from their managers attending the Committee. I may say that I myself am in favour of some kind of connection with provident dispensaries, though not approving of some of the other suggestions made from

Chairman—continued.

the outside, which perhaps I may have an opportunity of mentioning.

8859. Do you know what per centage of these out-patient cases are looked into by the officer whom you employ for that purpose?—Yes, I have given a return for six years. I asked if I might hand it in. I have not examined this since I had it drawn out. You will see at the end of the annual report for this last year a report of mine. I present a report every year to the house committee on the method of calculating the cost per bed, and per in-patient, and so on; and I have also, since this inspection system has been established, presented a report upon the working of that system. You will see that I say: "The working of the past year is shown in the subjoined schedule;" the reasons why they are all passed or rejected, that is to say, all that are inspected; that is contained in this report which is put in between page 16 and the following page of the annual report. There were 802 cases examined out of a number of out-patients amounting to 22,848. It is not a superficial examination; it means that every case is hunted out, unless admitted immediately for urgency into the hospital.

8860. Then you never refuse first treatment?—We never refuse first treatment; that is stated in the large printed placard that is put down here, which was published and is published to this very day, so that all persons may understand the conditions under which they come with tickets to the London Hospital. I do not know whether you would wish to hear the reasons why they are passed or not passed as proper cases for the hospital.

8861. Yes, we should like to have a sample?—I go through the whole of the register, every case myself, with the inspector He enters them. I work up the register with him, and check every case, and see that nothing is omitted, and that I approve everything in it; and at the end of the year I have a summary made up which I pass myself and verify as to its correctness; and I suggested the following headings when I first started it (and they have been very little altered since) as those under which the different classes of cases should be registered. The "general cases passed" last year amounted to 443. There were passed "as proper cases, after investigation, solely to verify statements, 43. After inquiry, although manner and appearance indicated rejection as a probable result, 126. Admitted as in-patients for urgency, pending or after inquiry, 40. As having failed to obtain relief elsewhere, 125. By house governor, because proof of unsuitability difficult to obtain with certainty, 1. Retained by the physician or surgeon (though deemed socially unfit or doubtfully proper) for the following reasons:—For clinical purposes, 10; because urgent, 66; because sufficiently ill to be made in-patients, 5; by the house governor, because the special treatment needed is so difficult to obtain elsewhere, 27; making the 443. The "general cases cancelled" amounted to 279, thus classified:—Withdrew voluntarily (though first treatment offered) when spoken to as to social fitness (some showing by their words and conduct that they were not really worthy of charitable aid), 19; did not return after first visit, having received an intimation that inquiries would be made (which was done), 145; did not return after first visit, for the same reasons (and these also made false statements), 27; returned again, but elected to withdraw rather than have their social fitness submitted to arbitration (some of these also made false statements), 10. That means submission to arbitration by myself; they were all entitled to come up and see me, as acting on behalf of the house committee:—"Socially unfitted for hospital aid, and referred, with the consent of the physician or surgeon, to some private practitioner;" there were no provident dispensaries at that time in connection with us; we should now mention, this one opposite to us as being a good thing to go to (some of these also made false statements), 21; treatment terminated by the physician or surgeon on first visit, because cases so trivial, 28; maternity certificates not granted as the applicants could pay for medical treatment, 4; maternity applicants withdrew voluntarily rather than any inquiries should be made, 22; maternity certificates refused as applicants made false statements, 3. That makes up 279, as was stated before. Again we try to find out what pauper cases attend as out-patients; properly they are not fit cases for general hospitals supported by voluntary contributions, because every provision is made for them by the parish authorities. The "pauper cases passed amounted to 49, and they were passed for these reasons": Because retained by the physician or surgeon as requiring hospital treatment, or for clinical purposes, 9; because admitted by the physician or surgeon as in-patients for urgency, 25; by the house governor, because treated by the parish doctor without benefit, 15; together 49, as already stated. The pauper cases cancelled were 31, and they were thus divided: Referred to the parish dispensary, with the consent of the physician or surgeon, 3; did not return again after first visit, having had pauper regulations explained to them (these were people that were open to go to the pauper dispensary), 28. That made the total, subject to inspection that year, 802.

8862. And what is the total number of the out-patients?—The out-patients continuously coming, who are alone open to inspection, were, 22,848. The great majority of these patients palpably require no inspection; many of them are the most miserable objects you can set eyes on; the only question in such cases is "Are you a pauper?"

8863. Supposing they say "Yes," what then?—Then they get the first treatment, and we decide as to putting them under one of those two heads, which you will notice mentioned above; that is to say, either they go into the hospital for treatment, which they have failed to get elsewhere, or they are retained because they are clinically very interesting and would not be lost sight of by the doctor in attendance. The others are referred to the parish dispensary. Those pauper cases that were cancelled amounted last year to 31; they were too trifling to be treated and they were told, "You can get what you want at the parish dispensary." I noticed in reading the evidence given here the other day, that there was some

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some discrepancy about the number of out-patients as registered in our printed return between 109,000 and 119,000, and I do not know how it came out; but I wish to explain that the registered number of out-patients of all kinds is 109,839; that is, excepting the diarrhœa cases as being too unimportant for registration; they are only numbered. But when you come to consider the question of attendances it is desirable to know how many of those are in attendance, because they come once or twice. I have examined into the attendances of all out-patients, and I find these out-patients registered at 109,839, practically represent the following results in respect of attendances. The statement before me is headed, "Explanation of attendances of all out-patients." In the receiving room the accidents amounted to 9,355; minor casualties (medical or surgical, trifling things requiring one treatment as a rule only), 68,342; diarrhœa cases, 25,191. This made the receiving room attendances amount to 102,888. In the out-patient waiting halls the general cases, presenting tickets, amounted to 119,412 attendances; the attendances of the special department cases were 14,326; and the dental patients, 6,376; making together 140,114; and bringing up the receiving room and waiting halls attendances, *i.e.*, the total attendances of out-patients at the London Hospital in the year 1889 to 243,002. Those are most of them attendances that were absolutely registered.

8864. The total number of attendances in the year 1889, was just 243,000—Yes.

8865. Now, do you find that people of a superior class only go to the special departments, or do they go to the general out-patient department?—Some try it on with us, but as a rule, they are checked by the inspector; he always challenges them at their first visit, but as a rule they are among those who decide to go away, or they come again and decline to have arbitration, which means coming before me to state the case. But I do not claim that the better class people are choked off by inspection so much as they are by the knowledge that inspection would take place if they came. That, I think, has been very beneficial to us.

8866. Is not that 802 a very small total out of the whole number of out-patients, for cases enquired into?—A very small total, but one person could not do more. Our inspector goes to all parts to verify the cases; it costs 150 *l.* or 160 *l.* a year, and has been highly beneficial, and satisfies us that many cases that would be off-hand rejected, for instance, are very proper cases for treatment.

8867. It costs you about 150 *l.*?—£ 160 a year.

8868. Would you advise your Committee to increase that staff, and to have another inspector?—I do not think it necessary; the great majority of the persons are so palpably persons who, if not paupers, are only just removed from pauperism, that it would be a waste of time and money to make inquiry into their cases.

8869. Would it not be wise if other hospitals established the same plan?—I think it would be well. In some they do it already, but I do not think any do it so elaborately as ours.

Chairman—continued.

8870. Supposing a patient goes mad in your hospital, what do you do?—The case is turned over to a male attendant. I believe the London hospital doctors were among the very first to object to mechanical restraints; they said "We prefer, notwithstanding the expense, if the committee will agree to it, that only manual restraint and mental restraint on the part of the attendant should be employed to prevent these people damaging themselves or other persons."

8871. But do you keep them in the hospital?—We have one person always ready to be employed in that way in the night.

8872. But then do you keep these insane patients?—If they are likely to be cured, and it is only temporary delirium, they are put in the padded room and watched. If it becomes certain that they want continuous restraint the house physician or surgeon signs a certificate, and we get rid of them through the parish authorities, if their friends cannot take them away.

8873. Do you work harmoniously with the parish authorities?—Very harmoniously indeed with the Whitechapel authorities. Something has been said about people being strapped down, and I have made inquiries about it, and indeed a case has occurred within the last week where it would be palpable to every one who considered the case in a reasonable light, that it would be quite impossible properly to restrain such a patient without strapping. A man with a broken thigh was so excessively violent that no manual restraint would avail to prevent him tearing off all the plaster from his broken thigh, ripping the bandages into rags, and throwing the splints about; and we were obliged to bandage his wrists with lint, and put a strap round on each side of the bed, and he was so prevented from tearing the bandages off. No patient is subjected to any kind of mechanical restraint in the London Hospital except for his own benefit distinctly, and for those reasons which I have mentioned; and such cases are very exceptional indeed.

8874. What was the matter with this man, delirium tremens?—It was delirium; he was violently insane for the time. We have just got rid of him because he appears to require continuous restraint. A question has been raised as to the possibility of treating these cases without male attendants. I may say that I have known the strongest man that we ever employed in the London Hospital nearly killed by a delirious patient in the padded room. He would have been strangled but for the help of one or two house surgeons, who were summoned by the nurse by an electric bell which I had put up to communicate between the padded room and the receiving room officials at night; and in this case the man was nearly strangled. I have often known three or four persons necessary to restrain one person. It is clear that no nurse can properly restrain such extremely violent cases as those.

8875. Do you keep a certain number of these male attendants on the list?—The surgery beadle, one of our officers who is subject to the surgeons and myself, keeps the names of a certain number of men who are willing to be called in as they are wanted. It is not a very desirable

Chairman—continued.

occupation, and it is very difficult to get suitable men; we have tried the commissionaires, but it is difficult to get them at a moment's notice. The surgery beadle keeps, as I said, a certain number of men; these men are respectable in their conduct; they come in for a few hours if they are required, and go away till they are wanted again.

8876. What is the surgery beadle?—A man who has the entire superintendence of all the surgical instruments of the hospital, and attends on all operations; he is responsible entirely for the good order of the post mortem department and the mortuary, and indeed he is the right-hand man of the surgeons in many respects, and of myself in others with regard to what comes under my control in the hospital. He used to be one of the servants, but he and another have been with us for many years, and they were so highly esteemed by the Committee that they have given them the name of "Mr." They are taken from the ranks of servants, and they are reckoned as officers of the hospital. The other is the storekeeper.

8877. How much does this gentleman receive in the way of wages?—I can tell you if I look at my register of salaries (*referring to a book*). This is a book I keep for my own satisfaction; I am not required to keep it. He gets 130 *l.* a year, and uniform and beer, and his dinner, which may be reckoned at 15 *l.* 13 *s.* a year; and he has two furnished rooms in the hospital allotted to him as bedroom and sitting room.

8878. He gets board and lodging in fact?—No, I think not.

8879. You say he has two rooms allotted in the hospital?—Yes, he has them to live in; he has his dinner at the hospital club that we have heard about.

8880. Do you mean that he does not sleep in the hospital?—Yes, he must sleep in the hospital because he is required constantly in the the night to get up to attend operations, which are going on with us day and night; either he or his assistant is called up to attend the operations.

Lord *Thring.*

8881. With respect to the insanitary state of the hospital, you say that the fact that there has not been any marked disease shows that there is not an insanitary state of the hospital; but, surely, the fact that experts have lately condemned the sanitary state, and that improvements are now being effected, is evidence that it is not in a proper sanitary state?—Experts have not "condemned" it; an expert has suggested improvements.

8882. And you are going to make them?—Yes; I call them improvements as distinguished from necessary alterations.

8883. You draw a distinction between what is made worse by use and other sanitary defects?—Yes; I think our committee would have stared at me if I had suggested that these things should be carried out at an expense of 7,000 *l.*

8884. Still, you approve of them?—I approve of them.

Earl *Cathcart.*

8885. Are you aware of a society, of which your former chief physician is an active member, the President of the Royal College of Physicians of London, Sir Andrew Clark; the name of the institution is the Hamilton Association for providing trained male nurses?—I have heard of it.

8886. You have had no connection with it?—They tried to form connection with us in some way, but we very much preferred the female nurses.

8887. Are you aware that they have been employed at St. George's and the Seamen's Hospital and Guy's Hospital?—Very likely, because they are nearer to those locally. The men we employ are wanted for delirious cases. A man, for instance, jumps out of bed in the middle of the night and begins rushing about.

8888. Do not doctors in private practice equally require male nurses;—That I know nothing about. I should infinitely prefer having no male nurses except those required to restrain delirous cases.

8889. My experience is similar to yours; I have seen from four to six men employed in a case of delirium tremens?—Yes, that is something like my experience.

8890. Is it not very desirable that those men so employed should be men of a certain amount of training, and that they should not merely use brute force?—I do not think they use brute force, because they are all under the inspection of the sister; she would not allow brute force.

8891. Do you remember an expression of Mr. Valentine's, speaking of this subject, when he said that the men called in to assist were people of no experience, and had no other resource but brute force?—Mr. Valentine might think so, but we find them work well in practice. The moment a man is suspected of being an improper person, either as to drink or neglect or going to sleep or using improper means of restraining the patient, he would be immediately dicharged by the surgery beadle.

8892. But your night porter did come to grief the other day?—That was one employed in the night; he is there in the night, when we could not suddenly get a man from the outside; he is there in the night to be called upon in case of need.

8893. But had you not a porter some short time ago who was drunk?—Yes.

8894. And was he not connected in some way with some mismanagement of a patient?—No; I think he was not in a condition, when called, to carry the patient to the ward, to do it properly.

8895. He let the patient drop, did he not?—It was said that he almost let the patient drop, and the house surgeon complained to me of the fact. I brought him before the committee, having told him the day before that I should suspend him, and bring him before the committee, before whom he could go if he liked to defend himself. The committee discharged him immediately.

8896. But you see the importance of having very reliable male nurses on occasions when they are required?—The male nurses would not be employed to carry the patients to the wards, if

Earl *Cathcart*—continued.

if we had them; those are common porters' duties. That man would take his turn with a few others; we have at present seven or eight men, working in couples, for patients requiring to be carried.

8897. But if such a circumstance occurs to one of your own officials, does it not prove that great care should be exercised in the selection of the people you call in casually for the patients?—The greatest care is exercised, as far as we have the opportunity, but the number of people who attend to these cases is very limited at any price. You are obliged to put up with what you can get. They are carefully watched.

Chairman.

8898. Are there any particular parts of the evidence that you particularly want to call attention to, or to comment upon?—I did not know that you would get through with me so quickly; I expected to have had an opportunity of looking through the balance of the evidence. I have a good many opinions, but I do not think it is worth while to trouble you with them.

8899. But I am anxious that you should have a chance of contradicting anything you wish to contradict?—A great deal has been said about the overcrowding. Now, there is no doubt whatever that we are frequently over-crowded, and have been in my recollection, but much more so formerly than of late years, since the Grocers' Company wing has been erected. Before that time we had been so excessively overburdened with cases, especially medical cases, that I frequently brought the matter before the committee with a view to the erection of a new wing mainly for the accommodation of medical cases. The idea of building anything further was for a long time entirely scouted by the committee; they said that they would have nothing to do with it. At last it came to this, that at the end of four years of urging the point, I one day reported to the committee that, with the fullest proper number of beds of, I think, 580, we had at that moment 626 patients in the house, scattered all over the place, to the inconvenience of everybody, almost to the danger of the cases themselves, and to the great trouble of the medical officers, who had to follow them from one part of the building to the other without any classification to guide them. When that report was presented, one of the best friends the hospital ever had, perhaps the best, Mr. Thomas Fowell Buxton, said, "I have opposed this increase, I think consistently, for many years, conscientiously at least, but I am now convinced that something must be done; and if the committee decide to increase their hospital, with a view to the accommodation of more medical cases, I think a special fund should be raised, and I will start that fund with a subscription of 5,000 *l.*" That offer was largely followed by others, and I think within one week we had got a promise of more than 20,000 *l.* That was when we had 626 patients, occupying a total proper number of 580 beds; and ever since the Grocers' wing has been built, which contains, nominally, 776 beds, but in which at least 800 are always standing, so as to accommodate extra cases that must come in with a view to classification, we have never increased our total beyond 733 cases.

Chairman—continued.

Earl *Spencer.*

8900. The Grocers' wing does not contain 800 beds; that is not what you mean, although I think you said so?—No, it was to raise our total number to 800 beds. So that with regard to the crowding, although it is necessarily thrust upon us, and we cannot help ourselves, because the cases come to the doors, and must be taken in, still it is not like what it used to be in old times. They used to come to me in the morning and say, "Where shall we put any more beds?" and I used to say, "I think the only place remaining is on the tiles;" every place was full.

Chairman.

8901. Now do you keep a number of beds vacant in the event of any great accident occurring, or a great fire?—Accidents could always be accommodated in large numbers, because we should double up everything. Surgical cases only remain a short time in the hospital compared with medical cases, and for a time we should use the central lobbies of the wards or any places to meet an emergency. I have known surgical cases in the large male accident wards on one side of the house where the beds number, I think, 65, get up to the number of 85 on three several occasions.

Earl of *Kimberley.*

8902. What is the exact meaning of your words, that the cases "must be taken in"?—They are too bad to be sent away from the doors; they must be taken in for the immediate preservation of life.

8903. I suppose there is some limit?—We have never found the limit yet.

8904. Do you mean, that no matter how much you overcrowd your hospital you go on overcrowding it?—We did before the Grocers' wing was built.

8905. Supposing you took in a less number of cases that were not accident cases, you might have that number of beds vacant for accident cases?—You must always keep a certain number of beds vacant for accidents whatever you do for others.

8906. That is not my point; supposing you find that the number of accident cases is so large that you cannot keep all the other cases that you do keep without overcrowding the hospital, is it not your duty to keep a number of beds vacant for the accident cases?—If you can do it; but the admission is decided upon the question of urgency by the doctor who takes them in.

8907. I suppose there are a certain number of cases in the hospital which are not cases of extreme urgency?—In the crowded parts of the hospital those are more and more rejected.

8908. I suppose out of the whole number of cases in the hospital, there are a good many cases which, though serious, are not of extreme urgency?—Yes; but they are taken in by the doctors for special reasons which I have nothing to do with.

8909. Do not you think that the proper duty of the hospital is to exclude a sufficient number

Earl of *Kimberley*—continued.

of those cases which are taken in by doctors for special reasons, in order that you may not overcrowd the hospital; must you not exclude a sufficient number of those cases to enable you to take in the urgent cases of accident?—Theoretically, that looks very nice; but, in practice, who is to decide the question?

8910. Theoretically, your practice does not look very nice; but surely you do not mean to say, do you, that it is impossible for the authorities of a hospital to regulate their hospital in a proper manner?—To a certain extent it is when life is at stake.

8911. But you are passing away from the question I ask. I do not say that if you have got the hospital at any given moment full, you can easily reject from your doors an urgent case; but knowing, as you must do, from the evidence you have given, that these cases occur not frequently, is it not your duty to take care that there are a sufficient number of vacant beds in the hospital for you not to be driven to this necessity of overcrowding the hospital?—Some years ago I was myself the agent mainly in suggesting a scheme to provide a certain number of vacant beds at all times and under all circumstances. That has been tried for many years, and has been worked with extreme difficulty, and practically it is not of very much use because the system is overturned by the enormous pressure from without. The beds may be reserved when there is no great pressure, the reserve appears enough; but two or three days will reverse the aspect of affairs altogether, and what was thought to be enough two or three days ago becomes very much too little at the end of the three days, and still the urgent cases apply.

8912. Does not it amount to this; that your management is defective, and you are not able to resist the pressure which you ought to resist?—I am quite willing to say that my management is defective in that respect, and that I am unable to resist the pressure from without.

8913. If a hospital is managed on the principle that it cannot resist the pressure from without which it ought to resist, surely that hospital is mismanaged?—I think not, because the evil resulting from that is less than the evil of turning the patient into the street to die.

8914. That is departing from the point. You have a number of patients who come to you who need not be turned into the street to die, because they are not very urgent; for the sake of taking in those cases, which apparently you are not able to resist taking in from your bad system of management, you overcrowd the hospital; how can you justify a system so utterly wrong?—I have nothing to do with the admission of cases; they are admitted by the doctor upon the merits of the cases alone.

8915. I did not for a moment intend to imply that you were personally responsible; but I am speaking of the management of the hospital, and I must again ask you whether you think that is a satisfactory system?—It is not satisfactory to me.

Earl *Cadogan*.

8916. You did at one time try a system of limiting the number of occupied beds, a system of empty beds, so as to provide for contingencies?—Yes.

Earl *Cadogan*—continued.

8917. That broke down, because you could not, as you say, withstand pressure from without, in other words you did not keep your beds vacant?—That system is still in practice to this day; it is acted upon, as far as it can be, but it is not effectual.

8918. Did you not say that the pressure was so strong from outside that you could not keep your beds empty?—According to the judgment of the doctors.

8919. Then that system cannot be said to prevail now?—Yes, it does prevail, but not persistently and effectually. It is looked upon as a thing that should be tried for.

8920. The working of such a system depends entirely on your keeping the beds vacant?—Yes.

8921. It is no use having a system of keeping beds vacant, and then, from pressure outside, filling the beds?—We let the doctors know that such-and-such beds should be kept vacant; if they do not keep them vacant it is not my fault.

8922. I did not say it was; but, as a matter of fact, are those beds kept vacant?—A great number are, in some wards more them in others; some kinds of cases are cases of greater pressure than others.

8923. Then you are able to withstand pressure from outside?—Yes, occasionally; we do keep a certain margin as far as we possibly can, and we are always endeavouring to keep it. It is a constant effort in my office to keep the question before the doctors.

Earl of *Kimberley*.

8924. You did not lay down such a rule as this: that there should be so many beds not occupied by any patients not considered very urgent?—You might lay down a rule, but the cases would come and be considered very urgent still.

8925. Do you mean that the medical staff would disobey the orders of your governors?—I do not know about that; but in practice the cases are certified as urgent and do come in, though there is no margin.

8926. But is it not possible to find out whether the cases are really urgent or not?—Who shall decide when doctors disagree?

8927. I will answer that by asking you this question: should not the committee of management of the hospital decide?—No, I think not.

8928. Do you mean that you ought to allow your staff to make use of the hospital as they please?—For the admission of cases they sign a certificate that they ought to come in.

8929. Then you have no control over them?—A certain control.

8930. What control, if you cannot prevent your hospital being overcrowded?—We cannot control that; we do our best, but we are so situated, the demand is so enormous from without, so much more than the capacity of the hospital is equal to, that we cannot help ourselves.

8931. But I suppose there is a limit where you would feel that it would be criminal to the interests of the patients in the hospital to allow any

Earl of *Kimberley*—continued.

any more cases to be admitted?—I mentioned that my report 15 years ago settled the building of the Grocers' Company's wing, because of the pressure.

8932. But there must be some limit somewhere at which this overcrowding must stop?—Yes, there would be.

8933. Now have you any limit fixed beyond which you would consider it so grievous an offence to admit another patient that the doctor who admitted him would be at once dismissed?—No, certainly not.

8934. Then do you mean that the hospital might be overcrowded to any extent whatever?—No; we should remonstrate with the doctors about the particular wards. The crowding occurs in certain places, not all over; the doctors' attention would be called to it as an urgent evil, and as far as possible they would discharge any old cases that could be got rid of, and restrain the new admissions. And we have just done one new thing; we have divided the week's admission on the medical side into two parts, so that there shall be no tendency to keep patients in one moment longer than necessary.

8935. Is it much use to make regulations if the medical staff disregard them?—They are naturally a very powerful body, and the best judges of the cases that should come in.

Earl *Cadogan.*

8936. I do not wish to misinterpret your evidence, but have we not elicited from you these two admissions; first, that the hospital is overcrowded, and secondly, that it is impossible to prevent it?—You have elicited the admission that it is sometimes over-crowded in certain parts, never altogether since the new wing has been built.

8937. Then the answer to my first question would be, no?—As a general thing it would be.

8938. Have we not elicited from you, first, that the hospital is sometimes overcrowded, and, secondly, that it is impossible to prevent such overcrowding?—As to the first, I have admitted that it is overcrowded in places, not as a whole hospital; it has not been for 15 years. Secondly, it appears to me that to prevent the overcrowding in special places, when it occurs, we can only take the best means in our power to get rid of it.

8939. Might not the remedy be to have a Government inspector who might prevent this overcrowding?—I have no objection to a Government inspector.

8940. And you would have no objection to its being provided that every general hospital should admit not more than so many patients; that it should be rendered illegal to admit another?—I think it would be a very hard thing to do that; I find that in the London Hospital we can work comfortably until we get less than 16 per cent. of vacant beds; when we get less than 16 per cent. of vacant beds we begin to get tight somewhere or other. With 776 beds we always go on well until we have got them filled up to 660 or 670 patients; then we begin to feel crowded, because the hospital is divided among 14 classes of cases, and a drayman, for instance,

Earl *Cadogan*—continued.

cannot be put into a cot, or a male into a female ward.

Earl *Spencer.*

8941. This is practically in the hands of the medical officers?—The admission of patients is.

8942. Would a medical officer wish, for the sake of his own patients, that his ward should be overcrowded?—He would wish it managed without overcrowding; but he knows that the great majority of cases must be taken in.

8943. Then notwithstanding his wish to the contrary he is sometimes obliged to overcrowd his ward?—He does not do it; they come to his ward because he is obliged to put up with it.

8944. Who admits them?—The house physicians and surgeons admit from the receiving-room, and the assistant physicians and surgeons from the out-patient waiting halls.

8945. Have you ever known resident medical officers or surgeons remonstrate in consequence of the overcrowded state of their wards?—They have not remonstrated to me, because I cannot turn them out.

8946. But have you ever heard them complain that their patients suffered by the overcrowding?—I do not know that I have ever heard of it, but the patients must suffer sometimes, I think.

Earl of *Kimberley.*

8947. Supposing the hospital was very full, or a particular ward was very full, would not the practice be this, that the house physician or house surgeon who admits would reject any of the less urgent cases in order not to fill the wards?—I think he would, as far as possible; when it gets to a certain number, I have frequently seen them myself, and said, "Reject everything you can; it is getting too full."

8948. In point of fact, I mean cases are rejected for that reason?—They are rejected.

8949. Therefore efforts are made by the medical staff to prevent the overcrowding?—Undoubtedly.

Earl *Spencer.*

8950. You told us that sometimes in certain cases the lobbies too were full?—Yes.

8951. When that has been done you have known the wards overcrowded notwithstanding the use of the lobbies?—The wards would be quite full, and the intervening lobbies between the wards would take the surplus cases. It is only for a short time that accident wards are overcrowded; they rapidly discharge accident patients.

Earl *Cathcart.*

8952. As to the lobby, is it not a sort of extra ward in the middle of the ward?—The central part, where the fireplace is, and where the food is cut up.

8953. And that lobby might be used without incommoding anybody to any appreciable extent?—Yes; it has been used under great pressure, but we prefer not to reduce the cubic space allotted to each patient, if it is possible to avoid doing so.

Chairman.

8954. Who are the men who admit the patients to the hospital; are they the officers of the out-patient department?—The house physician, the house surgeon, and the resident accoucheur, admit any patients that come to the receiving room, without tickets; and the assistant physicians, and the assistant surgeons, and the obstetric physicians, admit those in the waiting halls; and also the officers of the special departments for the eye, the ear, and the skin.

8955. Then have these men who admit these patients returns of where there are vacant beds?—Every morning at nine o'clock a return comes down from every ward to my office, and within half-an-hour a large sheet is made up which tells everybody in the hospital the return of vacant beds for that day; and that is posted in the receiving room for all the resident officers to see, in the library of the hospital for the assistants and full staff to see, and in the office, where the cases are allotted to beds when they are taken in from the waiting halls, and information is also given in the waiting halls. This return (*producing a return*) is filled in every morning, and posted up for the inspection of everybody wanting to know anything.

8956. Who is Mr. M'Carthy here?—One of the surgeons, and all the patients under each surgeon are there filled in, and they see how many vacant beds they have left; and at the bottom there is this, with reference to the margin: "Memorandum. The minimum margin of vacant beds for Surgeon So-and-so," and here the "Minimum margin of vacant beds for Physician So-and-so."

8957. Then, does this gentleman, Mr. M'Carthy, fill up all the beds in Mary ward, or whatever the name of it may be?—Wherever his beds are.

8958. He can only send patients to his own beds?—Yes, only to his own beds. The hospital was sub-divided by myself when the margin system was settled eight or 10 years ago.

Earl of *Kimberley.*

8959. But, supposing his wards are full, and there are vacancies in other wards, can he send to them?—No, because those beds must be kept vacant for the next person taking in: they clear them out as fast as they can against their next taking in.

8960. I did not quite mean that. Where you have very urgent cases come in, and there are more than can be taken in in a particular ward, what is done with those very urgent cases?—They would go into the proper person's ward, unless it was felt that it would be desirable to ask a colleague to lend a bed. They would try to discharge the least urgent cases, and make room for these extra ones, and move them back again if they borrowed a bed.

8961. But they would be sent to other beds if available?—Not necessarily; an extra bed would be put in perhaps.

8962. Do you say that when there are beds vacant in a certain ward, and supposing it were not improper to send the cases to that particular ward you would not transfer them to that ward instead of crowding another ward?—No, not if it could be avoided, because each man has only a

Earl of *Kimberley*—continued.

take in once in so many weeks or days. There are a large number of cases coming in recommended by governors, every day in the week by tickets, and from among those are selected the cases that must go into the hospital, and they go into the beds corresponding with the physician of the day or the surgeon of the week; and the margin means mainly a margin to receive those cases that are recommended by governors' letters. If the spare beds in other wards, belonging to officers not then "taking in," were occupied by cases received by the officers who were then "taking in," no marginal beds would remain for Governor's cases coming every day in the week.

8963. My question was directed entirely to cases of great urgency, and I wanted to know whether, if there were cases of great urgency you did not postpone these ticket cases to the cases of great urgency?—No ticket case is taken in except as a matter of urgency; everyone is signed for as urgent though coming with a ticket.

8964. But I suppose governors' cases are not always cases of urgency?—That is for the doctor; some are of extreme interest.

8965. There is an immense difference between the cases that are urgent and cases that are interesting?—Speaking, not as the house governor, I should say that cases are taken in, if matters of interest, which are not extremely urgent.

8966. Why do you not arrange that cases of extreme urgency should be placed whereever they can be accommodated?—Because every man, though not taking in, is liable to provide for certain cases during the week.

8967. Supposing that there are other cases more urgent, I suppose it does not signify which cases are taken in, governors' or other cases?—No, not the least.

8968. Then why do you create this obstacle to your own better distribution of the cases?—We create no obstacle that I am aware of, and it is extremely difficult to regulate the affairs of the hospital under such pressure. Occasionally I am applied to from the out-patient waiting hall to provide a cab to take a patient home, whom they think they can send away for a few days, and who may come back at another time.

8969. I want to know why, if there is a very urgent case, it cannot be put in another ward; you tell me because there are certain other cases liable to come in: I say if they are not equally urgent, why should they be admitted?—I say that no case is taken in among the recommended cases unless it is certified as urgent.

8970. Are they all equally urgent?—It is open to observation that they are not.

8971. Then would it not be better to put those most urgent into the hospital in preference to those that are less urgent?—I admit it would be better, but I do not see how it is to be done.

8972. Have you not practically invented a system that prevents it?—No, it is because the beds are all allotted to different persons.

8973. By that you have prevented the admission of the most urgent cases?—No, I think not; because the doctors are responsible for their own beds, and make the best of them that they can.

8974. Suppose

Earl of *Kimberley*—continued.

8974. Suppose there are empty beds in Dr. Gilbart Smith's ward, or Dr. Warner's ward, who is it that is responsible for the allotting of patients to Dr. Warner or to the other doctor?—They share it day by day. The surgeons take in for three and a-half days each, and the physicians take in three and a-half days.

8975. If Dr. Warner's ward is full, and it is his taking-in day, and a patient presents himself, what becomes of that patient?—The assistant physicians have only a very limited number of beds in practice.

8976. I meant as to any of these names: not merely Dr. Warner's?—If there is no other way of meeting the difficulty, an extra bed is put into that doctor's ward.

8977. Even if there is an empty bed in any of the other wards, it is put in preference into that ward, because it is his taking-in day?—Yes, undoubtedly. The same difficulty would occur with the next man the next day, and every one in succession.

8978. And they are never transferred from one doctor's ward to the other?—Only by arrangement; when they think a little temporary difficulty may be got over, some patients may be sorted out to be sent away, and to make room for the more urgent ones coming in daily.

Chairman.

8979. These bed returns are put before the house committee, are they not?—No, it is a thing that is settled entirely without that.

8980. Have the committee no opportunity of knowing whether crowding is going on?—Yes, I report it when it is going on.

8981. Then do they not take any notice of that report?—Very frequently they do; they remonstrate with the doctors, whose wards are getting too full, and urge them to reduce their number, as far as possible.

8982. And beyond that what can they do?—They cannot do anything.

8983. Then they are quite impotent, are they not?—With regard to the treatment of cases.

8984. Not with regard to the treatment of cases, but with regard to the admission?—Yes, they are quite impotent.

8985. And yet they are the supreme body in the hospital?—Yes.

8986. And therefore the supreme body in the hospital is impotent?—In this medical matter of admitting cases, because it is decided by urgency. It would be a very dangerous thing for a lay person to say that a case should be rejected which the doctor said should come in.

8987. I think I understood you to suggest that the doctors were inclined to favour the admission of interesting cases?—In all hospitals for teaching purposes, interesting cases are admitted to the wards.

Lord *Monkswell.*

8988. If the hospital were so full that only urgent cases should be admitted, the doctor might want, for teaching purposes, to admit an interesting case that was not urgent?—I think the majority would balance the matter in their own minds and not take in an interesting case, if they saw an urgent case that should come in.

8989. It might be just as well, might it not, to have some little control over the doctors in this matter, because naturally, for teaching purposes, they would be inclined to take in interesting cases rather than urgent cases, and that might be a reason why the house committee, or some other body of men beyond doctors, should have some voice in this matter?—It may be so; but I still think that it would be a very dangerous thing for a non-professional opinion to overrule a medical opinion.

Chairman.

8990. Is there anything else you wish to call attention to in the evidence?—I have an infinite number of memoranda about the tenders and the contracts, and the quality of the food, and everything of that sort, but I think there is nothing but this that I desire to detain you about now; that it is hardly fair to draw a comparison between the state of the cooking in the hospital before 1886 and after that date, for this reason, that now they have a separate building with every possible mechanical appliance, and the best modern arrangements, and ample space, and many hands, all that are required, and plenty of time to do it in. The feeding of the nurses had gradually grown upon us in the hospital, in addition to the feeding of the patients; and though I could quite appreciate the fact that it was very desirable to get the best possible cooking, and the greatest variety for the nurses in the home, it was asking me "to make bricks without straw" to ask me to do all that was desired before that home was built. Any comparison therefore drawn between the period before that, and the state of affairs since, when the cooking is said to be excellent, and the food everything that could be desired, would be injurious to the hospital in one sense, and to me in particular. I refer to that because the comparison has been drawn, and I considered that my credit was at stake.

8991. We are anxious to give you an opportunity of making any comment you desire?—I do not remember anything else.

The Witness is directed to withdraw.

MISS EVA C. E. LUCKES, is called in; and further Examined, as follows:

Earl of *Kimberley.*

8992. WITH reference to the question as to the number and distribution of the nurses, you have a return that you can put in?—Yes, the return is as follows:—

"Total number of nurses on the nursing staff exclusive of matron's assistants. 19th July 1890:

23	sisters.
191	nurses and probationers.
25	private nurses.
239	

Unavailable

Earl of *Kimberley*—continued.

Unavailable in wards on 19th July 1890, for the following reasons:—

2 sisters on prolonged sick-leave.
3 nurses on prolonged sick-leave.
7 nurses in the sick room.
3 nurses summoned to sick relatives,
10 nurses away for annual holiday.
2 probationers nursing private cases.
2 day nurses off duty for monthly "day off."
2 night nurses off duty for monthly "day off."
1 sister engaged in out-patient department and receiving room.
5 nurses engaged in out-patient department and receiving room.

Total of 37 not available for the actual wards.

179 actually working in the wards of the hospital on 19th July 1890, accounted for as follows:

Number of sisters, nurses, and probationers working in the wards on day duty on 19th July 1890, as follows:

18 sisters.
102 nurses and probationers.
2 probationers on special duty.
2 private nurses working in the wards.

124

Number of sisters, nurses, and probationers working in the wards on night duty on 19th July 1890, as follows:

2 sisters.
48 nurses and probationers.
5 probationers on special duty.

55

Total of nurses actually on duty in the wards on 19th July 1890:

179.
37 Absent, as explained.
23 private nurses (out of hospital).

239

I judge this to be somewhat below the usual average of workers available in the wards, as the number off duty with minor ailments is rather higher than usual, and it is only during the months of July and August that we arrange for so many to be absent at one time for annual holidays.

Number of patients in the wards on 19th July 1890=

626

Daily average of patients in the wards for the week ending 19th July 1890=

607

Number of nursing staff actually on duty in the wards 19th July 1890=

124 on day duty,
55 on night duty,

allowing one nurse to every 3½ patients, viz.: one nurse to 5 1-10th patients by day, and one nurse to 11 1-5th patients by night.

The necessity for this proportion between the day and night nursing staff arises from the fact that each person included in that 124 day nurses would have two hours off during the working day, whereas the night nurses are in the wards for twelve consecutive hours. Also the actual work of the day-nursing staff is much increased by attendance on the visiting physicians and surgeons.

The need for a larger proportion at night is further diminished by the fact that a majority of the patients in each ward would be asleep, and of course no regular ward meals for the patients are served from the time the night nurses come on duty until 6 a.m."

Chairman.

8993. There is here a sort of petition or statement in your favour, signed by a large number of present nurses of the London Hospital. It is in these terms: "Dear Matron—We all unite in condemning the conduct of those nurses, who so unjustly attacked the hospital arrangements on Monday 30th June, and express our warmest sympathy for you in the charges against the hospital. Our deepest thanks are due to you for all you have done for the nursing staff since you have been here"?—Yes.

8994. This is a genuine document, is it?—Yes.

8995. And you wish the fact that it is signed by a large number of the nurses to appear in the evidence?—If you please: it would gratify them, I am sure.

The Witness is directed to withdraw.

Ordered,—That this Committee be adjourned to Monday next, at Twelve o'clock.

Die Lunæ, 28° Julii, 1890.

LORDS PRESENT:

Earl CADOGAN (*Lord Privy Seal*).
Earl SPENCER.
Earl CATHCART.
Earl of KIMBERLEY.
Lord SANDHURST.
Lord MONKSWELL.
Lord THRING.

THE LORD SANDHURST, IN THE CHAIR.

MR. STEPHEN MACKENZIE, M.D., F.R.C.P., is called in; and, having been sworn, is Examined, as follows:

Chairman.

8996. YOU are on the visiting staff of the London Hospital, are you not?—Yes.

8997. Will you kindly tell us what your position there is?—I am one of the physicians; I have been a member of the staff for 16 years.

8998. Not the senior physician?—I am one of the senior physicians.

8999. And did you receive your medical education at the London Hospital?—At the London Hospital and at Aberdeen.

9000. Then were you admitted as an officer of the hospital, having merely the Aberdeen diploma?—No, I had taken my qualification before I went to Aberdeen; I did that to get a degree in medicine.

9001. You have to do with the school, I understand?—Yes; I am the lecturer on medicine, and a member of the college board.

9002. Could you tell us exactly what the constitution of the school is, in fact, tell us anything you think desirable about the school, because we are quite in ignorance about the school?—The school consists of a number of lecturers and teachers who are appointed by the college board. The college board itself is composed jointly of members of the house committee and of the staff, nominated in equal proportions. The college board manages all that has to do with the arrangement of lectures and the education of the students.

9003. And as to the house appointments?—They nominate for the house appointments; the appointments are actually made by the house committee; they have the actual making, but the nomination comes from the college board.

9004. But then, I suppose, the house committee would not override the recommendation of the college board?—For those appointments, never; they never have done so; but then, you understand, that the chairman of the house committee is *ex officio* a member of the college board, and the treasurer of the college board is always one of the senior members of the house committee; and the lay members of the college board are always men who know very intimately the affairs of the hospital.

Chairman—continued.

9005. Do you think it would be a good plan to have that body exclusively professional?—No; we think this a great improvement. Originally the school was managed entirely by the staff. It was found that doctors, who were supposed not to be very good men of business, could not give the requisite time, and the pressure of their profession was so great that the machinery did not work well; and it was on that account that we asked the co-operation of the house committee; and we think we derive very great benefit from their co-operation.

9006. When you want to appoint men on the staff what is the course taken?—That appointment is entirely in the hands of the house committee, not in the hands of the college board; the college board regulates the appointment of students, but appointments on the staff are made by the house committee.

9007. Take a young man, a student; when there is a vacancy on the house staff, how does he obtain that appointment?—The resident staff you mean; they are only just senior students; they are qualified, but they have just been students. When we speak of the "staff" we do not mean the resident staff; we mean the honorary and visiting staff.

9008. Supposing there is a vacancy on the resident staff, what is the process for filling it up?—The college board nominates.

9009 Then a certain number of men make applications?—Yes.

9010. Take these men who make applications; do you examine them?—I will explain what is done. They send their names in to the warden; vacancies are posted up when they occur, and they send their names in to the warden; then on the agenda paper of our meeting at the college board we have the number of vacancies of each appointment, and the applicants, with their qualifications, and the work they have done at the hospital, the the number of months they have been dressers and clinical clerks; then when we come to our meeting, with this paper before us, we go through each name and appraise the value of the students as well as we can, referring to the books as to the way

Chairman—continued.

way in which they have done all their student work; then we see the applicants for office, and finally decide, on a consideration of their various claims, which is the best for each office.

9011. Do you take into consideration their personal character?—Unquestionably; character and fitness, morally and physically; because some men are very good, but too weakly to stand the strain of work; some men, on the other hand, are distinguished students but not desirable men. But all those points are weighed most carefully. And these appointments, you understand, are prizes for the students; they pay nothing for them, but they are regarded as the highest prizes we can offer.

9012. Do they not pay fees to the institution?—Not in relation to these appointments. All students pay the same fees for their education.

9013. But I meant apart from that?—No, not special fees.

9014. This young man would be house physician or house surgeon, or resident accoucheur; he is attached to one particular physician or surgeon?—Yes.

9015. But he does not pay him?—He does not pay him anything whatever.

9016. How long do these appointments last?—They are tenable for six months, but renewable for a further period of three months, or two periods of three months. When the school was not so large, we used often to renew; but of late our school has increased so much in numbers that our renewals are exceedingly rare.

9017. What number of students have you?—Four hundred and sixty on our books, including the candidates for office and the special students taking up particular subjects. Some come only for surgery; some only for the practice of medicine; and then we have our regular students, whom we educate from the beginning.

9018. What appointments are there in the hospital?—Five house physicians, five house surgeons, and a resident accoucheur; those are the proper resident appointments. There are two students in the hospital for a time, as resident dressers, but they are only for half weeks together; and there are maternity students, who are in for a week at a time; but those are subordinate positions not held by qualified men. So that one may say, there are five house physicians, five house surgeons, and a resident accoucheur.

9019. Is there an obstetric physician?—Yes, there is an obstetric physician, and an assistant obstetric physician.

9020. Is the assistant obstetric physician in the same position as these young men you have spoken of?—No; our assistant surgeons and assistant physicians, and the assistant obstetric physician are all members of the visiting staff, and are more highly qualified.

9021. Not resident?—Not resident.

9022. As regards these maternity students, the chief in charge is the resident accoucheur?—Yes.

9023. What process is gone through in regard to these young men assisting in such cases?—I may say that it is not my department; it is some 20 years since I had to do with that.

Chairman—continued.

9024. Suppose a woman wants assistance, does she send to the hospital?—No; when they are expecting their confinement, they have a ticket given to them, in which we undertake to attend the case; and then they send to the hospital when the confinement is imminent, and then we supply a student to attend the case. If the student was in difficulty, he would send for the resident accoucheur, and if he was in difficulty, he would send for the assistant obstetric physician.

9025. Do you consider that there is no fear of a student going to a case of this description, that same case being the first that he had seen?—It must necessarily be the case sometimes.

9026. He would not go for the first time unattended by the resident accoucheur, would he?—I am not quite competent to speak upon that point now.

9027. Then if that is the case we had better leave that point. Now, as regards the school proper, the school has a very large income, has it not?—Perhaps one would hardly call it a very large income; I cannot give you the exact figures.

9028. What do you imagine it to be?—I should think between 6,000 *l.* and 7,000 *l.* is the gross income of the school. The working expenses are extremely heavy, so that I can tell you approximately what is the net income.

9029. Could you tell us in what sort of grade the prices paid for lectures are?—As compared with other schools, do you mean?

9030. No, actually in your own?—One hundred guineas is our general fee, that is for the qualifying course, but we have just raised our fee this summer; hitherto our fee has been 100 guineas, and now it is 120.

9031. But have you difficulties in making both ends meet in the school, or have you a surplus?—We have a surplus; but you must remember that those who work in the school work very hard; they are not very well paid even then. We divide about 4,600 *l.* amongst the staff, lecturers, and paid teachers; but then you must remember that some of these are working for six or nine months of the year for their share of that; it comes to very little when it is divided.

9032. Then a great many of these lecturers and teachers are, no doubt, men who are making incomes of their own?—Undoubtedly; they could not subsist on what they get from the school.

9033. Therefore, that being the case, is not the tendency of their giving lectures at the school rather to be a loss of money than a gain to them?—It is occasionally a loss. They are not so self-sacrificing, however, as for that to be often operative; because a man ceases to lecture if he finds he is losing money by it, and there is always somebody to step into his place if he leaves it.

9034. Do you like the idea of the individual schools, as they are at present, in connection with the London hospitals?—It is a great historical question. If you were starting *de novo*, perhaps you would not begin in that way; but you must remember how these things have arisen.

9035. You

Chairman—continued.

9035. You mean that having got the schools you like to stick to them?—Yes, and it has been a natural growth of medical education in London. London is so much larger than any other place in the world, that the features of medical education are likely to be different there from what they are elsewhere. I do not think that one central institution could supply all the medical education for London.

9036. Do you consider that the fact of each general hospital having its own school provides for a very strong individuality in the hospital?—I think it has advantages and disadvantages. I think that, on the whole, perhaps the advantages outweigh the disadvantages; it gives a strong *esprit de corps*, a strong individuality; the men become identified, in a way, with their hospital, which I think is an advantage; they would be lost in the crowd if they were all in one place.

9037. Do not you think it is a good thing for the hospital also; where abuses exist, would they not be more readily found out; students of that particular hospital, who got on in their world, would be more jealous of the reputation of their own hospital than of that of another?—Yes, I think so; but I am not sure that I follow the point.

9038. Jealousy for the reputation of a hospital is a good thing?—Yes.

9039. And that is more likely to be the case if a student is taught at a certain hospital than at a central institution?—Yes. But he must, as a matter of fact, be taught at one institution the practical part; the greater part of his time must necessarily be spent at one place. The theoretical courses of anatomy and chemistry, and subjects like that, may be taught anywhere else, but the practical work of dealing with the patients must be learnt within one hospital, in Edinburgh, London, or wherever it may be.

9040. And you prefer that this old system should be continued?—I am not sure. The whole question is being very carefully considered now, you know, as regards a university for giving degrees to students different from what we now possess. It is a very complicated and very large question.

9041. Would you like to see all the appointments in the various hospitals thrown open to men holding different diplomas in various parts of the country?—No. A question, I know, has been asked on that subject. We have a restriction at our hospital, as they have at most of the general hospitals, physicians being required to take the membership or fellowship of the College of Physicians of London, and surgeons to take the fellowship of the Royal College of Surgeons of England. I think that has advantages, distinctly.

9042. Why?—In the first place, a man who is going to become attached to a London hospital will live and practise in London, and if he is not a member of one of these corporations he will be shut out from some of the highest honours that the profession can afford him. A position of that kind, which a man obtains for himself, is an advantage and a source of prestige to the hospital to which he belongs; so that I consider that this restriction is beneficial in its operation.

Chairman—continued.

9043. Do you think that very good men never get excluded by that rule?—Any good man can get those qualifications. What I say is, that if a man is going to practise in London (I do not say that it applies to a man who is going to practise in Dublin) he will be making a strategical mistake not to take them, apart from the question as it affects our own hospital, because he would be shut out from some of the highest honours in the profession.

9044. Will you explain how he would be shut out?—At the present time the President of the College of Physicians is Sir Andrew Clark, who is one of our consulting physicians; the President of the College of Surgeons up to a few days ago was Mr. Jonathan Hutchinson, who is one of our consulting surgeons. The fact of having two presidents who are members of our staff is felt to be a great honour to us generally. And, again, the members of the council of these two bodies gain positions of great importance in the profession; and if a man did not hold any of these offices and honours he would not take as good a position with the profession in London.

9045. Therefore, with a view to attaining the highest honours in the profession in London, these qualifications, you think, are indispensable?—Certainly.

Earl of *Kimberley*.

9046. Might they not be left to themselves for that very reason; if the advantages are so very great it is highly improbable, is it not, that any of them would abstain from seeking those qualifications?—The hospital, perhaps, is a better judge than the individual on a point of that kind. The staff is a collection of men who have passed through this stage, and know much better than a young man starting in life what is likely to contribute to professional advantage.

9047. First you say that it would be very disadvantageous to anyone practising in London not to obtain a high degree of the kind in question, and then you say that these young surgeons are not the best judges as to whether it is advantageous to them; is not that rather arguing in a circle?—It does not seem to me so.

Earl *Cathcart*.

9048. Is not the feeling in your profession that the local qualification does not matter, but that the general standard should be kept up?—That is quite true, and those who take the membership or fellowship of the College of Physicians, or the fellowship of the College of Surgeons, have already, probably, obtained a university degree; and graduates of Oxford and Cambridge, the London University, and Edinburgh and elsewhere, are occasionally rejected from being members of the College of Physicians; men who are already graduates.

Earl of *Kimberley*.

9049. Did you ever hear of anybody who had taken a degree in the University of London being rejected by the College of Physicians?—Yes.

9050. But it is a higher qualification, is it not?—I should not say that. It is a different one. The London University examination is more a test of theoretical knowledge in a young man. The membership of the College of Physicians is

Earl of *Kimberley*—continued.

the result of a number of distinguished physicians examining a man in the highest branches of practical medicine.

9051. You would be surprised then to hear that a great many eminent physicians have been of opinion that the London University degree is the higher qualification?—No, I thought you were asking my own opinion.

Earl *Cathcart.*

9052. It has been suggested that a lecturer should not be in general practice because medical knowledge is so spread abroad, and a lecturer requires to pay such close attention to the literature of the world that he should have ample time to devote his attention to it, which as a man employed in making money by his profession privately, he could not do?—You see there are some subjects which a lecturer could not teach efficiently unless he was in practice, such as surgery and medicine. A man must have a very large experience on those subjects, which he can only gain by practice; it would not do to restrict him to hospital practice; he will see a certain phase of disease there, but another phase in private practice.

9053. Anatomy was one of those subjects mentioned requiring concentrated attention, and especially Edinburgh was mentioned as a place where there was a most eminent lecturer who devoted himself to that branch?—There are some subjects like anatomy possibly, physiology, chemistry, comparative anatomy, where there is no reason, or necessity, or advantage in a man being in practice.

9054. Now to go to another question, I do not want to go into any details or particulars, but is there any tendency in the London Hospital to minimise the treatment of Lock cases?—No, I should say distinctly not. It is a branch of practice that all teachers like to have, because students will be brought in contact with the disease in after life.

9055. You think then that there is no tendency to minimise the treatment of such cases. I will not trouble you further: I understood that to be the case?—There is no tendency to minimise it; quite the other way.

9056. Are you ever in the London Hospital at night?—Not very often now; I have lived in the hospital; I was one of the last of the resident medical officers; I was the senior for some years, and I have held every office, with the exception of that of house surgeon; but that is going back some years now.

9057. Then you are acquainted with the London Hospital during the night?—I should think very intimately acquainted with it.

9058. It is acknowledged that the London Hospital is doing beneficial work, but it has been suggested here that if an independent person with a trained eye were to go over the London Hospital by day, he would find everything in apple-pie order, the linen, the patients, and everything round, so that he could hardly find fault with anything, taking into account the circumstances; but then it is stated that if that independent person with a trained eye were to go there during the night, he might see hurry,

Earl *Cathcart*—continued.

and he might see difficulties, and he might see all sorts of things which would surprise him; is that your experience?—It is absolutely to the contrary.

9059. There is not that hurry in the night?—Certainly not.

9060. Not confusion in the night?—Certainly not.

9061. Not the hurry that might arise from overwork?—Certainly not. Perhaps in the last year or two I have been down, for special circumstances, late in the evening, once or twice at 12 o'clock for a particular purpose, and the wards are quite tranquil, and there is everything arranged as one would wish to see it. Indeed, I would be proud to take anybody, lay man or medical man, to the hospital any time, day or night, to see it, without any warning.

9062. I may take it that if that independent person went to the hospital at about 2 or 3 o'clock in the night, he would find everything in as good order as in the day time?—Yes, I am quite sure he would find it as well managed by night as by day.

9063. And do the night nurses appear as healthful, and with as good a colour as the day nurses; not what the doctors call anæmic?—I have really not paid much attention to that point, but I have never been struck with anything to the contrary.

Lord *Thring.*

9064. I think you said that a doctor saw two different classes of disease, the one in hospital practice and the other in private practice; what is the distinction drawn by you?—There are a great number of cases which would be regarded from a purely medical point of view, perhaps as comparatively trivial cases, which would not come to the hospital; that is one side. Then I think the surrounding circumstances in which a doctor has to treat his patients are almost as important as the diseases or injuries from which they are suffering; if he is always seeing them under a certain set of conditions, and never under others, he would only have a one-sided knowledge of his profession.

9065. I thought you said he saw different classes of disease in the hospital and in private practice?—I cannot recall the exact words that I used.

9066. But the fact is, in a hospital, they do not see much of infectious cases?—That is true.

9067. Whereas in private practice they do?—Yes.

Earl of *Kimberley.*

9068. Also chronic diseases; you do not see them much in the hospital?—We get a fair proportion of chronic cases, but not to the same extent as in private practice.

Lord *Thring.*

9069. With respect to the qualification of doctors, would it not be a great improvement in dealing with the medical profession, if there were to be some means used to prevent great diversity of qualification?—I could not give a categorical answer to that question.

9070. I suppose,

Earl of *Kimberley.*

9070. I suppose, theoretically, it would be an advantage to secure uniformity in the examinations, but the difficulties are very great, are they not?—Yes; I should be sorry to see one public school, one university, and one degree in medicine.

9071. Without, in the least, going into particulars, there has been a feeling, has there not, that in certain schools the qualification was not high?—Undoubtedly.

9072. Not as high as it is in certain other schools, although the first-named schools turn out a considerable number of good men?—Yes.

Lord *Thring.*

9073. With respect to your resident staff, as I understand, you have five house physicians, five house surgeons, and one accoucher, and these are changed every six months?—Yes.

9074. So that there is a constant rotation?—Yes.

9075. Is that a good system in your opinion; does it not lead to men being removed, to the detriment of the patient?—No; you must remember that the officer, when he comes on, is already qualified; he is the pick of the students on the particular occasion on which he is appointed; and we think that, on the principle of the greatest good to the greatest number, it is of enormous advantage for the educational purposes of these appointments that we cannot justly make any appointment beyond six months.

9076. But if I were ill, and changed my doctor in the middle of my illness, it would not conduce to my benefit?—I cannot tell; that would depend on who was your first and who was your second doctor.

9077. I should have thought that an inferior doctor who knew the disease, who had been watching my disease, would be a better doctor for me than a superior man who came in with less knowledge of it?—It is too hypothetical a question, I am afraid, for me to answer.

9078. Do you think that the rotation of doctors changing every six months is a good thing for patients?—Yes, I do on the whole. A fresh one comes in with fresh enthusiasm and fresh energies, and I think on the whole it is distinctly an advantage.

9079. To the patient?—To the patient.

Chairman.

9080. I understood you to say just now that you were one of the last resident officers at the London Hospital?—Yes, I was resident medical officer. It is very difficult for you to understand the technical terms; perhaps, if I was to explain the position you would understand it better. Up to say about the year 1874 or 1875, we had what was known as a resident medical officer who was a senior man, and the appointment was paid and tenable for two years; I was one of the last; two gentlemen succeeded me and at the period of the office of the second the change was made. And now I will explain why it was made. At first there was one resident medical officer with a junior and unqualified assistant; then it was found that the medical cases increased so in number that it was necessary to give the resident medical officer a qualified assistant who was

Chairman—continued.

called the junior resident medical officer; then it was necessary to give him two assistants of this class; and then it was found that even then he could not keep in touch with all the cases nominally entrusted to his care; and it was for this very reason that the change was made from having a resident medical officer and assistants, to each physician having his own house physician. By that means he has the opportunity and the time for knowing everything that can be learnt about the cases under him, so that our present system of a house physician to each particular physician we believe to be an improvement on the old system, where we had a senior, a more responsible and a paid official.

9081. Was the paid official an officer of the committee?—Yes; like every other officer.

9082. Why should you not have a resident medical officer, a senior one, and house surgeons or house physicians as well?—Because it would be almost impossible to find him proper work to do to occupy the whole of his time. He must either be responsible for the cases or else somebody else must, and the divided responsibility, I think, would be a distinct detriment.

9083. But now how often do these visiting physicians come?—They are required to visit the wards twice a week; many visit more frequently, but that is all that is required.

9084. They come twice or three times a week?—Yes; twice or three times a week.

9085. During the time the visiting physician is absent from the hospital the case is in charge of the house physician or house surgeon, is it not?—Yes.

9086. Supposing that a case takes a very complicated turn, and the house physician is rather at his wit's end to know what to do, because it is rather beyond his experience, what does he do?—There are several courses open to him. I will tell you what is practically done. Supposing he did not expect his physician that day or the next day, he would ask another house physician, one in whose judgment he had confidence, to see the case with him; or, if the case was graver than that, he would ask one of the assistant physicians seeing out-patients in the afternoon, to see the case with him; or, still more rarely, if the case was very serious, he would send to the physician.

9087. But is that found altogether a good plan, because another house physician is not more experienced than himself; or if he has to go to one of the assistant physicians in the out-patient department, it is necessary to take that man away from his work there?—With regard to asking one of his colleagues, it is true that he may be a young man like himself; but a consultation between the two is likely to result in increased knowledge, two heads being better than one; and with regard to the assistant physician he is not necessarily taken away from his duties in the out-patient department; he will see the case when he has finished his duties there; many assistant physicians visit their wards after they have seen their out-patients.

9088. Had the resident medical officer in your day to do with admissions?—Yes, he had to do with admissions from the receiving room. I may explain that the proper channel for admission is

Chairman—continued.

from the out-patient department; our governors have tickets given to them which qualify the patient for treatment as an out-patient or in-patient, at the discretion of the medical officer, and the ordinary and proper way for admission is through the out-patient department; but we have also what we call the receiving-room, what is called the casualty-room, or the surgery at other institutions again, where urgent cases may come at any time day or night, and the resident medical officer could admit from there; and his successors, the house physicians, do admit from there.

9089. We had evidence the other day that there might be complications from admissions by the house surgeons and physicians?—I do not think that any arise.

9090. In this degree, it was admitted, that sometimes the ward was very much overcrowded?—That is an unavoidable difficulty in all hospitals even as big as ours is, situated in such an enormously large industrial area. We must be put to pressure sometimes; we go on the principle of never, if we can possibly help (never, I think I may say), sending away a really urgent case, whether it is convenient to take it in or not.

9091. I admit all the difficulties; but supposing you had a man of weight and responsibility resident, who could give an opinion on the matter, the location of patients might be more convenient, might it not?—No, I do not think he could affect the location. For administrative convenience we must admit cases under a certain physician for a certain length of time, and then pass on to another; otherwise we should get more overcrowded still. We have tried the plan of having the beds common to all the physicians, and some years ago we instituted a fresh plan of devolving a certain number of beds on one physician, and that was found to be, on the whole, distinctly a better principle. He is more interested in the regulation of the beds; he is responsible if there is any overcrowding; though the overcrowding cannot be avoided, he is conscious that he must do what he can to relieve the hospital.

9092. As regards this resident medical officer, again, would it not be a better thing for the nurses that, if possible, they should have some resident man of experience, whom they could consult if it were necessary?—I do not think they could have much better conditions than they have now. They have two very distinguished men, men of very high rank in the profession, who see them; I do not think they would gain anything in that way.

9093. One of those gentlemen comes every-day; but on the first occasion we understood that the nurses had to go to one of the house physicians or house surgeons?—I do not think there is any hardship or disadvantage in that. These men are extremely able young fellows; otherwise the general patients would not be entrusted to their care; I do not see any hardship or difficulty in that as it affects the nurses.

9094. You prefer the system of having no resident medical officer, I gather from you?—Yes. I may say that I myself reaped an enormous advantage from being resident medical officer; but I think the present system of no resident medical officer is better for the institution.

Chairman—continued.

9095. Are there generally in the hospital a certain number of beds kept vacant for cases of emergency?—Yes; each physician has to keep within what we call a margin of five empty beds, so that any patients applying for governors' tickets, if suitable, may be taken in, or cases of urgency, from the receiving room.

9096. Who determines if these governors' cases are "suitable"?—The physician or the assistant physician in the out-patient department.

9097. So that you would turn away a case with a governor's ticket if you considered the case not sufficiently urgent, in favour of a case which came from the outside which was urgent?—Yes, the most urgent case would get taken in from whatever source it came.

Earl *Cadogan.*

9098. You say you have a margin; that each physician has a margin of five beds?—We have a technical margin, a nominal margin. Our pressure is so great that the house committee are constantly reminding us about our margin, but it is a limit which is rather neglected.

9099. I am asking rather as to the practice; how many beds should you say were generally reserved?—It will depend on the average; I could hardly say; I do not think we have more than two or three on the average. You must remember that in our taking-in week we shall have every bed filled up, and one or two extra probably put in. Then immediately from that time the numbers will begin to diminish, so that towards the end of the period there may be a greater number even than the margin.

9100. How many wards are there?—I am afraid I could not tell you that.

9101. What do you think the total number of beds would be that would be vacant on the average?—I am afraid that would be a very difficult question for me to answer.

9102. Can you give me an idea?—The house governor could tell you at once.

9103. I am under the impression that the drift of the evidence we have had was that the authorities were somewhat lax on the question of vacant beds, and that very often there were no vacant beds?—That is so occasionally; the house committee write to me occasionally to say that I begin my week of taking-in, when I should have five empty beds, without a single one; and that is the pressure under which we work; we cannot help it.

9104. Not only that, but beds are occupied in the corridors, we understood?—It would be wrong to draw the inference that that was the practice of the hospital because it has occasionally occurred. As regards admission, I think it ought to be made quite clear that the responsibility of taking into the hospital rests entirely with the staff; the lay authorities do not intervene in that; they say, "We cannot judge whether a case is fit to take in or not; the responsibility of that must rest with you."

9105. But, of course, if your beds are nearly full, or if they are full, you have to turn away a certain

Earl *Cadogan*—continued.

certain number?—You mean of cases otherwise suitable. Yes, certainly.

9106. Now, do you think that you turn away many cases in the course of a week that require immediate treatment?—I should not say cases that require immediate treatment, but cases that are suitable for hospital treatment, though it is not absolutely necessary for them.

9107. Have you many urgent cases that you turn away?—No; I think we hardly ever fail to take in really urgent cases, however full we are.

9108. You do not see any necessity for acquiring any more accommodation?—No; the hospital is quite large enough, the area which we stand in the midst of is a very poor and large one, and for some time to come we must contend with the difficulty as well as we can.

9109. On the whole you think the supply fairly meets the demand?—I do: I think it does absolutely as it is carried out.

Earl of *Kimberley.*

9110. But supposing that you were to habitually reject a certain number of cases that were suitable for the hospital, but were not cases urgently requiring immediate treatment, would not that in point of fact insure your having vacant beds except in some very remarkable circumstances such as the occurrence of a number of accidents in a short time?—No, I believe that is our general working condition. Every large hospital sends away suitable cases to leave room for urgent cases; and we are obliged to do it also.

9111. Supposing you had got your five beds vacant, which is your margin on the taking in day, and supposing that there are not cases of immediate urgency sufficient to fill them up, though there might be suitable cases to fill them up, if you were to reject the suitable cases might you not thereby avoid the overcrowding?—When I say that we are required to keep that margin of five beds, we often start with seven, 10, or even 12 empty beds.

9112. I assume, merely for the sake of discussing the question, that on a given day you start with five empty beds, and that it so happens that there are not five cases of urgency that present themselves, not a sufficient number of cases of strictly immediate urgency to fill up the whole, but that there are an abundance of "suitable" cases; if you were to reject a sufficient number of suitable cases, would not that very often relieve you from the necessity of overcrowding the hospital when the cases of immediate necessity came in?—Exactly, and that is done. If a man started with five empty beds he would not begin with filling them up at once; because he has to go on with those for a week, and he has to exercise very great discrimination.

9113. I meant this (though it is difficult to put a hypothetical case): that the rejection of suitable cases might, if it were carried sufficiently far, enable you to be tolerably sure of not being overcrowded?—Yes; and that really determines the practice of admission. Of course, "suitability" is a relative term; some cases are suitable, but others are more suitable, and so on; that is what really determines the practice of admission.

Earl of *Kimberley*—continued.

9114. The distinction between an urgent case and a suitable one is sufficiently clear?—Yes.

Earl *Cadogan.*

9115. The question is whether it is really a rule of the hospital that there should be vacant beds at all times. I do not quite understand why you fill up all the beds in the taking-in week?—The principle of a margin is to allow for contingencies. In the taking-in week, of course, that margin ceases to exist; it is created to provide for that.

9116. Supposing you take in this morning and have filled up all your beds; I understand that the rule is that there should be a vacant bed for a case of great urgency; supposing a case of great urgency comes this afternoon?—In those cases, if it was really so urgent that we believed life might be lost by sending such a patient away, we should put him up an extra bed rather than run the risk of his losing his life.

9117. How often do you take in in the week?—Until the last fortnight each physician in rotation took in one week for the whole week; but a fortnight ago, at the suggestion of the council, we thought that we should lessen the overcrowding and put less pressure on the ward, by splitting our weeks, and taking three and a half days. That has been in operation on the surgical side of the hospital for some years, and was found advantageous. It puts less strain on the officials, the house surgeons, and the nurses; and it will lead, probably on the medical side, to less strain on our wards.

9118. Will you explain that a little in detail; do you take in Monday, Tuesday, Wednesday, and half Thursday?—We take in on the Tuesday and the following days. We do not try to keep beds empty during that time.

9119. During those three and and a-half days you fill up?—We have carte blanche to fill up; but even then the beds are very limited, so that we are obliged to exercise great discrimination.

9120. The rule is that vacant beds cease to exist during that time?—Yes, the margin ceases to exist then; the rule exists for that purpose.

Chairman.

9121. You fill up this ward, and then if there is a very urgent case that comes, you put an extra bed in?—Yes; we do not always put up extra beds; sometimes we leave off our taking-in without having filled up our whole beds.

9122. Would it not be a good plan to what is termed borrow a bed from another ward?—We have tried that, and it is found not to be so convenient in various ways. It is very difficult to have patients not in their own beds; the difficulties of the corresponding house physician and so on come in, which you would hardly understand; but as an administrative fact it is much more convenient that the patients should be kept entirely to their own beds.

9123. Such a patient going into another ward would come under the physician of that ward?—

Chairman—continued.

That is what I wanted you to understand; it is much more convenient for management that they should all come under one physician; he knows what he has to do with them.

9124. You mean all those that come in that week?—Yes, or in the half week, as it is now.

Earl *Cadogan.*

9125. Do you keep any list of cases that apply?—Every case coming into the hospital, or seen, is entered in a book; every case, however trivial, is entered in a book.

9126. If an urgent case comes, and is turned away, that is entered?—We should give them a bottle of medicine in those circumstances, and advise them to seek advice elsewhere; the case would be entered in a book, the name of the patient, and the nature of the disease.

Earl of *Kimberley.*

9127. I quite admit that you are the best judge if that system is most convenient for management; but you have to balance those advantages against the overcrowding?—Yes; we think the advantages of the system of extra beds outweigh the disadvantages.

Earl *Cathcart.*

9128. When we had evidence the other day as to the overcrowding, it struck me that the real answer was "Necessity knows no law"?—Yes.

9129. Take a suppositious case: suppose there was a civil commotion; if the troops were called out and fired, you would have 30 or 40 gunshot cases directly which you must take in anywhere?—Yes, in the passages, or anywhere.

Chairman.

9130. Have you an official called the medical registrar?—Yes; but he supervises the scientific work, the notes of the students, and the house physicians; he is not an administrative officer; it is a purely educational and scientific thing; he keeps our records, or he sees that they are kept by those under him.

Lord *Thring.*

9131. You necessarily discharge your patients before they are completely cured?—Some.

9132. And then do you send them to convalescent homes?—As far as we can.

9133. But I suppose a convalescent home for them would be a good thing?—Yes, it is a good thing, I suppose.

9134. I want to ask you this question:—I am satisfied that you are overcrowded, and that your district is overcrowded; what would you do if you had your way; would you recommend, supposing the money were forthcoming, that a new hospital should be built in your neighbourhood, or what system would you recommend supposing the public were willing to subscribe?—Of course, I am only expressing my individual opinion, not that of my hospital in that respect.

9135. I will assume that your hospital is admitted to be overcrowded, and that you want more room, and that the public are willing to subscribe?—When you say

Lord *Thring*—continued.

that the hospital is overcrowded, that is not quite accurate; I mean a part of it may be, but not the whole. If you will allow me, I should like to state this, that though a particular ward may be overcrowded, other wards may be very empty; the hospital as a whole is not overcrowded; it is only that the pressure falls unduly on a particular part. To answer your question, I think that our hospital is as big as it can be for satisfactory administration, and I think the best cure in the future would be another East End hospital, say at Stratford or West Ham.

9136. At what distance from your hospital?—Three or four miles.

9137. If you had the power from the public to do so, I understand that you would make a new hospital at a distance of some three or four miles; that would be the proper area you think?—Yes.

9138. And would you wish further to have a convalescent hospital built, or a hospital in the ordinary way?—I believe very much in the extreme advantages to the public and the profession of large general hospitals. I know the question has been debated, but I believe very strongly in that.

9139. You are not of opinion that it is a good distribution of hospital accommodation to have it divided partly in the general hospital and partly in a convalescent hospital?—The convalescent hospital is a different thing altogether. It is a very difficult question to answer.

9140. You have no strong opinion upon it?—No; we have had offers to our hospital of convalescent sites, and opportunities for convalescent institutions, but our house committee have not adopted them for some reason or other.

9141. What do you consider about the proper area for a hospital to supply?—That must depend upon the density of the population in the area.

9142. Can you give me any idea what number of population you think should have a hospital provided for them?—No; it is too general a question for me.

Chairman.

9143. You have a very large children's ward, have you not, at the London Hospital?—Yes.

9144. Do you frequently have cases there of whooping-cough and measles and so forth?—We do get a certain number; we exclude them as far as possible, but some cases come in. Patients may be admitted with bronchitis, and afterwards it may be noticed that they have whooping-cough, but they would not have been taken in for whooping cough. Measles, again, may be in process of incubation and may develop itself afterwards, or the child is admitted for some different complaint, and the parents visit it, and they have a child with measles at home, and they bring the complaint to the hospital.

9145. When you do discover that these children have whooping-cough or measles you have an isolation ward into which you put them?—Yes, undoubtedly.

Chairman—continued.

9146. In regard to the children, are you in favour of children's hospitals?—Yes; I think they are very good indeed; I think that children's hospitals may exist alone, and also that children should be treated in the general hospitals; I do not think the one is necessarily antagonistic to the other; it is a matter of convenience. It would be a very wrong thing, I think, to take away children's wards from the general hospitals which have medical schools; it would deprive students of one of the most important branches of their knowledge.

9147. Is that the only kind of a special hospital you are in favour of?—I have not expressed any opinion as to other special hospitals. I am a general physician myself, but I am quite in favour of specialism. Our minds are differently constituted; and some minds work better at one special subject. I believe there is room for both general hospitals and special hospitals.

Earl *Cadogan.*

9148. I understand you to say that you are very much in favour of large general hospitals?—Yes, with medical schools. I think that is a point of very great importance. That is what makes London what it ought to be (and I think is), the most unrivalled school of medicine in the world. The largeness of our city gives us a command of material which is unequalled by any other place.

9149. But does not that bear on the question of either the establishment or increase of special hospitals; is not the tendency of special hospitals to diminish, would it not be in the long run the tendency to diminish, the number of large hospitals?—I do not think it has been found to have that effect; no London hospital has, at any rate, suffered to any material extent. Want of funds has crippled some of the large hospitals, but I do not think the competition of the special hospitals has damaged them.

9150. Do they not, if established in large numbers, divert a great deal of funds from the large hospitals?—I am not a financier and am not concerned in that question, but I hope the great London hospitals will always get the support they have had from the public, and I think they will if they do their work honestly, as in the past.

9151. If there were a children's hospital close to yours, would that children's ward in your hospital be as good as it is now?—The East End of London is so large that I think you might have two or three children's hospitals without damaging us in the least.

9152. You think, in fact, that the patients are so numerous that the special hospitals could not materially diminish the value of the large ones?—No, I think not. The special hospitals have this advantage, of course, that they increase the educational opportunities, and experience, and practice of men who devote themselves to special branches of practice, and therefore they advance medical education. We try to do the same by having special departments at our general hospitals. For instance, I have charge of the skin diseases at the London Hospital, as well as being a general physician; so that I am a specialist in

Earl *Cadogan*—continued.

that respect; but there is no doubt that the special departments of the general hospitals do not in any way interfere with the development of special hospitals.

9153. Does the development of special hospitals interfere with the development of special departments in general hospitals?—No; I think the special departments in the general hospitals are in a satisfactory condition; I think there is room for both, in other words.

9154. What effect, do you think, is produced in medical practice and knowledge by this system of special hospitals?—I know it is a burning question with some people; I am in a very even mind on the subject; I think the advantage of it, on the whole, outweighs any evils incident to it.

Earl *Cathcart.*

9155. In point of fact they have made you a special room or place to carry out your skin disease department?—Yes; we use it for other purposes on other occasions, but it is practically what would be a special skin hospital in other places.

Earl of *Kimberley.*

9156. There is a great difficulty, is there not, in getting funds for some of the hospitals?—I hear of it; I do not experience that difficulty myself, of course.

9157. Is there not an evil arising as regards medical education from the students not being able to obtain experience of infectious diseases?—Unquestionably.

9158. And probably, in your opinion, it would be necessary for purposes of medical education that there should be access for students to these places where the infectious diseases are treated?—Yes. Your Lordship probably knows that that is being facilitated now. It has been an enormous disadvantage to students that, though we send them out legally qualified and very highly skilled in most respects, they have not had that experience of the commonest infectious diseases that is desirable.

9159. In point of fact it is an urgent necessity for these infectious hospitals to be opened to students for purposes of medical education?—Yes.

Lord *Thring.*

9160. Is it the fact that, other things being equal, patients recover better in small hospitals than in large hospitals?—I do not know that any statistics will support that statement.

9161. I understood that large hospitals were liable, owing to the accumulation of disease, to get tainted?—Yes, I suppose the chances of that are greater in a larger hospital.

9162. But you consider that the advantage of having a large medical school counterbalances the disadvantage which I have just mentioned?—I do.

9163. With regard to special hospitals, I suppose you agree that too much attention to any speciality tends to dwarf the mind?—Yes. Sir James Paget was asked that question once, and gave what seems to me a very appropriate answer; he said, "You can dig deep. The man who devotes himself to one special subject

Lord *Thring*—continued.

will know more thoroughly that subject, and advance knowledge in that subject, than a man who has a wide and general knowledge."

9164. I have a great respect for Sir James Paget; but do you think that is the fact?—Yes, I do.

9165. I should have thought the contrary; that a man who had had his mind devoted to various studies when he began to dig at a particular study would dig all the deeper from his general knowledge?—I thought I had put it in a nutshell; I think different minds are differently constituted; I could not be a specialist myself; I have charge of one special branch, but I am a general physician as well; but I think some minds work better exclusively at one subject. It is in medicine as it is in literature, I think, in that respect.

9166. I should have thought your illustration was wrong; I should have thought that a lawyer who had gone through common law and equity law would, when he took to one particular branch, be better than if he had not taken that wide range of study first. I should have thought, in the same way, that if a man had worked at various sciences he would be better when he came to one particular science?—A man who is a specialist may know his special subject very thoroughly; on the other hand, a man who is very general may be superficial, and not know anything very thoroughly; that is possible.

Earl *Cathcart.*

9167. But of course you would be of opinion that it is essential that a man who makes special investigations should have also a general knowledge of his profession?—Yes; that is provided for, and he cannot become a specialist till he has been a general student.

9168. What is required is that a man should have a thorough general grounding, and then, if he has a special bent, follow it?—Yes.

Lord *Thring.*

9169. It is a very common thing to say that a particular doctor is devoting himself to a particular disease, and thinks that everybody has got that disease?—There are a number of things said which are amusing, but which we do not believe.

9170. You do not attribute any weight to the statement, that a man who has attended to a particular disease is inclined to consider people more subject to that than others?—Certainly not.

Earl *Cathcart.*

9171. A man whom you would employ to dig a potato garden, you would not employ to dig a well?—I think that is a very fair way of putting it.

Chairman.

9172. Is there anything else you wish to say?—Yes, I have one or two matters to refer to. One is about the out-patient department; I know that opinions differ somewhat on that subject, but I think it is the opinion of most of my colleagues, and it is my own, that the out-patient department is one of the most valuable, if not the most valuable of a general hospital. I have had nearly 13

Chairman—continued.

years' experience of it, and it has been a most valuable thing to me, and was the means of my doing the best teaching work I have had the opportunity of doing; and I think the out-patient departments are things which should be encouraged in every legitimate way, if they are safeguarded, as they are at our hospital, by a system of inspection, so that no case improper from a charitable point of view is admitted there is no wrong to the public or the profession. Then, for educational purposes and the benefit of the sick poor, I think that out-patient departments are of enormous benefit. There the physician sees the beginning of disease; there he has the opportunity of teaching young men the elements of medicine; and I think that if I had to say what was the most valuable part of the hospital, I should say that the out-patient department was perhaps really, on the whole, the most valuable. Of course you require in a complete hospital both; I am not depreciating the other in any way; but I do want to enter a very strong opinion as to the extreme value of out-patient departments.

9173. About the out-patient department, would you like to see it employed as it is at present, or merely for consultative purposes?—I think practically as it is now. If it could be made more consultative perhaps it would be an advantage; but when I was an assistant physician and had charge of the out-patients it was to a very considerable extent consultative; the doctors in the neighbourhood were constantly sending me patients with a card or a letter for my opinion, cases which they, for their own information or the benefit of the patient, wanted a second opinion upon. The patient was not in a position to pay a fee to a physician, and did not want necessarily to become a patient of the hospital; but they were cases where they sent them for an opinion. If the doctors would only send cases where there was the necessity of a second opinion, that would be a protection in itself against a wrong use of the out-patient department.

9174. Might it not be made to work in with provident dispensaries?—Yes, we have been trying to do that at our own hospital.

9175. But then your free charity there has cut out the provident institutions, has it not?—We can hardly say "cut out," because there has never been a successful provident institution. You mean prevented their development?

9176. Yes?—That is a very big question; it is like some others that have been touched upon; it is impossible to say all that could be said upon the subject off-hand; but we have had a mixed meeting of the house committee and of the staff, and after careful consideration we have come to the conclusion, for the time being, that it is impossible for us to affiliate ourselves to any provident dispensary; that we would give them a helping hand in sending cases that are not suitable for hospital treatment, either socially or otherwise; but that our institution requires all our attention itself, and we cannot co-operate at present with anything else.

9177. You think that the out-patient department is a good thing for medical education; do you think it is equally good for the sick poor?—I think

Chairman—continued.

I think it is an enormous benefit to them. The poor believe, and I think justly believe, that they can get in the out-patient department of a hospital an opinion of a higher order than they could at their homes; there they will see physicians or surgeons whom they could not see otherwise under a fee of a guinea or two guineas; so that they have the opportunity of obtaining what is regarded by them as the best, the highest, advice for nothing; and I think that is a noble duty for any charity to perform.

Lord *Thring.*

9178. Of course it is obvious that the out-patient department is the greatest possible assistance to a medical school; therefore that I understand; I also understand that the sick poor get the best possible advice: that is also clear; but how about the question of making the poor thrifty. We are told that an out-patient department kills the subscriptions of the poor to the clubs, to the dispensaries, to the general practitioners; and that in fact it teaches them to rely on the charity of the hospitals; how do you answer that?—Personally I believe that if the system is adopted, that is adopted at our hospital of inspection by a proper officer, so that the circumstances of the patients are inquired into; there is no abuse of that kind, because the patients who would pay doctors or join dispensaries and so on, will be sent away: it is only the poor who are the legitimate objects of charity, who will be treated in the out-patient department if that system is adopted.

9179. What we have been told all through the inquiry that the legitimate object of charity is to teach the poor to be thrifty?—That is not the object of our charter; it has not anything to do with that.

9180 I am not talking of your charter. When you say it is the legitimate object of a hospital charity to relieve the sick poor, the question is whether you do not kill the inclination of the poor to make themselves independent and get themselves their own doctor, through their clubs and provident dispensaries?—I have tried to show that I do not think that that really is so; that I think patients who come to the hospital are scarcely at all able to pay for advice elsewhere.

9181. You must know, as well as I do, that the poor, the very people who come to the hospitals, will subscribe when they are provident, to the dispensaries?—I do not know that.

9182. Have you ever practised amongst the poor?—Except as a hospital physician; no.

Lord *Thring.*

9183. Then I think your opinion on this matter is contrary to that of people who have practised amongst the poor?——

Earl *Cathcart.*

9184. It is said of eminent medical men attached to hospitals that they regard much more the interest of the cases than they do the social position of the patient?—Naturally. They do not disregard the social position, but a doctor is a doctor, and takes more interest in the case than in the social circumstances.

Earl *Cathcart*—continued.

9185. In point of fact, they do not make much regard, they put the blind eye to the social circumstances?—I think we are conscientious people, and if we see anything flagrant we draw attention to it; but our business, our primary duty, is not to see whether the patients are socially fit subjects for the hospital.

9186. I did not mean to suggest anything for one moment that was not perfectly good-natured?—I fully understand that; but of course our business is not to inquire into the social condition of patients. If anything flagrant occurs to us, I think we do draw attention to it.

Chairman.

9187. Is there any other point you wish to comment on?—No. I had made a few memoranda, but I think we have dealt with all the subjects. There is one point to which, perhaps, I may refer, namely, about the number of patients in our hospital. The term "overcrowding" sounds so bad; I wish to put the matter as fairly as it can be put: The largest number of patients ever known in the hospital is 733; we make up, practically, 800 beds; so that you see the hospital, as a hospital, is never overcrowded; and owing to our system, namely, apportioning the beds to each physician, the inconvenience now is less; and with 733, the largest known number of patients, the administrative difficulties are less than when we had 670 in the hospital. I suppose you have had plenty of evidence with regard to the nursing arrangements, and you do not care for my opinion on that question.

9188. Yes; I will ask you a question on that point. Do you consider the nursing sufficient and efficient?—Admirable.

9189. After an experience of how many years?—I have known the hospital for 24 years fully and intimately, and I consider that the arrangements are exceedingly good. Of course, as in every human institution, there must be faults in it, but I think it is admirably managed.

9190. Were you ever at any other hospital besides the London Hospital?—Not fully; not to stay any length of time. I have studied in Berlin and other places.

9191. How does our nursing compare with what you saw there?—Ours is incomparably better. I may add that in my private practice I invariably send to the London Hospital for nurses, and amongst my own relations.

9192. And never had reason to be dissatisfied?—None whatever.

Earl of *Kimberley.*

9193. You have never found in your experience that nurses have been sent to private cases who had not sufficient experience?—No; that has never been brought to my knowledge.

9194. I am speaking of your own practice?—No, never.

Earl *Cathcart.*

9195. There is one thing that I think is satisfactory, that throughout the London Hospital no real complaint has been made about the food or cooking for the patients?—I believe not.

9196. Is it any part of the duty of the medical men to see occasionally whether the cooking is good and the dinner sufficient for the patient?—No, I do not think so.

9197. Merely to order the diets and leave the cooking arrangements to other people?—Yes. Of course as an old medical officer I have lived in the hospital; I lived there for four years continuously; one knows that in a public institution cooking is never quite so nice as in a private family and never will be I suppose.

Lord *Thring.*

9198. About the cooking, do not you think that considering the people you have got to feed, women with delicate appetites (I am referring to the nurses) it would be very much better that they should have delicate food instead of plain joints, sometimes badly cooked?—I should like their food to be made as nice as it possibly could be. I think that with their duties and hours of work so long everything that could be done to make their lot comfortable and happy should be done; and, I believe, honestly is done as far as the capacity of the people goes.

9199. You are aware that it is quite as cheap if you have a good cook to feed women on delicate food as on plain joints?—Yes.

Chairman.

9200. Have you had patients in the children's ward?—Yes; every physician has beds in the children's ward, and in the surgical children's ward every surgeon.

9201. Do you find the nursing sufficient there?—When I have been in the ward I have always found it sufficient.

9202. Have you found the number of hands sufficient?—Yes. I should say that just as in your own private house if you have a greater number of guests than usual your staff may be a little short; so it might be sometimes in the children's ward; but taking it in the ordinary way I should say that the staff was adequate.

9203. You have never had to make any representations that the staff was insufficient?—No.

Chairman—continued.

I have watched with great interest the progress of the nursing; my experience goes back to the time when it was not what was desirable; I have seen its progress with pleasure.

Earl of *Kimberley.*

9204. Do you think the hours, namely, 14 hours with two hours off are too long for the nurses?—It is the same in private nursing. I do not think you can make them much shorter, practicularly. Of course if a nurse was absolutely on her feet all that 14 hours it would be extremely hard work; but nursing is a profession that only people specially qualified can follow, and then they must take the times of hard work with the times of light work. Sometimes the work is very light; at other times very onerous; but taking it all round, experience proves that our nurses in the past have lived in our hospital 10, 15, and 20 years, and lived to enjoy a pension very many years afterwards: so that it cannot be beyond the capacity of people to endure.

9205. It has been suggested that supposing there was no difficulty as to expense, you might employ the nurses by shifts, having three shifts daily; but would it not be very inconvenient to have any system but that of one nurse by day and another by night?—Yes, as far as I can see. As far as my prepossessions go, it would be against that alteration. Nursing is a laborious calling, there is no question about that; in our own profession sometimes we have to work for more than 14 hours a day, but a doctor's life on the whole is a very fair one; and if a nurse feels that it is her calling, and has interest and enthusiasm in her profession, it carries her through it. Unless she has that interest, it is very hard work; it is hard work under any circumstances, but is made tolerable, and indeed enjoyable, for a person who has her heart in it.

Lord *Thring.*

9206. Without having shifts of eight hours it would be very easy, would it not, to give the nurses relief by allowing them a day off and allowing them longer holidays?—Yes.

9207. It is not necessary to create the difficulty which the noble Lord suggested?—No.

The Witness is directed to withdraw.

MR. MUNRO SCOTT is called in; and, having been sworn, is Examined, as follows:

Chairman.

9208. YOU are the warden of the school of the London Hospital?—Yes.

9209. Will you tell us what your duties are?—I have the printed rules on which I took office. Shall I read them?

9210. If you please?—"Rules for the management of the school warden. (1.) It shall be the duty of the warden to keep the accounts and conduct correspondence. (2.) To keep an account of each student's work. (3.) To keep lists of candidates for the resident hospital appointments, and prior to each vacancy occurring, to ascertain what candidates are ready to come forward. (4.) To make, keep correct, and post as

Chairman—continued.

directed, lists of students holding the various hospital appointments. (5.) To keep the minutes of meetings. (6.) To receive the visitors weekly, and to report to them as may be necessary. (7.) To keep a register of students' attendance at lectures and to present a report to the board of the number of lectures given in each subject during each session. (8.) To sign schedules only as the representative of the various lecturers, and only when directly authorised by the lecturers. An attendance on two-thirds of a course shall be considered the minimum. In cases in which students have not attended two-thirds of a course, their names shall be reported by the warden to

the

Chairman—continued.

the college board, and the signature of their schedules shall only be given on the direct authorization of the board. (9.) To keep order generally in the college, and to see that all orders of the board are carried out. (10.) To keep a register of the attendance of students on medical, surgical, and obstetric practice, and to sign students' schedules when the requisite attendance has been given, and where the attendance has been insufficient to confer with the members of the staff concerned. (11.) To make himself personally acquainted with the mode in which the students are performing their clinical duties in the hospital. (12.) The hours of attendance shall be from 10 to 4 daily excepting Saturdays, when the hours shall be from 10 to 1. (13.) The engagement to be terminable by three months' notice on either side."

9211. Are you a medical man yourself?—I am not.

9212. How long have you been at the college?—Nearly 11 years.

Chairman—continued.

9213. There is one question I wish to ask you in regard to the resident accoucheur and the students who go out from the hospital to maternity cases. Supposing that a woman sends for assistance, what is the course pursued?—That is rather more, I think, a question for the house governor to answer. I know what is generally done.

9214. But I understood that this was a matter on which you were going to give evidence. Will you look at page 72 of the standing orders?—These are the standing orders relating to the resident accoucheur; I think I know about this, but it is not really a matter that comes under my direction.

Chairman.] We need not trouble you any further.

The Witness is directed to withdraw.

MR. WILLIAM JOHN NIXON, is re-called; and further Examined, as follows:

Chairman.

9215. I WANT to be quite clear, please, about the course pursued by the students when they go to these confinements. Is it possible that any student might go to assist at some confinement, that being the first case of the kind that he would have seen?—I should think it extremely improbable that such a thing could occur; it is distinctly contrary to the law of the hospital. The resident accoucheur is a man of high standing in the hospital, having generally filled the previous appointments of house physician and house surgeon; and from long experience in the general run of the laws of the maternity department, I think it is extremely improbable that such a thing would occur. He would restrict it as much as possible; certainly would never allow it to occur with his knowledge.

9216. Do these young men begin by going with the resident accoucheur?—They all generally have had a certain amount of training; they get their training in the initial stage, by picking it up amongst themselves as they can. No doubt some go with their seniors to get general experience. Perhaps your Lordships would like to know that the maternity department is not naturally a proper department at all of a general hospital. Child-bearing is not a disease; it is a circumstance which should be provided for, but not necessarily by charity in a general hospital. Many years ago all students, during the time of apprenticeship to medical men, used to see as many cases as were required, in order to enable them to pass their examination, in private practice under the master to whom they were apprenticed; but some 30 years ago, perhaps, this system began to fall into desuetude, and the authorities of the London Hospital, among others, found it necessary to arrange for a maternity department. I, myself, managed the whole thing, and after about a year's inquiry and investigation, started a maternity department, in order that the students might get the necessary practice. They are

Chairman—continued.

required to see at least 20 cases in order to qualify them for going up to the examinations of the College of Surgeons, or wherever it may be. Therefore we should not encourage the department at all, but that we are compelled to do so. At the same time we have put it under the closest restrictions, because these duties have to be performed by young men, who, so to speak, are away from supervision; and in practice we see only 2,000 cases a year, which is a very small number of cases for the London Hospital district; and that law, which is on page 72, was put in by myself at the time, and I believe it to be strictly carried out.

9217. Perhaps you will just read us the law?—The law stands thus (these are the standing orders as to the resident accoucheur, who is a qualified gentleman, who superintends the entire maternity staff during his term of office, looks to their cards of reference, gives them their cases, and keeps the register; he sees that everything goes on as correctly as possible, by looking after it): "He shall exercise a general superintendence over the pupils on the maternity list, and the casual assistants in all matters relating to the business of the charity; and he shall take care that no pupil shall attend any midwifery case for the first time unless accompanied by himself or by some pupil nominated by him; and he shall not allow any pupil of whose competency he is not satisfied to attend a midwifery case."

Earl *Cathcart.*

9218. Have you any radius for these midwifery cases?—Yes, a radius of one mile.

Earl of *Kimberley.*

9219. How is it determined what cases shall be accepted?—Women attend at a certain hour on one day in the week, and apply for a certificate certifying to their respectability and decent

Earl of *Kimberley*—continued.

character, which on the following corresponding day of the next week they must present, signed by a minister of religion, or, if Jews, by some officer of the synagogue. When they bring that they have a primary right to be attended to; they used to be sorted out with great difficulty to get the most suitable cases, and the most impoverished class, not being actual paupers; but recently we have been compelled, on account of a difficulty, in restricting the number of the Jewish applicants who abound so much among us, to allow the women, when they come provided with certificates, to draw for the next turn; we can only issue 40 tickets a week.

9220. That is the limit?—That is the limit. If we went beyond that, our present attendants could not see the cases.

9221. In point of fact, the real object is not a charitable one (though that may be incidentally the case), but to provide for the necessity of your students having professional experience in those cases?—Precisely; that is the whole object.

The Witness is directed to withdraw.

Mr. WILLIAM COLLETT HOMERSHAM is re-called; and further Examined, as follows:

Chairman.

9222. I understand that you wish to contradict a statement made by the matron of the London Hospital?—Yes; two statements.

9223. First, that you refused to give her a medical certificate of your father's state of health?—Yes.

9224. And that she declined to allow your sister to become a two years' probationer except on the understanding that you would not allow your father's health to withdraw her temporarily from her hospital duties?—Yes; both of these statements are untrue.

Chairman—continued.

The Witness is directed to withdraw.

Miss EMILY MANSEL MANSEL is called in, and, having been sworn, is Examined; as follows:

Chairman.

9225. You are the head of the East London Nursery Society, are you not?—No; not the East London; it is the Metropolitan and National Nursing Association that I am Superintendent of.

9226. Is that for nursing people in their own homes?—Yes; the sick poor.

9227. Have you got a district?—Yes, we nurse over large area; we take a mile-and-a-half round the central home; and then we have branch homes all over London and they also take an area, and nurse the sick poor round their homes.

9228. Then do you provide medical attendance as well?—No; we work under the doctors; the doctors send us their orders, and our nurses carry them out.

9229. And how is it supported?—By subscriptions.

9230. By voluntary contributions?—Yes; by voluntary contributions.

9231. Do the patients themselves pay anything towards it?—No, not as a rule; if any of them can they make small weekly payments; but as a rule they do not; they are quite among the very poor.

9232. Are all these trained nurses?—Yes; fully trained.

9233. Where are they trained?—Many of them at St. Thomas's and at Edinburgh Infirmary, and at some of the large London hospitals.

9234. And do they live in their own homes?—No; they live at 23, Bloomsbury-square, which is the central home.

9235. And how many of them are there?—At Bloomsbury we have 12 nurses; some of the other homes have eight, and some six, and some smaller ones have three nurses.

Chairman—continued.

9236. Then you have affiliated homes to yours?—Yes, they are all branch homes.

9237. And Bloomsbury Home is the head centre?—Yes, the head centre.

9238. Does the patient apply to you in the first instance?—They can apply to us, or the doctors send. The doctors in the neighbourhood know all about our association, and they send for a nurse when required, and our nurse goes and attends the case.

9239. Are these people who are so nursed, people who, supposing there were no such nurses, would go to the general hospitals?—The hospitals could not take in all the sick poor of London.

9240. You think that the supply of beds for the sick poor in London is inadequate to the demand for them?—Yes; and also there are a great many cases that would not be admitted into hospitals, cases of consumption and paralysis and chronic cases, and yet they need great care and attention.

9241. On what system do you pay these nurses?—We give them salaries.

9242. But can you afford to compete with the London hospitals?—We give a larger salary; we give 35 *l.* a year to begin with, rising to 50 *l.* It is partly to make it a profession for gentlewomen; that is one of the objects of our association: our nurses are ladies.

9243. Your nurses are all ladies?—Yes.

9244. And do you find that in the very low class they can do the work as satisfactorily as other

Chairman—continued.

other nurses?—Yes, quite; and they have a better influence over the poor, being people of education.

9245. Then I understand that each doctor, each general practitioner, in the district keeps a list of these ladies, or the address of the home?—The address of the home; he applies direct to the superintendent.

9246. And have you any difficulty in getting funds for this association?—No, I think not. Of course the secretary would be able better to answer that; but the annual subscriptions come regularly.

9247. Are you near to any great general hospital?—The nearest are University on one side and King's College on the other, and Charing Cross. There is a large district in Drury-lane and St. Giles's in which we work.

9248. Then your nursing home is in the part of London where there is the most hospital accommodation?—Well, it is near; there are so many cases which would never be admitted into the hospitals.

9249. Then do you turn your attention more to chronic cases?—We have acute cases, also when there is an epidemic of typhoid or of diphtheria, we are kept very busy. We nurse also small surgical cases.

9250. Are there any nurses who go round for hire at low rates, do you know?—I do not know of any trained nurses.

9251. Has it ever crossed your mind that you might have a nurse of inferior training for many of these cases?—No, I think not; I do not think it would answer.

9252. On the principle that a little knowledge is a dangerous thing?—Yes.

Earl *Cadogan*.

9253. How long ago was this institution founded?—In 1875.

9254. And who is the head of it?—The superintendent do you mean?

9255. Is it managed by a committee?—Yes, by a committee; the committee meets every month.

9456. Who is the chairman?—The Duke of Westminster.

9257. And the central home is in Bloomsbury?—Yes.

9258. And I understand you have branch homes all over London?—Yes, we have.

9259. And the nurses are all lady nurses?—Yes.

9260. Then is there any system upon which they are selected?—They apply to the superintendent of the central home, and they must have had 12 months' hospital training in some good hospital. After that, those who come to Bloomsbury come for six months' training in district nursing; at the end of that time they are considered fully trained.

9261. With whom does the appointment rest?—With the superintendent.

9262. Entirely?—Yes; the selecting of the nurse.

9263. She reports to the committee?—Yes.

9264. Do you know how many nurses there are altogether?—In the central home there are 12, but I think altogether, at the different branches, there are about 75; in London and in the country.

Earl *Cadogan*—continued.

9265. And in each district are the nurses in any way connected with the hospital in that district?—No; they have left the hospital and they are now responsible to the home they are in.

9266. And, in fact, they are quite independent of the hospital?—Quite.

Earl *Spencer*.

9267. You mentioned that after they had come to you, having had their year's training in a good hospital, you gave them six months' training?—Yes.

9268. Where is that training given?—In the central home.

9269. Do you nurse the sick there?—No; but the superintendent goes round with the nurses to their cases in the homes of the poor.

9270. And does not leave them in charge of cases?—No; not without supervision.

9271. Not until the superintendent is satisfied of their skill?—Yes.

9272. Are they ever sent for from your institution to hospitals, supposing hospitals are short of nurses?—No, never.

9273. Is it confined to London, or do they go to the country?—We have a few branches in the country.

9274. Financially how do you support your institution?—It is all done by public subscription, voluntary subscriptions.

9275. Have you any difficulty in getting subscriptions?—No, I think not.

9276. Do the fees paid by patients contribute a large portion?—They contribute a little; not very much.

9277. You depend on charitable subscription?—Yes.

Chairman.

9278. Can you say what the expenses of your institution a year are?—Last year it was 2,336 *l.*

9279. What was the balance?—A very small balance.

9280. There was a balance on the credit side?—Yes, at the bankers, 50 *l.*

9281. Do you get any legacies?—We have had some; not very many.

9282. What do you do with the legacies; do you fund them?—I think the secretary funds them now; but that I do not know very much about.

9283. Do you live on your own property?—No, it is leasehold; one of the Duke of Bedford's houses.

9284. Do you ever send nurses to workhouse infirmaries?—No, because there are plenty of patients among the poor in their own homes; we have as much work as we can do.

9285. Do the poor ever pay a contribution towards the nursing?—Small contributions.

9286. What sort?—Some 2 *s.* 6 *d.*, some 5 *s.*; or some at the end of an illness may give one or two pounds.

9287. What do you consider the cost really is; it is more than that I presume?—Oh, yes

9288. What do you consider it to be?—I am afraid

Chairman—continued.

afraid I do not know that; it is the secretary really who has the financial part to deal with.

9289. Do the nurses live in the home?—Yes.

9290. And do you feed them there?—Yes; they live entirely in the home, and from there visit the patients in their own homes.

Earl *Cadogan.*

9291. May I ask how many patients on an average would a nurse attend?—On one day about eight; that is the average.

9292. They do not devote themselves to one special case, and attend that case until it is over?—No; each nurse has eight or nine cases every day that she visits.

9293. When she arrives at a house, and finds the patient very bad, is she allowed to remain in attendance on that case?—In a special case she would be; but she makes perhaps a second or third visit in a day to a bad case.

9294. But there is no system of allotting a certain number to each person?—No, just according to what each nurse has time for.

Earl of *Kimberley.*

9295. Do they go at night?—Not as a rule; sometimes in a very bad case the nurse would be allowed to go.

9296. How do you select the cases?—The doctors in the neighbourhood send them in to us, or the patients apply, or the clergy or district visitors send for us.

9297. Do you make any inquiry as to whether they are really poor people?—No, we always go at once to see the patient.

9298. I suppose therefore that it might occur that you would send nurses occasionally to people who could have paid for them?—Not the full fees; but if we found, on visiting the case, that they could afford something, then we should make a small charge, according to the means of the patient.

9299. But as you take any case that is sent to you, are you not liable to have cases sent to you which, in point of fact, are those of people who could pay much more than you would require?—I think not, as a rule.

9300. You think they are all very poor?—Very poor people. Sometimes small tradespeople we attend, and artizans.

9301. But could they not afford to pay the expenses of nursing?—Not one or two guineas a week, but they might afford 5 *s.* or 10 *s.* a week; and in that case we should make that charge.

Earl *Cathcart.*

9302. How many of these ladies are employed in London, and how many in the country?—It is about 75 altogether.

9303. Is there a large proportion in the country?—It is about 50 in London.

9304. Where are the rest distributed?—We have one branch home at Bishop Auckland, one at Hereford, one at Hertford, one at Banbury, and one at Windsor.

9305. And they are all doing good work, no doubt?—Just the same work.

9306. Now, do these ladies wear uniform?—Yes.

9307. And do they ever encounter in the slums the least incivility from anybody?—Not the least.

Earl *Cathcart*—continued.

9308. You never heard any complaint of that sort?—Never.

9309. Do they do scrubbing and cleaning?—They do sweeping and dusting; not real actual scrubbing, but they will clean up the room of the patient.

9310. When they arrive in houses abroad, sometimes at all events the nurses for the poor have to scrub the whole room out?—Yes.

9311. Do your ladies do that?—They do not actually scrub it; they would sweep the room and dust it; they would get a woman in to scrub the room out in the first place.

9312. Have you any annual report?—Yes.

9313. Could you hand in a copy?—Certainly (*handing a copy to Lord Cathcart*).

Lord *Thring.*

9314. I do not understand what a nurse does, if she only goes two or three times a day?—She washes the patient, makes the bed, carries out the doctor's orders, and if the room is very untidy, and children are about, she tidies it up, and, perhaps, she washes the children.

9315. If there is nobody to help the patient when she goes, what then?—There is generally a big girl, one of the children, and she puts her in the way of helping.

9316. She acts as an instructor to the family, then, rather than as an actual nurse?—And she nurses too.

9317. But nursing implies, to my mind, a continuous service during the illness?—She visits the case perhaps two or three times a day, if it is a very bad case.

9318. Take the case of a woman with delirium, how could that case be left?—Then some one would have to stay with the case.

9319. Suppose that assistance is absolutely necessary to the life of the patient, and the nurse sees that it is so, and suppose there is no assistance that the family can supply, does your institution supply it?—Yes, we should put a nurse on special duty in such a case, and one would stay for the day and one for the night.

9320. Then, in fact, you do take care that where your nurses go the patient is nursed?—Yes.

9321. Either by your own nurses or by somebody else?—Yes.

Earl *Cathcart.*

9322. But the nurse is the organiser; the neighbours assist, and she organises them and tells them what to do?—Yes.

9323. The neighbours are kind in these cases?—Yes.

Earl *Cadogan.*

9324. You have mentioned that the nurse is responsible for the cleanliness of the rooms of these sick poor persons; to whom?—To the superintendent; she sees that she keeps them so.

9325. Is there any superintendent who follows the nurses round to the different houses of the poor?—She goes round with them to their cases; of course the nurse goes alone after the first

Earl *Cadogan*—continued.

first or second time, but the superintendent always goes to a new case with the nurse.

9326. But how many superintendents are there in proportion to the number of cases?—There is only one superintendent at the central home, but there are two senior nurses who help her.

9327. And can one of these go round with each one of the 12 nurses?—Yes; it must be remembered that they do not go continuously with them; they go once a week or so with each nurse.

9328. I think in the central home you told us that there are 12 nurses?—Yes.

9329. Seventy-five all over London?—And the country; that number includes the country.

9330. About 50 in London and 25 in the country?—Yes.

9331. And in each home are there three who are acting as superintendents?—No; that is only in the central home; where there is one superintendent and two senior nurses. Each home is responsible to its own committee; the Westminster Home to its committee, and the Chelsea Home to its committee, and so forth.

9332. In the case of a home other than the central home, how is the supervision exercised?—Each home has its superintendent.

9333. One?—Yes.

9334. With how many nurses?—Four, to six or eight; they are smaller homes than the central one.

9335. And do these six or eight go about their work in different houses, and would there be any

Earl *Cadogan*—continued.

supervision over the work they do?—Yes; the superintendent would supervise their work, but the nurses in those homes have passed through the central home, or through their training; they are fully competent nurses. The central home is the training school to which the new nurses come; so they require more supervision at the central home.

9336. Do you think that there is security enough for the nursing being properly done in the homes other than the central home, without an inspection being properly carried on?—I think so, as there is a competent superintendent appointed to each house.

Earl of *Kimberley*.

9337. Are any of those cases that you nurse cases of persons who are receiving relief from the poor-rate?—Yes, some are.

9338. Do the board of guardians ever make application to you for a nurse?—Yes, they do; and the parish doctors also.

9339. And in those cases do you get any payment from the board?—No, we do not.

Chairman.

9340. I see in your recipts, "Probationers' fees, 45 *l.*"; who teaches them?—Those are the probationers who go to a hospital. They come to us for one month on trial before they have been to a hospital, and then they pay an entrance fee of 5 *l.*; at the end of that time they go to the hospital for one year, and they pay, of course, the cost.

The Witness is directed to withdraw.

MR. ARTHUR WILLIAM LACEY, is called in; and having been sworn, is Examined, as follows:

Chairman.

9341. You are the secretary of the East London Nursing Society, are you not?—I am.

9342. Will you explain to us what that is?—A society for nursing the sick poor in their own homes by means of trained nurses.

9343. How many trained nurses have you?—We have 27 at the present moment working entirely in the East End of London.

9344. With no affiliated society in the country?—We have none.

9345. And when was it founded?—It was really founded in 1868, and was the nucleus of the society which you have just been examining into.

9346. And how is it supported?—By voluntary contributions.

9347. Have you got a report with you?—Yes (*producing it*).

9348. Do the contributions maintain the society entirely, without any payment by the patients?—Yes; there is no payment by patients.

9349. In no case?—The appointing of two nurses for paying patients is under consideration, but that has not existed long enough to speak about.

9350. Have you increased the numbers then since 1868?—Yes, very much.

9351. It is an increasing concern?—Yes.

9352. Are these nurses all ladies?—They are not ladies.

Chairman—continued.

9353. And are these hospital-trained nurses?—Yes.

9354. Trained at the great London hospitals?—Yes.

9355. And what is the principle on which you work it?—Four matrons superintend the work of the nurses.

9356. Four matrons to 27 nurses?—Twenty-seven nurses of four divisions; a division to a matron.

9357. Then how do you get to know of the patients requiring you; do the doctors apply to you?—Yes, they are sent in that way; the doctors, or the clergy, or sometimes the patients themselves apply.

9358. Have you ever had lady nurses in your society?—We have had, I think, two during my experience.

9359. Did you endeavour to keep it to ladies?—No; it was a trial.

9360. And why did you discontinue it?—We did not consider that it succeeded.

9361. For what particular reason?—I do not know that I can attribute it to any particular reason, except that the majority were not ladies, and it was not a success as regards mixture.

9362. You mean that for administrative purposes it was not a success?—Exactly.

9363. Not because of one class of nurse working better than the other?—No, I think not; it

Chairman—continued.

was never contemplated appointing ladies entirely; I did not mean to convey that.

9364. Do you undertake infectious cases?—We do not.

9365. And maternity cases?—No; we have a nurse for maternity cases in one of the divisions specially for that purpose, but it is not undertaken to any large extent; the other nurses are not allowed to undertake them.

9366. Are you endeavouring to increase the size of your institute?—Yes.

9367. And all you want is funds, I suppose?—Precisely.

Earl of *Kimberley.*

9368. How do you decide what cases you shall take?—As to their means, do you mean?

9369. Will you state how the cases come to you?—They are sent by the clergy or the doctor, or they apply themselves.

9370. Do you make any inquiry as to their means?—It is generally very manifest what their means are

9371. But do you never have cases where a payment might be made to you?—I think not to any appreciable extent. We have had small sums from grateful patients quite unsolicited.

9372. Then are all your cases among the very poor?—The very poorest.

9373. Do you have any cases where the patients are receiving any money from the poor rates?—That may sometimes occur.

9374. Do you know anything about that?—I do not personally.

9375. I mean does the society know anything it?—I think it is so.

9376. Do you ever have cases from the board of guardians, or the relieving officer?—Sometimes.

9377. In those cases you would send a nurse?—Yes, any deserving case would have a nurse sent to it.

9378. What is considered by your society a "deserving" case?—One that is not in a position to pay.

9379. Then you must make some inquiry as to who are able to pay?—It is generally so very manifest that inquiry would be unnecessary; they are so very poor, as a rule.

9380. Manifest from their appearance, do you mean?—From the condition of the home. We generally know what the occupation of the husband is, or the breadwinner, as the case may be.

9381. Supposing you have an application from a small tradesman, should you send a nurse, as a matter of course?—If the person came under the designation of pauper.

9382. How would you ascertain that he was poor, I mean of course relatively poor, in the sense that he could not afford to pay for a nurse?—We have no system of inquiry.

9383. Has it ever occurred to you that your indiscriminate relief, as it appears to me to be, must tend to diminish habits of thrift?—I think I may say this: if after the nurse had paid two or three visits to the case it became apparent that it was not a deserving case she would be withdrawn.

9384. Not "deserving" you mean in that sense

Chairman—continued.

which you have explained as deserving of charitable assistance?—Exactly.

9385. Then do the patients generally make direct application to you; or do you get the applications generally from medical men or the clergy?—Quite as often one way as the other. Our limits are parochial, so that the clergy very often send.

9386. Do the nurses attend, each of them, as we heard in the case of the last society, several cases in the course of the day?—Several cases.

9387. It is on the same system?—On the same system.

Earl *Cathcart.*

9388. And would you exact a payment in a case where a small tradesman could afford to pay in proportion to what you supposed the means of that tradesman to be?—Our matron would probably suggest that some payment should be made.

9389. For administrative purposes it must be very difficult to define a lady, supposing the person acting as nurse were willing to undertake any duties whatever?—Do you mean with regard to nursing? I think there is a great difference.

9390. What I mean is that there is a great difficulty in administratively drawing the line where a lady begins and ends, in case that lady was willing to undertake any duty whatever that might be imposed on her?—No doubt that is so.

Earl of *Kimberley.*

9391. Can you tell us about what your nurses cost, or what their services might be considered to cost if the whole expenses were paid by the patients?—They receive from us 15*s.* per week as wages; their lodgings cost about five shillings a week.

9392. Do they receive food from your society?—No; they keep themselves.

9393. And do you give them any uniform?—We give them uniform; the parish in which they work generally finds them furnished lodgings and coals.

9394. Out of the charity you mean?—The parish itself generally finds the furnished lodgings and coals for the nurse; that is a stipulation with us.

9395. Do you mean by "the parish" the board of guardians?—No; the parish in which the nurse is placed; we place our nurses in parishes.

9336. What does "the parish" mean?—The parish funds; the rector of the parish.

9397. The charitable funds provided out of the parish?—Exactly.

9398. Then I suppose about 22*s.* or 23*s.* a week or so would represent the value of their services?—Yes I suppose it would.

Lord *Monkswell.*

9399. Do you take probationers for a premium as the other society does?—No, we do not do any training.

9400. Have you as a matter of fact got any money

Lord *Monkswell*—continued.

money from patients?—Small sums from grateful patients occasionaliy.

9401. But you never have asked, up to the present, any money from patients?—No; it is in contemplation to have two nurses for paying patients.

9402. On what principle do you make the divisions you have spoken of?—When there were three they were called the Northern, Southern, and Eastern; but it is now the Central, Limehouse, and Bethnal Green.

9403. But I thought you said one of the divisions was devoted to maternity cases?—That one nurse in one of the divisions is entirely devoted to maternity cases.

9404. Then have you geographical divisions and also nursing divisions?—No; it has lately been altered; it is entirely nursing divisions that I am now speaking of. The names only were the terms under which the divisions were known.

9405. You have divided your district into four divisions apparently, is that so?—Yes.

9406. And you divide the nurses into divisions?—As regards the parishes. It would be clearer to you I think if you looked at the report (*handing it in*).

9407. There is no division for maternity cases?—No division for those cases.

9408. Where does it appear that one nurse is told off to maternity cases?—(*The Witness points it out in the Report.*)

9409. Then who are these ladies whose names are put after the nurses; are they the committee?—They are assistants, ladies, voluntary workers.

9410. What do these voluntary workers do?—They simply keep the register and superintend the work of the nurses, under the matron.

9411. They would exercise supervision as to where the nurse was most wanted?—Yes; not as regards the nursing.

Lord *Thring.*

9412. Might I ask you one question about these Poor Law cases; do I understand you that you send your nurses to cases at the request of the guardians?—If the guardians so request.

9413. They why do you not make them pay; it seems to be direct relief of the poor-rate?—We should be very glad indeed if they would grant us a sum; but their replies to such applications have always been in the negative.

9414. It seems to me that if you have many applications from the guardians or the relieving officer, that is simply asking you to do the duty of the relieving officer?—I cannot say that they are many.

9415. I do not quite see if your society is a charity, why you should assist people who really are being relieved out of the poor-rate, and ought as sick persons to be in the Poor Law infirmary?—Our assistance applies purely to the nursing.

9416. But are they people who, in the technical sense, are receiving Poor Law relief?—They may be.

9417. Then I confess I do not see how it can be the object of pure charity to nurse people who ought to be in the Poor Law infirmary?—That is entirely what we do, nursing.

9418. I mean that what it comes to is this: that you would nurse people who, in my opinion, ought to be in the Poor Law infirmary?—If they needed it.

9419. I cannot understand how a person who is already a pauper (and as to whom, therefore, we cannot say that he is only in danger of pauperism) is assisted by being nursed by your society, when he would be as well nursed at the public expense in the Poor Law infirmary?—Our idea is simply to alleviate suffering.

9420. But you must admit that the Poor Law infirmaries, as now constituted, in London, are among the best nursing institutions in the world; why should not such a patient go into the infirmary; I do not see how it is a proper application of charity?—I cannot say that they would be cases that the infirmary would not receive, but our cases are of all kinds, from the very smallest hurts to the most serious illnesses.

9421. The guardians, as you know, are bound, the parish doctor is bound, to supply such cases with everything that is necessary?—Quite so.

9422. I understand perfectly your nursing people in order to keep them out of the Poor Law; but I do not understand your nursing people who are already paupers; that is the question I want to ask you?—I may have conveyed a wrong impression about the Poor Law relief; it may be far less than I have conveyed; I do not think it is to any extent that we nurse them.

Lord *Thring.*] Then I will not press you any further on the point.

Earl of *Kimberley.*

9423. May it not be put in this way: Either they are cases which should be taken into the infirmary, in which case they would be provided for by the Poor Law infirmary; or they are cases which, for some reason or other, cannot go to the infirmary, and then it is the duty of the Poor Law to supply them with nursing?—We work in unison with these charities.

9424. But if my statement is correct you are spending money to no purpose because the case would be relieved by the poor rate effectually without your intervention?—Then may I ask to be allowed to refer back and to correct my former statement; perhaps I may not have stated it correctly with regard to Poor Law relief.

Lord *Thring.*

9425. Do not you think it is quite possible that in the cases, which I will call Poor Law cases, which you nurse, the people are not really paupers, but are poor people, recommended for charity by the relieving officer or by the guardians; may not that be the explanation?—I think it quite likely that it is.

Earl *Cadogan.*

9426. Can you tell me whether your society ever ask whether any of those cases which you nurse are in receipt of Poor Law relief; is that ever made a test by your society?—I think not.

9427. The question is never asked?—I think not; but that is a matter I should like to have an opportunity of investigating.

Chairman.

9428. Is this society managed by a committee?—By a committee.

9429. Who is the chairman of it?—The Reverend Prebendary Harry Jones; the president is Princess Christian.

Earl *Cathcart.*

9430. You know, do you not, that the law is this: that in the case of a helpless patient, who is a pauper, the relieving officer is bound to do one of two things; either to send that helpless patient into the infirmary, or in the course of other medical relief, to provide some woman or other person to look after this helpless patient?—Quite so. (To Lord *Thring.*) Do I understand that your Lordship wishes for an explanation on the question you just now put to me?

Lord *Thring.*

9431. I think it is far better for the society that you should give us some explanation on the point; because if your society relieves cases that are in the receipt of Poor Law relief, it is not a proper application of charity.

Earl *Cathcart.*] It is merely with a view to show that your system does not overlap the Poor Law system.

Witness.] Quite so. I understand the point, and I will look into it.

The Witness is directed to withdraw.

Miss MARY LOUISA SPRIGG, is called in; and, having been sworn, is Examined, as follows:

Chairman.

9432. ARE you the Superintendent of the London Association of Nurses?—I am Deputy Superintendent. At present the superintendant is out of town.

9433. And that society is to be found, is it not, at 123, New Bond-street?—Yes.

9434. I understand that you wish to correct a statement that was made before the Committee by Mr. Treves, at Question 7747. The question is this, "Do you know anything of the working of these institutions; for instance, the one in Bond-street?" and the answer is, "No, beyond this, that as far as my experience goes, the nurses are simply called trained nurses; they have not necessarily any claim to that title, and there is no guarantee that they are efficient nurses"?—Yes, that was the matter I wished to explain. I merely wished to say, as this association has been referred to specifically, that the greatest care is taken in chosing candidates; they are not accepted unless they have had three years' training in a hospital to begin with; and I have been looking carefully through the register since I wrote a note asking that I might be called as a witness before your Committee, and I find that the average length of training is more nearly four years than three; many of them have been seven and eight years in hospital. We do not train nurses also; they are trained at all the large hospitals in London, and throughout the kingdom. Then I should like to say that in January there was a scheme started for the registration of trained nurses; it is not a compulsory scheme; but, as a matter of fact, since then 183 nurses have joined, and more are joining. That is in connection with the British Nurses' Association, which is a distinct thing, and it is a decidedly influential committee.

9435. Your institution is not a charitable institution?—No.

9436. It charges high fees, does it not; at least it charges fees?—From one to four guineas a week, depending on the nature of the case. I merely came up to contradict the statement to which reference has been made. And then there

Chairman—continued.

is a further point. The same witness said that they were perfectly "irresponsible bodies."

9437. At what page is that?—At page 457.

9438. In the answer to the previous question to that which I read to you just now?—Yes; in the answer to the previous question.

9439. That question is: "Where do these nurses get their training?" and the answer is: "Anywhere or nowhere. The only responsible bodies sending out trained nurses to supply the public are the great hospitals; and any system that would tend to develop the existence of these irresponsible bodies must be to the damage of the public"?—The only thing I have to say is, that this association was started in 1873; at that time I do not think that any of the large London hospitals sent out private nurses as a regular practice. I think in 1874 or 1875 the Westminster Hospital began it, and I think the best proof of our efficiency is that, in spite of the fact that now most of the large hospitals send out private nurses, we have a continually increasing demand for nurses and a continually increasing staff.

Lord *Thring.*

9440. Do you consider your body an irresponsible body?—I consider myself responsible to the persons who send to me for nurses.

9441. And you keep a register at your office of the characters of the nurses?—Certainly, of their characters before they come to us.

9442. And if I was to inquire as to why a particular nurse was sent to me, your society would give me a complete record of what she had done?—Yes, I could tell you where she had been trained, what wards in the hospital she had been in, and what other special evidence of fitness for her work she showed.

9443. And if I made a complaint, supposing it proved to be a true one, would that be set against her?—Yes. The nurse would be examined also, as there are always two sides to a question.

9444. Of course you would hear the nurse; but you would hear the complaint?—Certainly.

9445. And

Lord *Thring*—continued.

9445. And you consider yourself responsible to the employer in the ordinary sense; that is to say, that I should have a just right to blame you as the head of the establishment if you sent me an inefficient nurse?—Certainly.

Earl *Spencer.*

9446. You do not compel those who come to you for nurses to take them always in their rotation?—No, we never send them in rotation; we send the nurse most suitable for the particular case.

Chairman.

9447. In any case of serious misconduct they would be dismissed?—Yes.

Lord *Monkswell.*

9448. Are they all certificated?—Yes.

Earl *Cathcart.*

9449. Have you many complaints?—Only a few and very trivial ones.

9450. Such complaints as of going to sleep while on nursing duty?—That would be a serious fault.

9451. Or forgetting to give the medicine at the right time?—That again would be a very serious fault.

The Witness is directed to withdraw.

Ordered, That this Committee be adjourned to Thursday next, at Twelve o'clock.

Die Jovis, 31° *Julii*, 1890.

LORDS PRESENT:

Earl CATHCART.
Earl of KIMBERLEY.
Lord SANDHURST.
Lord SUDLEY (*Earl of Arran*).
Lord MONKSWELL.

THE LORD SANDHURST, IN THE CHAIR.

MRS. ETHEL GORDON FENWICK, is called in; and, having been sworn, is Examined, as follows:

Chairman.

9452. YOU have had a great deal of experience in nursing, have you not?—Yes; I have had 12 years' experience.

9453. Were you trained as a nurse?—Yes; first at the Children's Hospital, Nottingham, and then at the Manchester Royal Infirmary, in 1878–79. In 1879 I was appointed a sister of wards at the London Hospital, and worked there for 19 months, when I was appointed matron and superintendent of nursing at St. Bartholomew's Hospital, in March 1881. I held that position for more than six years, and then resigned it in order to be married.

9454. And when you were at St. Bartholomew's did you reorganise the nursing there?—The nursing was reorganised to a certain extent at that time; and the principles upon which that reorganisation was effected have since been adopted by many other leading hospitals.

9455. And on what principles did you attempt to reorganise it, or was reorganisation carried out?—Firstly, that a hospital is intended primarily for the benefit of the sick poor, and, therefore, that the nurses should be so chosen, so taught, and so employed, as to secure the best possible attendants for the sick. Secondly, that every nurse is an official of a public institution, and should, therefore, in every way be treated as a public official.

9456. How would you secure the best possible nurses for the patients?—Firstly, by stipulating that all women who were admitted for training should bind themselves to stay in the service of the hospital for at least three years. The object of that is to retain always in the wards a large proportion of workers who have passed through two years of systematic training, and who, therefore, will be able not only to nurse the patients efficiently, but also to supervise, assist, and partly educate those nurses who are in their first or second year of work. Secondly, by arranging that, at the end of the first year of training, each probationer should be carefully examined as to the progress made by her, both in the theory and practice of nursing. Unless satisfactory proof of progress be given, the probationer might be referred for another six months' study and experience, and be then again permitted to go up for the preliminary examination. If she failed a second time, the fact should be reported to the nursing committee, who should state personally to the probationer that she was not up to the hospital standard, and that, therefore, it would be well for her to resign her appointment. If she passed the examination, whether at the end of 12 or 18 months, she might be entrusted with more responsible duties as a staff probationer, and should be given a new uniform, to show distinctly what grade she had attained in the service of the hospital. At the end of the third year a second examination should be held, and, to those who were successful in passing this, the hospital certificate of efficiency should be granted; and then, but certainly not until then, should they be eligible for appointment as staff nurse. In this connection I should like to point out that at St. Bartholomew's there are no such things as modified certificates. A nurse either proves herself to be efficient or she does not. In the former case she should receive the certificate in justice to herself; in the latter case, in justice to the hospital, she should not be certified as efficient. In any event it is, to my mind, extremely unfair to the public, to the hospital, and to nurses themselves, that a public document like a hospital certificate should be granted, withheld, or qualified in any way at the caprice of any official.

Chairman—continued.

9457. Then do I understand from you, that you think the bulk of the nursing at a hospital should fall upon the trained staff of nurses, as opposed to the system of having a large number of probationers?—Yes, exactly; I think the system of placing ignorant probationers, with a few months' experience only, in the responsible position of staff nurses, on either day or night duty, cannot be too severely condemned. It is equally cruel to nurse and patient. No woman should be placed permanently on full staff duty until she has completed her second year's training.

9458. What supervision would you have in a hospital; of course, the sister has supervision over the nurses?—Yes.

9459. Then over the sisters what supervision would

Chairman—continued.

would you have?—Every sister, both on day and night duty, should see the matron at or before nine o'clock each morning, and report to her formally anything connected with their nurses or their work which they think should be known. Then, in all institutions with which I am acquainted, it is the matron's first duty to visit every ward once, if not twice, in the four-and-twenty hours, in order to see for herself how the nurses seem, and how the work is being done. When I was at St. Bartholomew's Hospital my morning round occupied about three and a-half hours, and my evening visit about two hours; and I entirely fail to understand how I could have known what was occurring in the wards if I had spent less time in them.

9460. How big is St. Bartholomew's; what number of beds does it contain?—St. Bartholomew's Hospital, I believe, contains 670 beds; it has a convalescent home, I believe, of 100 beds.

9461. I do not want to enter into the details of St. Bartholomew's Hospital, but had you assistance for clerical work, and so on?—I had an assistant matron, and a lady who was termed superintendent of the home; she was really housekeeper.

9462. Superintendent of the home, that is to say, where the nurses lived?—Yes, home sister.

9463. What did the assistant matron do; did she go round the hospital to superintend the work in the wards?—No, that was my duty; the assistant matron never went round to superintend the work in the wards unless I was absent; then she performed that as part of the matron's duty.

9464. Then do you consider that the matron going round the wards every day is sufficient supervision of the sisters?—Quite.

9465. In fact, you could not devise anything else, could you?—No, certainly not; with regard to the cleanliness of the wards and the efficiency of the nursing.

9466. Did you rely at all on the physicians and surgeons speaking about the nursing if they had any faults to find with it?—Yes; I think that the physicians and surgeons of St. Bartholomew's were in a peculiarly free position for doing so; they visited the wards nearly every day and took an active interest in the hospital; those were the regular physicians and surgeons of the hospital. The senior physician visited every day, Sundays included, and spent not merely half-an-hour in the wards, but often spent most of the afternoon in them. I should say that he knew his sisters and the nurses who were working in the wards intimately.

9467. In such a case would the surgeon or physician recommend the transplanting of a sister or a nurse from one ward to another?—No, certainly not; that was left to me; but the surgeons and physicians would certainly have remonstrated if they had found too many changes in the nursing staff.

9468. Was the changing of the nurses absolutely in your hands?—Absolutely in my hands.

9469. Were you assisted at all by a medical committee?—No; with the exception of a committee for the appointment of the probationers, there was no nursing committee; but I should

Chairman—continued.

advocate strongly there being a nursing committee in all large nursing schools.

9470. I think we were told that at the London there was a medical council, which met from time to time; at some other places they have what is termed a medical committee, which sits regularly once a week, to which all matters connected with nursing are submitted; do you think that that is a good plan?—I do not think it is good that the medical committee should interfere with the nursing. I think that a special committee of the medical men and laymen should be termed a nursing sub-committee, and should meet periodically.

9471. What sort of questions would come before such a body as that?—I should say all questions of the absolute engagement of the probationers after a certain term of trial; also questions upon the report of the matron as to those probationers' efficiency; and also the recommendation to the house committee of the hospital as to whether certain nurses, after a certain time of trial, were likely to make good nurses; and all cases of complaint, serious complaint, against nurses should certainly come before this sub-committee of nursing, so that they should lay a report before the general committee.

9472. But the appointment of a nurse or the promotion of a nurse is, is it not, a matter of ordinary hospital administration, based upon the recommendation of the matron, who knows most about that part of the work of the hospital?—It just depends. I think that the matron should be empowered by the committee to take probationers on trial; but the regular appointment of those probationers upon the staff of the hospital officials should certainly lie in the hands of the house committee.

9473. Does not it all come back to this; that it depends really, if the thing is to work well, upon having an energetic and intelligent house committee?—Yes; I should say that it depends greatly upon the interest and knowledge of the house committee in nursing matters.

9474. And also as regards the appointments and dismissals, of which we have heard a great deal?—I feel very strongly that every probationer who enters the hospital should be under the actual daily command of the matron, but under the protection of the house committee, and that the house committee should engage and discharge every nurse that enters their service.

9475. It is obvious, is it not, that the house committee must be, to a certain extent, guided by the matron?—They must be guided by the matron to a certain extent.

9476. But for the purpose of forming an opinion, they ought really to make use of their own common sense?—They ought to reserve for themselves certain responsibilities.

9477. Now, as regards a special nurse, how would you define the term "special nurse"?—I should define a special nurse as one placed in direct (not sole) charge of some particular patient, who, on account of delirium, requires restraint, or, owing to some special condition, requires more constant care and attention than a nurse

Chairman—continued.

nurse in charge of a number of other cases could possibly bestow.

9478. And then, as regards the reponsibility for that special nurse, should that lie on the sister of the ward, or on a special individual?—The sister is always the superintendent of the nursing of every patient that comes into her ward.

9479. Is she the superintendent of the special nurse?—She is certainly the superintendent of the special nurse.

9480. Then you look upon the special nurse as, in fact, a special nurse, and not as an additional assistant?—No, not as an additional assistant. I consider that there is a great difference between a special nurse and an extra nurse. An unskilled probationer may be very useful in the latter capacity as a helping hand, when very little theoretical knowledge is required; but a special nurse should certainly have a certain amount of theoretical knowledge with regard to the patient she is going to nurse, because she must bring her intelligence to bear upon that case

9481. Then you prefer to have these highly trained special nurses to an extra nurse, who would give the sister more time to look after the special case herself?—Yes; I certainly should not consider it right to employ anyone who had only been in a hospital for a few days as a special nurse upon a serious operation case. In a case of tracheotomy, for example, when the windpipe has been opened in a young child to prevent suffocation, it requires a very experienced nurse and the most incessant attention to clear away the mucus which is always clogging the tube through which the child has to breathe. The slightest carelessness or inattention may prove fatal.

9482. You require, as I understand you, a special nurse for a special case; but in your estimation, having been matron at St. Bartholomew's, what is the proper staff of workers for a ward, or a certain number of beds?—The number of workers necessary to nurse a ward efficiently, of course, depends on the construction of the ward, and the number of beds which it contains, as well as the severity of the cases in them.

9483. Will you give an example?—I have worked the matter out very carefully, and in practice, and am convinced that no woman can thoroughly superintend the nursing of more than 30 patients in a general hospital; but for each ward of 30 beds there should be, on day duty, one sister and one fully certificated staff nurse, one staff probationer, who has passed through her first year's work and examination; and under the staff nurse and staff probationer there should be three junior probationers, women, that is to say, who are passing through their first year of training; and finally, there should be at least one ward maid to do the rougher work.

9484. You say that there should be one sister and one nurse?—One certificated nurse.

9485. And one probationer?—One staff probationer.

9486. How does a staff probationer differ from the junior probationer?—The staff probationer differs at St. Bartholomew's from the junior probationer in the fact that she has had one year's systematic training in the wards of the hospital, and has passed a practical and theoretical examination in nursing; and has therefore gained for herself, as it were, a step in hospital service.

9487. Then that gives altogether six people for these 30 beds, to look after them during the day?—Yes, to look after them during the day.

9488. And then during the night what do you think would be the proper staff?—For night duty, for a ward of 30 beds, there should be one certificated staff nurse, because, you see, the night sister should be merely a superintendent; she cannot act in the capacity of sister ——

9489. But with regard to the ward-maid, she takes a great deal of work off the hands of the nurses?—Exactly; she takes all the rougher work, such as the scrubbing, the fires, the washing-up of all utensils with regard to the feeding of the patients, the cleaning of bath-rooms, taps and lavatories, and, the most important part, waiting upon the sister and cleaning her room.

9490. Do you think that one ward-maid could do the work of two wards?—No, a ward of 30 beds would require one ward-maid entirely for that ward

9491. Now will you continue as to the staff for night duty?—For night duty for a ward of 30 beds there should be one certificated staff nurse, one staff probationer who has passed her first examination, one probationer in her first year, and such special nurses as may be required.

9492. Therefore, in any ordinary ward, without any very remarkable case, you would have three hands for night duty?—Three hands for 30 beds.

9493. And you have no night sister?—Calling a person who is superintending nurses in the night a night sister, is misleading; she should be termed a night superintendent, she performs the duty practically in the night which the matron to a great extent performs in the day. She does not remain in one ward all night, and, therefore, cannot be termed a sister; she is the night superintendent of nursing. She may be three times during the night in the ward for 10 minutes or for half-an-hour; but beyond that, those wards are left, or should be left, practically in the charge of the certificated night staff nurse.

9494. Is this which you have given us the number of the staff that you had at St. Bartholomew's?—No; I am sorry to say that on night duty we had not quite so much of a staff.

9495. It is ideal then?—I do not see that it is ideal; I mean that it ought to be real.

9496. For an ideal state of things you would like to have more; is that what you mean?—No; I think too many are as bad as too few.

9497. Then it is ideal, is it not?—This is the staff which I think that our large London hospitals should aim at, if they have room. At St. Bartholomew's we have had that staff on day duty; but unfortunately not so many on night duty; we had not the room for them; and I believe it is the aim of the governors of that hospital, when they build their new home, to have an increased number on night duty.

9498. You think it is necessary to have these three

Chairman—continued.

three whom you have named on night duty?—I think, sometimes, they might do without the probationer, but generally it is necessary; because, even if you have not bad cases, you have the same routine ward duty to do, and the giving of the food and attending to all the directions of the doctor and the cleaning of the ward. A great deal of the superficial cleaning of the wards is in the hands of the nurses, and should remain so, in my opinion.

9499. Do you mean the dusting and sweeping?—Yes, the dusting and sweeping, not the actual scrubbing. And to sweep a ward containing 15 beds takes a nurse 20 minutes, and to dust that ward takes her quite that time also.

9500. Whilst on the subject of these nurses, what about the holidays that they should have; we have been told that in some places they have, I think, a fortnight, in some three weeks?—I should say that each nurse in a general hospital should have at least three weeks' consecutive holiday, and that should be taken in the summer weather. She should have half a day off duty every week, and, I think, three hours off duty every day.

9501. I can understand the desirability of their having holidays in the summer; but is it not almost impracticable to manage it in the case of all of them?—No, it was always done at St. Bartholomew's. The nurses began their holidays on the 1st of May, and it was the matron's duty to arrange that each nurse in the hospital should have a fortnight between the 1st of May and the last day of September; she was at liberty to engage extra nurses for that time, if she chose; old nurses might come back and do holiday duties.

9502. And receive wages?—And receive wages.

9503. But St. Bartholomew's is very fortunately placed, is it not, being a rich hospital. Of course everybody would like to see the proper number of nurses employed to allow of that being done, but then there is the question of expense to be considered?—I do not think that economy should be allowed to overrule what is right and just. I do not believe that is a proper principle to work upon. I think that the governors of each hospital should be quite sure what is right and what is just towards their servants; and a matter of economy should not be allowed to stand in the light of that justice. By that I mean that I think other arrangements could be made. If the present system of paying our probationers, for instance, is found to be impracticable, very well; I do not see why the probationers should not pay for their education, just as the students of every other profession have to do. They have to pay for their education, no matter in what branch of work they begin life.

9504. Would you, then, like to see the number of paying and lady probationers increased?—No, not as the paying and lady probationers are at present constituted; I think that would be a great danger; I should like to see each hospital organised practically upon the same lines as our medical schools; that is, that for a benefit received, such benefit as the certificate of a large hospital is to a nurse in her future professional career, she should have to pay both in money and in time. I believe that would meet the present difficulties which exist with regard to economy.

Chairman—continued.

9505. Do you think that the supply of those people who would be willing to pay and give their time, would be equal to the demand?—I quite think so. The last year I was at St. Bartholomew's I had 1,500 letters of inquiry, I do not call them applications; they were not absolutely applications, but letters of inquiry for, say, 50 vacancies. Out of that number, I believe I could have selected a sufficient number of probationers who themselves, or their parents, would have felt a sufficient amount of responsibility with regard to their futures to induce them to pay a certain amount of money for their training and nursing education.

9506. To return for a moment to the staff of a ward, you state that the ideal staff is six?—I think that each nurse should not have more than six patients in the daytime to nurse.

9507. Then about children's wards, what have you to say as to the staff required?—For children's wards, of course, a great many more attendants are proportionately needed as compared with adult wards. I think that there should be, during the day, in the children's wards, one sister, two staff nurses, and four probationers to every 30 children; that is to say, not counting the sister, five children by day to each attendant.

9508. And then would you have any of these other probationers, junior probationers?—These four probationers would be junior probationers. That makes five children by day to each attendant; and during the night two staff nurses and two probationers; that is to say, 7½ children to each, because amongst that number there will always be some who, day and night, will require constant care and "mothering." There is a great deal of work in a children's ward which is not perhaps actually scientific nursing; many children require an entire nurse to themselves; and I believe that the success or non-success of many operations upon children entirely depends upon their having a sufficient amount of nursing. If the number of attendants be less than I have indicated, I consider that the nurses would individually be overworked or must neglect their patients; I mean that in nearly every hospital in which I have worked the nurses are overworked. The number may seem large, but then it must be borne in mind that each probationer should have some hours every day off duty for study and recreation.

9509. Let us keep for a moment to the children's wards; a great deal has to be done early in the morning in those wards?—Between the hours of seven and nine or seven and 10.

9510. Or six and 10?—Six and 10; six and nine in some hospitals.

9511. At what time do the day-nurses come on, as a rule?—Seven in the morning.

9512. You would have then this full, additional staff, that you have already mentioned, coming on?—Yes; so that there would be no necessity to begin, what I may call, the routine ward work before six in the morning.

9513. According to your experience, do you think it is bad that the work should begin in the children's

Chairman—continued.

children's wards before six?—Very bad indeed; or in any ward.

9514. I am afraid it does take place in some hospitals?—I believe it does; and eight years ago it was, so I believe, in the hospital in which I was working; but luckily the case came before the notice of one of the visiting surgeons; he remonstrated, and a rule was made by the committee, and it was enforced by me, that no patient was to be allowed to wash before he had had his breakfast, and that no patient was to be allowed to get out of bed till he had had his breakfast, breakfast being at six; that meant that he should not get up or wash till after that hour.

9515. Who makes the beds?—In some hospitals one class of nurses and in others another class. In some hospitals the night nurses make the beds; I think it a good thing that the day nurses should.

9516. If the day nurses come on at seven, it would be the day nurses who would make them, I suppose?—The day nurses did in my case. It is much less exhausting for two nurses to make a bed than one, and, therefore, the rule under my superintendence was that two nurses always made the beds; that they began at seven, and made so many beds together, instead of one nurse alone. When she is alone it is very exhausting for her and uncomfortable for the patient.

9517. Have you ever seen patients assisting to make the beds?—I have seen it ten years ago.

9518. Is that practice to be deprecated, in your opinion?—Very much; the majority of the beds are not mattresses, but are made of flock, and to shake them up is a very exhausting process.

9519. There might be convalescent patients, might there not, who could assist?—There would be danger in it. In a surgical ward, as a rule, they are not able to make beds; in a medical ward they may be suffering from heart disease, or some other ailment, in which it would be very dangerous for them to undertake that exertion.

9520. Have you formed any notion about the hospitals sending out nurses to private cases; my question does not refer to any particular hospital, but to hospitals generally?—Yes; and I wrote a paper some years ago upon that subject. Provided it is done with justice, both to the public and to the nurses, I most certainly approve of the system; in fact, I think our large hospitals are in a position to send out better trained nurses than any other institution can be; better trained and supervised; and the authorities of a hospital are more independent with regard to their nurses than the heads of a mere business concern. But the private nursing home should be altogether distinct from the hospital. No one should be appointed on the private nursing staff who has not worked for at least three years in the wards, and obtained her certificate. Then the nurses should receive not only enhanced pay, but also a fair percentage upon their earnings, which should increase with their length of service, for a certain number of years. It is certainly a flagrant contradiction of its very *raison d'être*, that a charity should "sweat" its officials to increase its

Chairman—continued.

income. And in my opinion all funds received from private nursing, after the expenses of the home have been provided for, should be invested for the provision of pensions for the members of the private nursing staff. To advertise that "thoroughly trained nurses" are supplied, and to supply women whom the hospital itself does not treat nor consider as "thoroughly trained;" to give the worker 20 *l.* per annum, and make the public pay for her at the rate of 100 *l.*; to persuade women to enter the service of the hospital, on the understanding that they shall be systematically taught the art of nursing, and then to send those women out to learn the work for themselves at the expense of the sick, is, in my judgment, nothing less than defrauding both the public and the nurses.

9521. Now, do you know of any hospital that sends out trained nurses to whom they give as low a sum as 20 *l.* a year?—Not theoretically, but practically, yes.

9522. Will you explain that?—I mean this; that if there is not a distinct home from which a nurse is receiving certain wages, and it is left to the discretion of any official to send out nurses from the hospital wards, nurses may be sent out who are receiving less than the salary which is considered adequate for a private nurse. If you send out a probationer, for instance, in her first year, you are sending out to the public a probationer who is receiving 10 *l.* or 12 *l.* a year; if she is a probationer in her second year she may be receiving 16 *l.* to 20 *l.* a year; but after the third year of training, and after a certificate is gained, of course a nurse naturally demands higher wages; and I suppose, in most nursing institutions in connection with our London hospitals, nurses are receiving about 30 *l.* a year.

9523. But it would be an abuse of the system, would it not, to send out probationers from the wards as nurses to private cases?—I should consider it so.

9524. In the first place it would be an abuse of the system as regards the public, and in the second place as regards the wards?—Especially as regards the wards. I feel most seriously with regard to the patients in the wards. I think the public ought to be able to protect themselves, though they are not able to do so at present; but the sick poor, who enter our hospitals, are quite incapable of taking care of themselves.

9525. Does not it come back to what I said before about the committee; it is a question of hospital administration?—Yes. I think that a private nursing home should be regulated upon certain principles, and that the committee then should have a weekly report and keep the superintendence in their own hands.

9526. If the committee let the whole thing slide, there is no chance either for the nurse, the ward, or the public?—None whatever.

9527. How long do you think it takes to train a nurse?—I think it takes three years to train a nurse thoroughly, because she must pass through three distinct stages. She must come as a pupil in her first year, and in her first year be under the superintendence of thoroughly trained nurses and sisters; in her second year, of course, she could be advanced to more responsibility, that is, to the position of a staff probationer, who takes

Chairman—continued.

a staff nurse's work when she is off duty; and in her third year she ought to be advanced to the position of staff nurse, to take the sister's duty when she is off duty.

9528. But these sisters must be exceptional people in character, and so forth?—Yes, certainly. No woman, I think, ought to be appointed to such a responsible position as a sister of a ward until she has passed through the whole curriculum of nursing education; that is, until she has been probationer, staff probationer, and staff nurse, and passed an examination, and proved herself an efficient nurse practically, and gained her certificate.

9529. Have you ever considered what proportion of probationers you would like to see in a hospital to the trained staff?—It entirely depends upon the number of beds. In every ward of 30 beds there should be a certificated nurse on day and night duty. If the ward is larger than that, you want two certificated nurses. In some of the London hospitals the beds vary from 30 to 60; at St. Bartholomew's none of our wards were larger than 30; but in both Guy's and the London Hospital I believe there are wards of from 50 to 60 beds.

9530. I understood you to say just now that it was desirable that the bulk of the nursing should fall on the trained nurses?—Yes.

9531. But in the estimate you gave us just now, of the staff that you would desire on day duty for a ward of 30 beds, you mentioned one staff probationer and three junior probationers; so that there would be one sister, one staff nurse, and four probationers?—You would get three, what I call, to a great extent, partly-trained nurses. The junior probationers, of course, would be set the lesser duties. The superintending, the reporting, the system of application, the difficult nursing matters would be left in the hands of three senior nurses, the sister, the staff nurse, and the staff probationer, and the junior probationers would only carry out directions under the superintendence of the three senior nurses.

9532. Does a sister do anything in a ward of 30 beds?—The sister does a great deal of nursing; nothing beyond that.

9533. She has always the ward entirely under her eye?—Yes.

9534. And sleeps by the ward?—In a little off-room, communicating with the ward.

9535. Looking into that ward?—Yes.

9536. From your experience are those rooms fairly healthy?—I cannot say they are very healthy; I should not think they can be very healthy. There is no doubt that the ward air gets into these rooms.

9537. Would it be a good plan to shift these sisters to some other bedrooms, if possible?—Certainly; I think that an ideal organisation is that all day sisters should sleep away from their wards in the nursing home; but that cannot be done until a much larger supply of night nurses is allowed by the authorities of our large hospitals. It is done at the Manchester Royal Infirmary, and I believe with great satisfaction. The sisters leave their wards at 10 at night, and sleep in the home.

9538. It was suggested by someone, I think

Chairman—continued.

Dr. Fenwick, that it would be a good thing if the nurses could sleep out of the hospital now and then; what is your opinion on that question?—It is very difficult, I suppose, to arrange that; but the sisters of some of our large London hospitals have from Saturday to Monday once a month, and sleep out of the ward air for two nights every month; that is very reasonable; but the nurses of the large hospitals, as far as I know, do not have that advantage. It is rather difficult to arrange it; it might be arranged for the fully-certificated staff nurses, but not for the rank and file, certainly.

9539. Then, as to the hours of the nurses, do you consider the hours excessive?—At present I consider the hours too long.

9540. Are they from six in the morning?—From seven in the morning till nine at night.

9541. Fourteen hours, with two hours off?—Yes; I think that is too much.

9542. Generally there are two hours off, are there not?—Yes; and they give them half-an-hour for dinner and half-an-hour for tea; practically they have 11 hours on duty. I think it is too much; it is more than strong men imagine they can do, and, therefore, it is more than the average woman should be called upon to do.

9543. But can you lay down any regular rule about nursing; may it not one day be very heavy, and the next day very light?—I hardly think so in our general hospital wards, because if there is not one thing to do there are others. If you are not taking in, and extra busy on that account, the sister has extra cleaning done, her linen mended, one hundred and one things done in the off weeks, that she would not have time to do in the taking-in week. Therefore, though the work may not be difficult, nurses are very well occupied always.

9544. But 11 hours does not necessarily mean 11 hours' standing or running about?—Not necessarily 11 hours' standing; but I should say that nurses stand for nine hours a day; they certainly stand from seven in the morning till dinner-time, because they are actively engaged from seven to ten in making beds, and cleaning wards, they are going round with the resident staff from 10 to 12, and they serve the patients their dinner, say, from 12 to half-past. They sit down for one half-hour in the middle of the day to have their dinner, then they come back; there is again a certain amount of cleaning and attention to the patients till two o'clock; for several days in the week the visiting staff are going round from two to four; they then have their patients' tea; from four to five they sit down to have their own tea; at five o'clock again they begin their routine duty of evening work, which takes them till eight o'clock, when the gas is put down. So that you can only say decidedly that a nurse can sit down in the afternoon, when it is the off-day of the visiting staff, from two to four; sometimes they sit down in the wards; and then, you must bear in mind, it is not always sitting down for two hours, because there are innumerable duties when there are 15 patients to be attended to, which a nurse must perform.

9545. Then there is a certain amount of message carrying?—In some hospitals there is; but

Chairman—continued.

but my experience is that the ward-maid does that.

9546. You would like to see ward-maids in every hospital?—Resident ward-maids.

9547. But when they have not room for them, what then?—I would have scrubbers in, then, on the principle that half a loaf is better than none: but the aim and object of our hospital authorities should be to have homes large enough to provide for the staff necessary to nurse the sick.

9548. Now in your experience have you known much sickness among nurses?—When I first went to St. Bartholomew's 10 years ago there was a great deal of sickness amongst the nurses. At that time the staff was just one-half of what it is now, and sickness occurred to a great extent from nervous exhaustion, owing to overwork and long hours of duty, not sufficient fresh air and not sufficient change of food. During the six years that I was there the governors were good enough to double the staff of nurses, to certainly double the time off duty, to improve the food so much that I do not think many complaints could possibly be made about it; and in consequence of that, of late years there has been very little illness. The first three years that I was there, the average death-rate amongst the nurses was one in 12 months, which I considered exceedingly high. For the last six years since the new *régime* of nursing has been in working order they have only lost one nurse, which is, I think, a satisfactory record.

Earl of *Arran.*

9549. Has any table of longevity been made as to the life of nurses in a hospital?—I think not. I think after a nurse has worked a good many years in a hospital she becomes acclimatised to the environment, and does not suffer from small ailments: but it is the first years in which young women coming from airy and comfortable homes to take this arduous duty, suffer; and that is the reason why they should be closely watched with regard to their health, during the first two years of their hospital life.

Chairman.

9550. But in the case of every nurse going to a hospital they would take care that she was examined by a medical man?—I cannot say that; they ought to be examined.

9551. It is generally supposed that they are?—It is, but many things are supposed which do not actually occur. With regard to our own probationers there was no medical examination excepting where a probationer seemed rather delicate; if she did not seem strong she was examined by the Warden of the College.

9552. They were admitted practically then without examination?—They were admitted practically without examination.

9553. Does that obtain now?—I cannot say. In my time it was left to me to select the number of probationers we required from the candidates; and I may say that I always looked at their teeth and so on; and if they appeared in perfect health they were admitted; but no nurse was admitted who had any defect; if she was short-sighted or a little deaf, or if her physique seemed at all weak, I did not feel justified in admitting her for training.

Chairman—continued.

9554. What is the reasonable length of service for a nurse in a hospital, if she is to be thoroughly trained?—I should say three years in a hospital of over 200 beds.

9555. Is that as long as they ought to remain?—It is a matter for their own choice after that. I think the hospital ought to grant a certificate of efficiency at the end of three years.

9556. Supposing a nurse lived 12 or 15 years in a hospital, would it be likely to damage her?—No; I think after the first three years a nurse becomes accustomed to the life, and then after that she is much more strong than in the first three years of her training.

Earl of *Kimberley.*

9557. How long do you think a nurse ought to have been trained in a hospital before she is sent out as a private nurse, as a trained nurse?—I think she ought not to be sent out to nurse the sick until she has gained a certificate, which is the guarantee of the hospital which trained her that she is an efficient nurse. In most of the large hospitals I think that three years is the time which is required, and I think that is quite the minimum time for which she should be trained before she is sent out.

9558. Therefore you would certainly not consider it fair to the public to announce that you supplied trained nurses and then to send out a probationer having only a year's experience?—Certainly not.

9559. With regard to the ward-maids, the nurses we have heard do a certain amount of what I will call, for the sake of convenience, menial duties, cleaning and so forth; do you think there is more done by them in that way than is desirable?—I think there is still a little more of that sort of work done than is desirable; I think most hospitals in the last 10 years have taken off an enormous amount of what you call menial work from the nurse, and given it to the ward-maid; still I should like to see a little more taken off from the nurses.

9560. You would regard that as desirable; that is to say, to let the nurses do as little as possible of what is not really nurses' duty?—Yes; except that it is very desirable that it should be impressed upon the nurse in her training, that cleanliness is the basis of all good nursing; and therefore I would not take the lighter duties of ward cleaning, such as dusting, off the nurses; and the attention to the inside of lockers, and drawers, and cupboards, and the cleanliness of the beds and bedsteads, and splints, and all those things should belong to the nurse; she should see that they are scrupulously clean.

9561. And it is desirable that she should be trained to that?—Yes; it is desirable that she should be trained to the very great necessity there is for cleanliness.

Earl *Cathcart.*

9562. I have been much struck by what you have said with regard to the visits of matrons.

Earl *Cathcart*—continued.

I should say that the visits ought not to be less than once a week to every part of the hospital which is under the matron; what is your view as to that?—I should say once a week is a great deal too little.

9563. You told us what your own practice was to visit every part once every day, but that could hardly be expected to be carried out in every case, could it?—I think it should. There are certain duties now which have been taken off the matron, which were her duties 10 years ago. When I took my work at St. Bartholomew's I had a number of duties which the committee were good enough to take off me, so as to enable me to go round the wards. Cutting out the sheets, and all the business with regard to the linen room was formerly the matron's duty; that they relegated to the assistant matron, in order to give me more time to devote to the superintendence of the nurses.

9564. And was any record kept of your visits to the wards, by day and night?—I believe none. I was not bound to go more than four times in the week, according to my charge.

9565. Did you make any report to the committee?—No, certainly not: I was bound, according to my charge, to visit the wards four times every week.

9566. And do you think that there should be such a report made?—I do not think so; I think it should be recognised as the matron's duty to go round the wards every day, once in the 24 hours at least, if not twice.

9567. You visited the wards, I suppose, on what is vulgarly called the bounce; that is to say, you gave no previous intimation of your visits?—I started at 10 every morning, and went into each block alternately; one day starting on one block, and the next on the other.

9568. The home sister is not necessarily a nurse, is she?—Not necessarily.

9569. Were your home sisters nurses?—They were not nurses. What I wanted in that capacity was a good housekeeper.

9570. And you selected them from a class of person who had had previous experience?—Yes, of housekeeping.

9571. Without regard to nursing, I understand you to mean. Now Mr. Carr Gomm said that he thought a committee of ladies to assist the matron in regard to the nurses and the probationers would not be advisable; his words were, "I should prefer a committee of gentlemen," and I was ungallant enough to say that I agreed with him: perhaps I was wrong?—I am quite ungallant enough also to say that I would have no committee of women interfering with regard to professional matters at any hospital whatever.

9572. But of whom would this nursing committee you mentioned be constituted?—Probably by the chairman, the house governor or the senior male official in the hospital, and the matron and two medical men, I should say probably those two medical men who were engaged in lecturing to the nurses on physiology and anatomy. In most hospitals there are now two set apart for that duty.

9573. To go to the children's wards, naturally as in a gentleman's nursery there would be crying going on, more or less; a children's ward cannot be compared to an adult ward, can it?—No, it requires organising on a different footing.

9574. And there must be washing in the night time?—Very often.

9575. Therefore you would not expect to find the children's ward in the same apple pie order as the adult ward?—Certainly not as quiet.

9576. A case of hare-lip was mentioned, in which it was said that it was essential to keep the child quiet, and that a special nurse had to walk about with the child?—I maintain that, in the case of an operation for cleft palate and hare-lip, the child should always have a special nurse, and that child should not be left for 10 days.

9577. The result would not be successful if the child was disturbed?—Unless the patient was properly nursed the operation would probably break down.

9578. To go to another matter, if the sisters themselves were asked, they would not like, would they, to sleep away from the wards; they like having their rooms in the wards?—I think that now the sisters feel the responsibility of their position, as I did; and if I felt that my ward was left to an untrained or semi-trained probationer during the night, I should not like to be responsible to the medical man for those patients; but if that ward was left in the charge of a thoroughly trained certificated staff nurse, whose judgment I could rely upon, I should very much have liked to have slept away in the home, which is quiet and more airy.

9579. Those rooms I have seen were rooms with large windows opening outward, so that if the sister slept with her window open there would be no danger of ward air?—Then the London Hospital rooms are practically better than a great many.

9580. I am not referring to the London Hospital specially; and these rooms are remarkably nice; they look like the abodes of people of culture and good taste?—Yes; they try to make them look home-like.

9581. And the sisters take a pride in their rooms?—They do.

9582. Then about the nurses and the causes of death; were the causes peculiar to the hospital?—I should say that the four deaths that occurred during my time were certainly so. In those days we had a fever ward at St. Bartholomew's, which has since been done away with. The sister of that ward died of typhus caught from a patient. As to two other cases, one death was from typhoid fever and the other from scarlet fever. The scarlet fever was contracted from a patient in the hospital.

9583. You have no doubt that the nurses should be picked women?—Very picked women, with regard to their constitutions; and that they should be taken care of, especially for the first three years of their training.

Earl of *Arran*.

9584. With reference to that sub-committee of which you spoke, would you say that any complaint as to the nursing should be referred to that

Earl of *Arran*—continued.

that sub-committee before it went to the general committee?—Certainly.

9585. Not that it should go to the general committee first, and then then be referred back to the sub-committee for inquiry?—No, it should be inquired into by the nursing committee, or sub-committee appointed by the weekly committee to deal with these details as they arise.

9586. And then the matron would report to this sub-committee, and give her reasons for any action that may have taken place on her part; and there would be an opportunity for the probationers and nurses giving their views upon the matter?—Yes.

9587. And then the sub-committee would report to the general committee?—Yes. There is a nursing committee in one or two of our large London hospitals; I believe at St. Thomas's and St. George's; I do not know of any others; but we had none at St. Bartholomew's, and I felt the want of it when I was there, because it is a very busy hospital and the weekly committee had so much business to get through in their time that many times I had to put off matters which I should have liked to have settled at once, because they had not time to attend to the details of my department.

9588. If you have children in an adult ward you cannot help their waking earlier, can you; I mean the work must begin before six o'clock?—I think it should not begin before six o'clock.

9589. You think it could be so arranged that the children should be kept asleep till then?—They should be kept quiet; and I do not approve of children in a general ward.

Earl of *Kimberley.*

9590. Then you do not approve of the practice of waking them up to wash them before six o'clock?—Certainly not. I think sleep in sickness is for children one of the greatest necessities.

9591. Do you think, even if they were awake, that the washing should begin before six?—No, I think it is a wrong principle; I would not allow them to begin to wash till a later hour, whether they were awake or asleep.

9592. Therefore you would regard it as indispensable that there should be a sufficient number of nurses to do the duty within the time allowed after six o'clock?—Yes.

5593. You said you would not like to see unprofessional women interfering with hospital arrangements; but is it not the case that a committee composed of unprofessional men is entrusted with the arrangements of the hospital?—But they have a representative in every department; they have a secretary for secretarial work; they have a house governor for other things; and a matron to report to them on nursing.

9594. But, considering that a large number of the patients are women, and that women may be supposed to understand women better than men do, would it not be an advantage to the hospital that some women should be associated with the men on the committee; of course, not giving them any power of interference greater than the men possessed?—I have never worked with a

Earl of *Kimberley*—continued.

ladies' committee; I have always heard that it is most unpopular, and I do not think that I should have liked (indeed, I may put it more strongly, and may say that I am sure I should not have liked) to have worked with them.

9595. You were asked whether the sisters' room was "nice"; but a nice room into which ward air got would not meet the conditions of sanitary requirements?—It is not the most satisfactory.

9596. The room might be nice, and yet the air not good?—Yes. I think it would be more healthy for the sister, if she were to sleep away from the ward air.

Earl of *Arran.*

9597. With reference to the training, you said that you thought three years was the time that a nurse should be under probation; so I understood you?—Yes, three years.

9598. Before she received a certificate?—Before she should receive a certificate of complete efficiency.

9599. You were speaking generally, I suppose; there might be cases in which a lady would be so eminently adapted for the work she had undertaken, that she would be fit to receive such a certificate sooner?—She would, but then you cannot work a large institution upon such principles.

9600. You must lay down regulations, you mean, which are applicable to all?—Yes.

9601. But there might be occasions when the matron was aware that there were nurses who had not completed their three years who might be sent out to private cases, might there not?—Yes, but they would be of more advantage in the hospital, attending to poorer patients.

Chairman.

9602. Are you in favour of special hospitals for children?—Yes, I have worked in one, and I believe that children are much better cared for in a children's hospital than they are in a special ward of a general hospital.

Earl of *Kimberley.*

9603. But it is necessary, is it not, that there should be children's wards in the general hospitals?—Yes, it is necessary that there should be children's wards in all our large hospitals, out of consideration for medical teaching.

Chairman.

9604. As to this British Nurses' Association, are you connected with that?—Yes.

9605. Will you tell us what it is?—It is firstly to unite trained nurses together in a purely professional union. Secondly, to provide for the legal 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.

9606. Do you consider it is necessary to have such an association as that?—I think so under the present circumstances. Nursing has so improved, I may say so advanced, in the last 10 years, that I think now we have come into a con-

Chairman—continued.

dition in which as a profession it should be organised; and I believe that the only way of organisation of the profession is by giving the members of that profession a voice in their own progress and education, and also by having a controlling body outside the general committees of our individual hospitals who would be in a position, I may say, to regulate the education and also the condition of the nurses. It is really a matter practically very much the same as the medical profession. Although all our medical schools in London have their own basis of medical teaching, still there is a general medical council which controls the whole profession, and regulates, I may say, the education of medical men; and I believe that it would be a very good thing if nurses could be, to a great extent, controlled in the same manner; because although hospitals have entire control over nurses as long as they are in their service, when they leave the hospital they are now entirely irresponsible persons; they can do what they like.

9607. That is to say they have got their certificate?—They have got their certificate; and hospitals cannot recall their certificates. Nurses may be accused of grave faults; they may be accused of crimes and be imprisoned, but when they come out of prison they are quite at liberty, if they choose, to attempt to get, and do get, work again upon the score of their certificate.

9608. Then you think it is necessary, in order to protect the public, that there should be such an association?—I think first, for the protection of the public, that there should be a control over all trained nurses. Untrained, or semi-trained nurses, are under the control of their individual committees.

9609. Have you one grade of certificate or various grades?—With regard to our association we do not give a certificate, but we give those nurses who are registered, I suppose you would call it, a certificate of registration. The certificates given by their various nursing schools are registered.

9610. But then, under that plan, what greater protection is there for the public than comes from the hospital?—No hospital is responsible for a nurse once she has left the hospital service; but a general nursing council or 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.

9611. You would keep in touch with each nurse, you mean?—Yes; just as a medical man can be struck off the register; a qualified medical man, for gross professional faults or crimes, so a nurse should be. It would not be right to give any one individual hospital committee the right to do so. This register would be published like the Medical Register, the Law List, the Clergy List, and similar volumes every year, and be on public sale; so that anyone could, at a glance, see whether any given woman was a trained nurse or not, and, if so, what exact training she had received.

Earl *Cathcart*.

9612. There is what is, I believe, called the Queen's Pension Fund; I do not exactly understand what the Queen's Pension Fund is?—I think it is the National Pension Fund.

9613. Has it any connection with your association?—No.

9614. Is there any rivalry between you?—No rivalry whatever. The National Pension Fund is an insurance company for nurses, where nurses can by paying certain premiums receive certain payments at a certain age. A professional association, like the British Nurses' Association, would certainly not interfere with how nurses invested their savings any more than the British Medical Association would interfere with medical men.

9615. But suppose that the National Pension Fund wanted to have a system of registration, would that clash with yours?—I do not see what possible excuse a commercial undertaking could have for instituting a professional system like registration.

9616. The British Medical Association is now holding its 58th annual meeting at Birmingham, from the 29th of July to the 1st of August?—Yes.

9617. And am I right in thinking that Dr. Bedford Fenwick is your husband?—Yes.

9618. He is naturally very much interested in the matter before us?—I hope so.

9619. And he has given a notice of motion to be brought forward at this meeting of the British Medical Association?—Yes.

9620. And you are aware of what that is?—Certainly.

9621. It is very germane to our present inquiry; perhaps you would let me read it: "Dr. Bedford Fenwick hereby gives notice that he will move: That in the opinion of this meeting it is essential for the safety of the public, for the satisfaction of the medical profession, and as a matter of simple justice to trained nurses, that a system of registration of trained nurses should be legalised as speedily as possible, either by Act of Parliament or by Royal Charter. In the opinion of this meeting it is furthermore imperative that this registration should be carried out by a purely professional body; that is to say, by one composed of medical men and hospital matrons. This meeting therefore requests the council of the association to consider the question, and report thereon at the earliest possible date." Are you aware whether anything has been done in regard to that motion?—My husband was in Birmingham the day before yesterday, but could not bring the motion forward, because of press of business, but hopes to do so to-morrow.

9622. Then would the result of that motion be a critical event as regards the association?—It would give the public the opinion of a large number of medical men on the subject.

9623. Then if you had a charter or an Act of Parliament you would have this much larger power which would enable you to strike off nurses from your list, and you would have considerable powers of enforcing discipline?—Certainly.

Earl of *Kimberley.*

9624. You can now strike them off your list?—Yes, but that would not have the same moral influence.

Earl *Cathcart.*

9625. Do you agree with Dr. Bedford Fenwick that those powers would be desirable?—I believe so.

9626. Namely, by Act of Parliament or by Charter?—Yes.

9627. And to do what?—By granting a Royal Charter to the Nurses Association to confer legal powers of control and discipline over the registered nurses, or by a short Act of Parliament, appointing a Registration Board, and ordaining that no public or private institution should send out women to nurse the sick who were not duly registered. To my mind the latter would be the better way, by far. But the former could be brought into operation at once, and would give a strong basis for improvement and future Parliamentary action.

9628. In point of fact you have all the training schools, probably all the important training schools of nurses in the metropolis and elsewhere, or nearly all, adverse to your proposed registration?—No, by no means all. I should say that in London there are six of the general hospitals who are anxious for the registration of nurses, and six who are averse to it.

9629. Will you tell us which they are?—Those who desire registration for the nurses are St. Bartholomew's, Guy's, Middlesex, University College, formerly the Royal Free, and there is one other, the Metropolitan Free. The others are divided with regard to the registration of nurses. Several of the leading medical men of St. George's are very much in favour of it; I believe the committee are averse to it. And among the elected members of our Executive Council, we have medical men from all the general hospitals; Sir Dyce Duckworth for St. Bartholomew's, Dr. Samuel Fenwick for the London, Dr. W. S. Griffith for the Great Northern, Dr. Octavius Sturges for Westminster, Mr. Brudenell Carter for St. George's, Mr. Davies-Colley for Guy's, Mr. Herbert Page for St. Mary's, Mr. Pickering Pick for St. George's; and then the other hospitals are represented by the matrons. Miss Stewart of St. Bartholomew's and Miss Jones of Guy's Hospital and matrons of other hospitals are on the committee.

9630. The pamphlet I have in my hand states in the "Memorial of nurse-training school authorities" as follows: "We would wish to point out that those who represent the largest nursing interests in the Metropolis and throughout the country, and who have the most to do with the training and examination of nurses, have not only declined to take part in the association, but consider that its proposed enrolment of nurses in a common register, if carried out, would (1) lower the position of the best trained nurses; (2) be detrimental to the advancement of the teaching of nursing, (3) be disadvantageous to the public, and (4) be injurious to the medical practitioner." And this is from St. Thomas's Hospital and Nightingale Fund Training School; Guy's Hospital and Training School; Westminster Hospital and Training School; St. Bartholomew's Hospital and Training School; Charing Cross Hospital and Training School; Kings' College Hospital and Training Schools; London Hospital and Training School; St. Mary's Hospital and Training School; St. George's Hospital; St. Marylebone Infirmary and Training School, and so on through a long list?—Yes, and those are four statements; but in that pamphlet I do not read the reasons for those statements. I believe the reasons for those statements are not given in that pamphlet; they have signed their names against it and they have stated that it will be detrimental to the public and the medical profession; but our association have been waiting for reasons; we have not at present received them.

Earl *Cathcart*—continued

9631. You know that coming, as you do, as the last witness, there is a certain strategic advantage for the cause which you advocate, and therefore it is my duty to put the other side of the question, because, no doubt, the whole matter will be discussed. As I understand in all these papers and things which are written against your scheme, the principle is very much this; I can hardly exactly express what I mean so well as by referring to what Sir Walter Scott wrote in Marmion:—

> "When pain and anguish wring the brow,
> A ministering angel thou."

That is his apostrophe to woman. "A ministering angel" is the part of the question I want to come to; it is said in this pamphlet (I understand this is their argument) that an accomplished nurse is composed of two parts, one consisting of the female medical student and the other of the ministering angel; and they say that the better part is the ministering angel; and that no record or register could convey any idea of the latter qualities, those of the ministering angel, the sympathy, kindness, and goodness of heart, and all those other qualities which are required to make a perfect nurse, and which can only be understood by those for whom that nurse works?—I do not think that we desire to register personal qualifications of that sort. What we want to do is to place the skilled nurse on safe ground; that is, that when she has gone through a certain training, and knows a certain amount, she should not have to compete in the open market with unskilled nurses; and that the public should be protected from any amateur and bogus nurse who may don a cap and apron with very little training, and take the same amount of fees from the public as are paid for a trained nurse.

9632. The argument is that it would come very much to this: if your register were established in that way it would be a sort of London Directory, to which people could refer for a name; but it would still necessitate their making all sorts of inquiry to know whether the nurse to be selected possessed those qualities of sympathy, and so on, to which I have referred?—I think not; because the registration board, which has upon it the names of some of the most illustrious medical men in London would take the responsibility of inquiring into the personal character as well as the professional attainments of every one placed on the register; and no nurse would be placed on the register unless she could come forward with certificates stating that, to a certain extent, she possessed these qualities.

Earl *Cathcart*—continued.

9633. You will pardon my having gone into the matter in this way; I know there is a feeling of the kind that I have mentioned, and I wanted, without suggesting any opinion of mine, to put the opposite side to that which you represent?—Certainly.

9634. In the "Globe" of yesterday I see you are interested (and it is very good of you) in a Nurses' Convalescent and Holiday Fund; and that the Queen has sent 20 *l.* to that fund; and you acknowledge other donations. The only reason I refer to that is this: that we have heard here that perhaps it is better for nurses not to go to convalescent homes when they have a holiday; that it would be a more complete change for them to go to a private house or a farm than to a home, where there was a routine, or where nurses and ladies together did what used to be called in the Army talking shop, where they talked professionally?—I may say that the very first object that the British Nurses' Association placed amongst its benevolent schemes was that there should be a home somewhere near London to which nurses and sisters, whose own homes were at a distance, might go if they chose; by no means an institution regulated by the laws of the Medes and Persians, but a comfortable, pretty, homely, place over which some lady should preside, and who should be always ready to receive these nurses at short notice if they chose to go there. It was not in any way desired that they should be forced to go there. Amongst nurses there are women of all classes and opinions, and tastes; you cannot say that all of the 15,000 nurses would prefer a farmhouse.

9635. On the whole, you would prefer a quiet billet in the country for them, would you not?—I do not know that. I think from personal experience, if such a home had been in existence when I was a probationer, I should have been very pleased to go there for a few days; I should have known that the person presiding there would understand what nurses require, and I should have been very pleased to go there myself. Of course I am only offering my own personal opinion; I quite agree that there are nurses who would prefer not to go to a home; at the same time, I know there are others who are only waiting for it to be opened to avail themselves of it.

9636. Anything that comes from you comes with the greatest possible weight, and I only asked these questions because I was desirous of getting your views on the subject?—I understand.

Earl of *Kimberley*.

9637. About the legal powers which you spoke of, will you tell us a little more precisely what they would be?—A Royal Charter or a short Act of Parliament would probably appoint a registration board, composed of the leaders of the medical profession, who are interested in nursing, and of hospital matrons with great experience. It would empower them to overlook the certificates which nurses could bring forward and to register them upon these certificates. Of course they would have to rely upon the certificates which they received from their training schools. So that the matter still remains to a great extent in the hands of the authorities of the training schools; if they did not choose to certificate a person as an efficient nurse, she could not be registered.

Earl of *Kimberley*—continued.

9638. I thought you intended it to become a prohibitory power to prevent nurses not belonging to the society from being sent out to nurse. I may have misunderstood you?—I think it would act directly upon that matter, because the public would soon recognise the fact that when they paid a good fee for a nurse they wanted a trained nurse, and not a quack; just as when they go to a medical man instead of going to a quack it is of their own will, not that they are obliged to do it.

9639. I wanted to know whether your association would seek merely for power to deal with the nurses who might place themselves of their own accord upon your register, and with regard to whom it would be right that you should have power to deal with them yourselves, or whether you would wish to take any power to prevent nurses from performing any nursing duties without your sanction?—I believe that if a Royal Charter or an Act of Parliament is granted, that would be the effect, that no nurse would be considered a trained nurse if she was not registered.

9640. Your proposal is, in fact, to establish a close corporation?—In the same way only as the medical profession is a close corporation.

9641. Have you ever considered what the result of that would be if it were applied throughout the country; would it not be likely to produce the most extraordinary embarrassment and difficulty?—I do not think so.

9642. Do you think there are likely to be a sufficient number of trained and certificated nurses provided to serve patients throughout the country?—With all the enormous amount of training going on now in our large hospitals, which are turning out more nurses than can get work, I think it is hard that they should have to compete in the open market with so many amateurs.

9643. But I have in my view a vast number of poor people in the country who have to be nursed in their own homes; do you think it is possible that the trained nurses who would be registered in such an association as yours could be employed in those homes?—I think so.

9644. How are they to be paid?—There would be no statement with regard to what a nurse's fee should be.

9645. But would it be possible that any nurse who had gone through a training, which I admit is most valuable, in a hospital, could take these very small, insignificant amounts that a poor man could afford to pay in his own cottage?—There is no need that nurses engaged in that branch of work should be registered.

9646. If that were so, of course my objection falls to the ground?—That is what I mean.

9647. I merely wanted to ask you whether you wanted to establish what I call a close corporation?—Certainly not.

9648. What I understand you desire is a very different thing; that all nurses who presented themselves to your association with certificates, and wished to be registered, should come under certain

Earl of *Kimberley*—continued.

certain regulations and be subject to certain powers?—Yes.

9649. And you further pointed out that if the hospitals recognised the utility of such an association they would require their nurses probably to register themselves?—The moral force of the thing would compel all the trained nurses to become registered in the course of a few years; still, that would not prevent the amateur nurses still being in existence any more than the quack doctors.

9650. Hardly "amateur," but a nurse receiving money?—She would be a nurse receiving money, but not a thoroughly trained nurse; and in paying her what money they chose, the public would understand that they were not paying a registered nurse. At present they may be supplied with a half-trained nurse, and be required to pay her at the rate of a trained nurse.

9651. What you want is, that when the public apply for a trained nurse they should get what they pay for?—Yes. Sir James Crichton Browne put it in this way at the Mansion House: There is no objection to margarine, but Parliament insists that the public should be able to distinguish between margarine and butter.

Earl of *Arran.*

9652. Then you would not give to this body any powers of prosecution, in the event of any person contravening any of the regulations which you propose to lay down?—No, it would not be necessary.

Earl of *Kimberley.*

9653. If your institution were generally made use of, the removal of a person from your register would be quite sufficient punishment in itself?—Quite.

Chairman.

9654. Is there anything more you wish to say to the Committee?—As to the convalescent home, I should like to hand in this Paper with a letter from the Princess Christian, explaining the object and aim of the home (*handing in a Paper*).

9655. Is there anything further that you wish to add?—I wish to bring out this fact: It has been stated by one witness that most of the hospitals certificate their nurses at the end of 12 months. Out of the 12 large general hospitals in London nine bind their nurses to them for three years. Out of 54 hospitals in this country which give certificates, 13 small hospitals, and St. Thomas's certify their nurses as trained at the end of a year; 12, including the London and St. Mary's, at the end of two years; 26 at the end of three years; and two at the end of four years' work. The chief provincial hospitals, such as the Royal Infirmary at Manchester and the Royal Infirmary, Edinburgh, demand three years, and now the Army and Navy Nursing Services, I believe, require three years' thorough training from candidates for their appointments.

9656. May I ask where you got that information from?—Through the secretary of the British Nurses' Association. We sent out last year, or the beginning of this year, questions to the general hospitals concerning the training of their nurses.

9657. The information, you believe, is quite correct?—Yes; it is from the matrons of the hospitals.

The Witness is directed to withdraw.

SIR ANDREW CLARK, BART., M.D., is called in; and having been sworn, is Examined, as follows:

Chairman.

9658. YOU are the President of the College of Physicians, are you not?—I am.

9659. And will you kindly tell us what length of experience you have had of hospitals in London?—Will your Lordships permit me, in the first place, to say that I have not read the evidence which has already been given before your Committee, and from the force of circumstances I have not been able on my own part to get up, if I may be permitted the phrase, the necessary information in order to give you such an exact account of all the circumstances concerning which you may question me as I should have desired; I will therefore answer you from my impressions to the best of my ability. I think that I became first connected with the London Hospital in 1853 as assistant physician, and as assistant physician had about, I think, 14 years of out-patient hospital work. Concurrently, but not during the whole time, I was also assistant physician to the Victoria Park Hospital for Diseases of the Chest; and at that hospital my duties were also in the main concerned with out-patients.

9660. You were then principally concerned with out-patients; that was a considerable number of years ago?—The time when I began my out-patient work was in 1853, to the best of my recollection; it may have been in 1852, but I think it was in 1853.

Chairman—continued.

9661. And have you been able to form any idea of whether the circumstances attending those out-patients' departments have materially improved?—As far as I have had the opportunity of judging, which is not within the last two years by personal inquiry, but up to about two years ago, I should say that the conditions under which out-patient relief was administered remained at that time much the same as they were in my own time.

9662. What is your individual opinion as to out-patient departments; do you consider them a necessary part of hospital relief?—I consider that the shutting up of the out-patient department of a general hospital would be the greatest calamity that could happen to the public, and the most disastrous to the art of medicine. May I be permitted to say how.

9663. Pray do?—Your Lordship is as well aware as I am that medicine is an art, and must be learnt as an art, by seeing, touching, handling

Chairman—continued.

ling, and the like. It is absolutely certain that the art of medicine cannot be learnt from the reading of books or from the hearing of lectures. Furthermore, it is absolutely necessary for the highest exercise of the art of medicine that disease should be capable of being discovered in its early stages. In the wards of a hospital we see disease at the close; in the out-patients' department we see disease at the very beginning. In the wards it constantly has happened, and happens, that the true natural history of disease is mistaken; because some physicians who have had no experience in the out-patients' practice have never become thoroughly acquainted with the long period which disease lasts before a working man is brought into the wards of a hospital. He struggles against the hospital as long as he can, and he struggles often for years; but when he comes into the hospital with heart disease, or Bright's disease, as it is called, if it is a serious case, he often dies in a few months; and hence it has come to be a saying that the prognosis, that is, the prognostication of the future disease made by hospital physicians who have had no out-patient practice, is always wrong; and it is a curious circumstance. There was a distinguished physician in this city, not long dead, who had no hospital out-patient practice, but who had a very large in-door patient practice, and almost every person that came to him with a little damage to the lung or a little damage to the heart or a little damage to the kidney, was told that he could not recover. Wherefore the first point that strikes me is that if medicine is an art, if it has to be learnt as an art must be learnt, practically, if becoming acquainted with the early aspects of disease is necessary, and if that is impossible in the wards of the hospital, I do not know where the physician is to find that unless he is to find it in the out-patients' department, where he is enabled to see disease in its very earliest stages. There, if anywhere, he will discover those conditions, we call them functional conditions often, which precede structural ones, and which we believe to be within the power of remedies; and he has the further advantage of seeing and trying what effect remedies will have upon patients who are placed under hygienic conditions unfavourable to health. In the upper classes of society when a doctor is called in and proceeds to treat his patient, there are two great agencies in force, there are the hygienic agencies, which may be carried out carefully and fully, and there are the therapeutic agencies or the drug agencies, which may also be carried out; but it is very often hard to say to which the merit of recovery, if recovery takes place, belongs. In the out-patients' department, if the patient gets better, and if it is not the natural tendency of that particular disease under which he may be labouring to get better, we know it is the drugs, because he is taking the drugs under circumstances most usually unfavourable to health. There is another condition which is fulfilled at the out-patients' department: it is not only educating the physicians who practice there, but we have to bring up others to succeed us when we are gone; we have to teach them the signs, the symptoms of disease; we have to teach them not only how to discover them, but how to associate them, how to classify them, how to arrange them, that they

Chairman—continued.

may themselves systematically make just judgment of cases. That cannot be done in the wards; they have no opportunity in the wards of seeing disease in its early stages; they see disease in its latter stages. Wherefore, from these two points of view, I repeat that I consider that out-patient departments connected with general hospitals are necessary, absolutely, not only to the art of medicine as it at present exists, but also to the rearing of doctors who are to fulfil their place in the art.

9664. Do you think that it is possible that the out-patient department may grow to such dimensions at a general hospital as to be almost unworkable?—It is conceivable, but it depends a great deal on this; you come then to the qualities of the doctors who are at work. In my experience I used, from sheer love of the work, to attend at the out-patient department in the London Hospital often every day, and I was four or five hours in every afternoon engaged in it; but I never, during the time I was there, found it exceed my capacity to deal with the cases that came there, according to my method. Of course, if your Lordships, as representing the public, would expect me to give a quarter of an hour to each case, I could not do it; but if one critically examines the cases that are coming there, and proceeds methodically to deal with them, you will see that, without slighting the cases, a large number by this method can be seen in a short time. For instance, of the cases that came to me, so many are new cases, so many are grave cases, and the vast majority are trivial cases. The new cases always have 10 minutes or a quarter of an hour; quite sufficient if you are methodical, and do not waste your time, to get hold of each case. The grave cases are always seen separately and carefully, not requiring often more than three or four minutes. Then a great number of cases were cases which are of a chronic kind, which cover a long period of time, and require to be kept on one method of treatment; all you wanted was to look at a tongue, feel the pulse, ascertain a few facts regarding the patient, and say, "Go on;" and in doing the work methodically in that way, it was quite possible to cover 300 or 400 people in the course of the afternoon.

9665. So that where difficulties arise owing to the number of the crowd of out-patients, that might be well arranged by a proper administration, you think?—That is my belief. But, although I am afraid almost to say it, the capacity of work seems to be diminishing. In my time no clinical assistant was allowed; and if I had asked to have a clerk to say "repeat," I should have had a letter from one of the house committee asking me to explain it. Now each of the out-patient physicians has allowed to him a clinical assistant; and the means of overtaking the work now are double or treble what they were in my time; and in my time there were no complaints of the work not being done. I do not think they work so hard now as they did 20 or 25 years ago.

9666. Do you think that these out-patient departments get abused very much?—In the first place it is very difficult to come to a criterion of what is abuse and what is not, what is true charity

Chairman—continued.

charity and what is not true charity. If your Lordships were once to ask me, Do I know that other people than merely working men have had the advantage of out-patient treatment, I should say, "Yes;" but if you further ask me, "Do you think that was an abuse of the out-patient department?" I should say, "No." May I give you an illustration. Once upon a time I found amongst the patients in the out-patient department a clergyman; he was obviously very ill, and he had a trouble in his lungs; and I said to him, "You are not exactly the sort of person that we expect at the hospital," and he said, "No, perhaps not;" and I would have been glad to have seen him at my own house without any fee, but he was an independent man; he had got an out-patient ticket; I did not offer such assistance, and I saw that he would not accept such assistance; but I entered into his circumstances, and found that he was a man with a wife and six children and 120 *l.* a year to keep him and enable him to live like a gentleman; and now I say that the artizan, making 7 *s.* 6 *d.* a day, who had to keep no servant and had the same number of children, was rich and the clergyman was poor; and I should have said emphatically, if I understand the meaning of charity at all, that my service to that clergyman was a true service of charity, I mean that hospital service to him was a true service of charity, and no abuse at all. Such a case is very singular, not common; but I have already told another story of a man with a black coat and high hat, who also was found in a similar way one day. I need not trouble you with the details, but it was a similar sort of case; and I consider that both these cases, which might represent the exceptional cases which come before an out-patient hospital physician, and are represented to be abuses of charity, are of the kind that are usually so-called. My own experience is most strong that, taken in whatever way you will take it, and using "charity" now in the way in which I have attempted to describe it, by illustration, the out-patient department, as I know it, for 13 or 14 years, was as little abused as is is conceivable or practicable for any such institution to be abused; and if I am to weigh the advantages against the disadvantages, I say that the abuses were nothing compared to the enormous advantages which the out-patient department conferred, on the one hand, upon the patients themselves, and in a much larger measure upon the public at large, who did not know the good that was being earned for their use.

9667. Then of course there is also this, is there not, to consider: that, with regard to the cases of these two gentlemen you have mentioned, it is possible that their cases may have been very useful in the way of instruction?—Undoubtedly they may; and I think that all cases are useful for instruction if you have got your heart in the work.

9668. Are you satisfied, from what you know of hospitals in general, as to the constitution of them?—I am afraid I cannot answer you that question so directly as I would. If I may be forgiven for saying so, I am a busy person, and I try to do the work that falls to my hand to do as thoroughly as I can do it; and doing that, that has often prevented me from inquiring into all these details of hospital management which would have enabled me to answer with confidence the question which you now put to me. I could not commit myself to a large statement of that kind; but I could commit myself to statements concerning the sphere in which my actual daily work occurred.

9669. Are you now on the visiting staff of the London Hospital?—I have ceased to be by efflux of time. It is a custom there for an assistant physician to serve as many years as may be necessary to bring them by accident into the senior staff; when he reaches the senior staff he is allowed 20 years; I have fulfilled those 20 years, and I am no longer visiting physician to the hospital. It happens, by the grace of my colleagues, that I go occasionally and teach there; but that is an accident, and not a necessary qualification of my position, as what they call consulting physician, which is a purely honorary office.

9670. Have you anything to say as to the overcrowding of the hospital?—I have nothing adverse to say. During the whole period I was considered to be a very particular person in my wards, and I think I was; and now and again, once in four or five months, I might find an additional patient in my ward. Such an additional patient in my ward was most commonly a necessary thing; that is to say, some patient had come to the hospital who could not, with safety to his life, be sent away, and who therefore (as I think quite justly) was taken into my ward or some other ward; but attaching great importance to the comfort of my patients, and to each having the requisite space, I have invariably warned my house physician and whoever was in authority, "This patient must not be continued here; you must make room somewhere else; I cannot have an extra case abiding in my ward." But I never had reason to complain. I have, it may be on three, perhaps four occasions, warned them that I would not have the patient case continued to be kept in my ward, but I never had a complaint to make about that.

9671. How long is it since you left off being visiting physician?—I think it is 18 months or two years.

9672. Quite recently, at any rate?—Quite recently.

9673. Has nursing in the London Hospital improved in the last 10 or 15 years?—Greatly. I now remind your Lordship that I can only speak from my own personal experience. I had not the time to go round the hospital and inquire; but in my own wards the nursing was greatly improved. It was quite another thing when I left from what it was when I joined.

9674. Did you find in your own wards that you had a sufficient staff of nurses?—As far as the day nursing went, of which I was personally cognizant, and as far as the night nursing went, which could only be reported to me, I was satisfied that the work was well done. I often and often asked the patients, "Are you comfortable? have you everything done for you that you could wish?" and I have never yet, except on one occasion, received a complaint. I did on one occasion receive a complaint, which was investigated and turned out to be inaccurate.

Chairman—continued.

9675. And your experience has relation especially to the London Hospital?—My experience has especial relationship to the medical wards of the London Hospital. I have also some experience in respect of the Victoria Park Hospital; a small experience compared with that of the London Hospital, the London Hospital giving me an experience which I think is not exceeded by that of any other physician in London.

9676. Now, passing to another subject, you are in favour, are you not, of general hospitals with schools?—I am most strongly in favour of them.

9677. As opposed to special hospitals?—Most strongly.

9678. What is your objection to special hospitals?—It would be difficult to answer that question without appearing to give offence to others; but my first objection is one founded on empirical experience of the conduct of these hospitals, and of the conduct of those who officer them. I am sure you will pardon me if I seem to trench upon reflecting upon anybody, and I have no desire. I have no right, no experience really which would entitle me seriously to reflect upon anybody; but my first objection is that they are guilty of magnifying the complaints with which they have to deal. Now, here is a story, which is a true story, and which occurred to a person well known to your Lordship. A gentleman had something the matter with his throat, and he went to a throat hospital, and asked, "Who is the chief physician here?" He was told who was a chief physician, and he went to this chief physician, and this physician told him that his throat was a very bad throat, that if it continued it would end in consumption, and that there were means whereby this condition could be averted. These means were that he was to take lodgings in town, that he was to stay for so many months, and to undergo a certain treatment; and he was told that the issue thereof would be cure. I happened, with another, to see this throat. It was a very difficult thing for this person to come over from Dublin, where he was manager of a great brewery, and to be away for so many months; and he came to ask me and another what should be done. My opinion was that there was no serious thing the matter with his throat, and that the best thing he could do was to go back to his work, and go at it heartily. He did, and is quite well. That is an example of what I mean. The first temptation of special hospitals is to make too much of the maladies they have to deal with. The second point I object to about special hospitals is that, they are not under the general watchfulness of persons who are quite disinterested in the general work of medicine. If you have a hospital for the great toe, we will say, then there are two or three men associated, who, no doubt, are very well acquainted with the great toe, and invent wonderful instruments to investigate the great toe, and they build up a body of literature on its treatment, and so on, which is almost appalling. This is done very much in a corner; but if it were done in a great hospital, where the natural emulation of men, the natural jealousies of men, if you like, with respect to each other in a great profession like medicine

Chairman—continued.

would be in action, it would be impossible to do things which would not bear critical examination, we should have fewer of those wonderful things said and done that we hear of in the silent quiet corners of special hospitals. In other words, you would have in general hospitals with special departments a security for the trueness and thoroughness of the work which I do not think you do have, or could have, in special hospitals. With some exceptions. I believe that there is room for exceptions in respect of special hospitals; but speaking as a general rule, I think that the multiplication of special hospitals is not advantageous to the art of medicine: they are not the hospitals that usually contribute to the advance of knowledge; I think they are not advantageous to patients; and I think myself that they sometimes drop into abuses which would be impossible in a great general hospital.

9679. Is the treatment in the special departments of a general hospital as efficient, as a rule, as it is in special hospitals?—How could it be otherwise? They are very often the same men. They like the special hospital, because the public attaches a special value to it. If there is a man who is attached to a hospital for the great toe, and somebody's toe is affected, he naturally goes to the man who is great at the hospital for the great toe; but it does not follow that he is a bit better at that special hospital than he would be at the general hospital; and it is my opinion (I do not see how you can believe otherwise) that you can get the same knowledge, the same ability, the same appliances, the same conditions in every respect, in a general hospital as you have in a special hospital, and with this great advantage of open examination and publicity on the side of the general hospital.

9680. Do professional men hold appointments at special hospitals and at the same time at general hospitals?—They do, very much against my will.

9681. That is contrary to what you think is right?—I think that a man should give his whole energies to a general hospital, and that at that general hospital they should educate men for special departments.

3682. But there are some special hospitals, are there not, which are exceptions to the rule you have mentioned. Are you in favour, for instance, of a hospital for cancer?—No.

9683. You think that work is better done in a general hospital?—Much better.

9684. The Lying-in Hospital?—That is essential.

9685. And the special hospitals for children?—That is wise, I think.

9686. And then also take Moorfields, the great eye hospital?—I think that is wise also. It is so clearly defined and circumscribed that it cannot interfere with the general work of medicine.

9687. And the Consumptive Hospital?—I have my own doubts about that. I should not like to deliver a dogmatic opinion about it, but on the whole, notwithstanding the turn that theoretical views of consumption have taken of late years, I should much prefer myself, if I had the responsibility and ordering of it, to have those cases even

in

Chairman—continued.

in a common ward attached to a general hospital or else scattered through the wards.

9688. And then lock hospitals?—I think myself that every general hospital should have a lock ward.

Earl of *Kimberley.*

9689. With regard to the alleged abuse of the out-patient system I suppose that everybody would admit that there must of course be out-patients enough for the education of medical men; but the question I apprehend is, whether there are not so many patients accommodated as out-patients as to diminish the thrift of the working classes. That appears to be the objection; do you think there is much weight in that?—I do not.

9690. Is it not the fact that a considerable number of out-patients are attended to who would be able to provide by contribution to a dispensary, or even by paying the medical attendant themselves, to provide for their own medical attendance?—That is the opinion of some doctors in the neighbourhood, we will say, of the London Hospital. I have gone carefully into it, and my experience was at the time of the inquiry, that almost every person who came to me had already pretty well exhausted their means with the doctors in the neighbourhood, and that there was not much temptation to come to me and be kept waiting sometimes for five or six hours. I do not think that the objection which your Lordship has stated to me exists to any great extent; I will not say that it exists to no extent; I think it is impossible to have any institution of that kind actively and usefully at work without some defects. Unfortunately there are some people who can see the defects and not the good, and who, raising up a riot about the defects, destroy the good at the same time.

9691. But you would approve, I suppose, of the system which we understand exists at the London Hospital of making inquiry, as far as possible, into the circumstances of the patients?—I do strongly. I think that a patient should not be encouraged to come to the London Hospital who can pay any proper amount. I have no objection to that; I cannot say that I am in love with it, but I have no objection to it, since it would meet the just prejudices (I must be forgiven for calling them prejudices), of many good people. I have no objection to that, and such an inquiry as that established at the London Hospital.

9692. But there would be two reasons I apprehend urged against indiscriminately admitting patients without inquiry; one is the discouragement of thrift, which may have more or less weight; but the other is that it would exclude patients who require assistance more; because, inasmuch, as the hospital has only a certain amount of accommodation, if you admit those that could pay for themselves, you are excluding others who are proper objects of charity?—Certainly, I admit that so far.

Lord *Monkswell.*

9693. With reference to complaints, you say that there were no complaints from the out-patients in your time; but there are complaints now as it appears; do you suggest that the work was better done in your time, or that now the people are more ready to complain?—I think that they have been stirred up to complain, and that there is a considerable class of persons who think that the out-patient department (I say they think, I do not believe they really think, but they say that the out-patient department) should be done away with, and who, not succeeding very well in practice, imagine that it is this out-patient's department that has prevented them from succeeding. I have no interest in the matter, I hope, beyond the interests of truth. I devoted a long time to the inquiry at the time when it was being agitated as much though not in the same manner as now; and the conclusion I came to, I may say the solemn conclusion I came to, was that the out-patient department, whilst of enormous advantage both to the patients and to the public, was as little abused as anything I have ever inquired into.

9694. You say that the nursing has improved very much, but at the same time you say that in all your experience you have only once had a complaint of the nursing; would not that seem to show that the patients did not complain when there was something to complain of?—I do not know what inference to draw from it, but I mention that as a fact. Speaking of my impressions and remembrance, I have no remembrance of there being complaints more than once, though I have been in the habit of asking patients whether they had anything to find fault with. But I may explain to your Lordship, what I, perhaps, have not made clear. There are two ways in which I should speak of the nursing being good; there is the first way merely in regard to the patient and the patient's comfort; but I would apply the term "good" also in reference to the physician's comfort, and the way in which the work is done in reference to the other great work which goes on in the wards of the physician, which is scarcely second to the patient's comfort, namely, the acquisition, the communication, the correction, and the confirmation of knowledge.

9695. So that the improvement of nursing is more in the doctor's department, you think; more with regard to the doctor than the patient?—That is my impression.

Earl *Cathcart.*

9696. You have spoken of the great improvement in nursing in hospitals, and you refer to female nurses?—Entirely.

9697. No one is a greater admirer of female nurses than I am; but I understand from out-of-doors (and I bring the matter forward now simply as representing the public, not as having any fancy of my own), that it is argued that it is a pity to exclude male nurses altogether from training; that male nurses ought to be trained; that there are certain delirious and other cases where male nurses are required, and that at present there is a great difficulty in obtaining suitable male nurses, people being called in out of the street for the purpose, people of no knowledge at all, and knowing nothing of nursing beyond

Earl *Cathcart*—continued.

beyond using violence?—I do not quite understand the question that you address to me.

9698. The question I wanted to ask you was this: With regard to female nursing; that has undoubtedly wonderfully improved, and is probably near perfection; but as regards male nurses, we have been told in this room that there is much wanting; that is to say, in cases of delirium, or in cases where it is necessary to have male nurses; what is your view in regard to that?—There are two answers which I make to your Lordship. Speaking generally, I much prefer female nurses. There is, specially in relation to men, a delicacy and a consideration, a refinement, and the natural homage which one sex renders to the other, which makes the nursing of men by women most acceptable. At the same time, there are cases occurring in a large general hospital where I think it indecent to have women as nurses; cases of delirium tremens, and a number of cases of that sort, in which I think male nurses ought to be employed exclusively; and I have no experience of any objection having been offered to that principle of employing male nurses in particular cases.

9699. But we are told sometimes out of doors, and we have heard it in this room, that the male nurses so employed are not suitable people at all, because they are not trained, and have had no experience?—I should think there was ground for the truth of that accusation.

9700. You are a patron of the Hamiltonian Society for providing male nurses; at least, you are put down as such?—I suppose I am. I am ashamed to say that I am not quite sure.

9701. Your name appears as a patron, and therefore I presume you have felt, in private practice as well as in hospital practice, that sometimes there was a difficulty in obtaining trained male nurses?—That is true.

9702. And, again, it is urged that in lunatic asylum cases it is very important to have trained male nurses; that a lunatic might suffer from bronchitis, and other complaints, when he required careful nursing: and it is argued that it is a pity if male nurses are not trained in hospitals to a certain extent?—I think there is room for employment of a larger number of male nurses than are now employed, and I think that there is no adequate provision for the training of such as are already employed, and for those who might in larger numbers be employed. I admit that I have some experience of male nurses beyond that which my position as physician at the London Hospital gives me. I began my life with five years' service in Haslar Hospital, where I had an opportunity of seeing the character of the work done by male nurses, and in some instances it was very good, but even there they have been obliged to replace the general nurses by women.

9703. But my real question was: is there not scope for a certain amount of training, with benefit to the public, of male nurses?—I think that is so.

Chairman.

9704. Are you satisfied with the present system of medical education in London, that is to say, as it exists at present, each of the large general hospitals, I think eleven of them, having its own school; or would you prefer to see some central university?—For my own part I think that the medical education in London is about the most practical education that is given anywhere in the world. I was educated in Edinburgh. I received so little practical education that when I came to London I had to begin and learn medicine anew, and I was able to do so from the custom which exists in London of having the schools and the hospitals together. I will not say to your Lordship that I think medical education in London, as it exists at present, is perfect, but it is very near being so; and my chief complaint, if it is a complaint, my chief regret, I would rather say, about the medical education as it occurs in London is this: Medicine has so expanded that a great many subjects are now embraced within the curriculum of medical education which were not so some years ago. Some of these subjects are of general interest, and only partially related to medicine. Take chemistry, for instance (and there are one or two other subjects to which the remark applies); now what I think is that in such a case as a small school like Charing Cross, or the Westminster, or any other of the smaller schools, they cannot give such a complete and extended course in chemistry as would be necessary to give the student an adequate account of the chemistry of the time; and I have often thought, and often said that it would be far better for the schools to unite together and have two or three great centres where they would teach the general subjects, physiology, chemistry, natural history, and the like, and that the schools of medicine should be reserved for what one would preeminently call the practical teaching, that teaching which was immediate, and direct in its bearings upon the art of medicine. That is the only feeling that I have of defect about medical education. I will take physiology: it underlies all good medicine, but in the small schools of medicine it is difficult to teach it in a manner adequate to the demands which it now makes upon students, and it would be much better to have one or two, or even three centres (it would be impossible to do it in one), where all the students could be assembled for the learning of these general subjects: chemistry, physiology, natural history, pathology, and the like.

9705. And by that means you would also, would you not, secure the services of the very best lecturers?—You would secure the services of the best lecturers, and you would do another thing which is very much wanted: We will say that there were three centres; you would have three of the best men men in London to teach physiology; but physiology is such a general science now a-days that it would have to be broken up into departments; each department would require competent and skilled assistants; and I think that the teachers in the small schools might very well be brought in as superintendents of these departments of the great subjects, and so educate themselves to be fitted to succeed, if they were able to succeed, the chief of the department to which they belong: but

Chairman—continued.

but the mere fact of the union of the school with the hospital is, I think, in itself, of inexpressible value. The student can go from the lecture-room to the wards, from the wards to the lecture-room, from the wards to the dead-house; he can connect the whole of his knowledge into one; he can see and question, and re-question, and examine, in a way that it is impossible to do, for instance, even at Edinburgh. Edinburgh, which is a very great school of medicine, has that one defect, and it is a terrible defect; for in my time very few students acquired a practical knowledge of medicine at all; they were splendidly taught as far as the lecture-room could teach them; they are now splendidly taught as far as the lecture-room and laboratories can teach them (for laboratories have been added since my time), but they cannot be as well taught in the wards. It is a defect which the Edinburgh school has from its very success. There are about 1,000 medical students, and what are you to do with 1,000 or say, 300 medical students about the bed of one patient. The numbers are too great for any kind of successful practical teaching. But I have ventured to say to you that medicine is a craft after all, and it can only be learnt by the students coming to the bedside, seeing, handling, trying, doing, under the guidance of a master.

Earl of *Kimberley*.

9706. To what do you attribute the well-known large influx of students at Edinburgh, and the apparently less proportionate number of students in London?—There are various theories, and I am not competent to give your Lordship a complete answer. I am quite sure of one answer, because my official duties have required me to go into the matter very carefully and critically. In Edinburgh, which is what we call a teaching university, a student may go to the university, and in a comparatively short space of time, in four years, upon a reasonable and practicable examination, his studies can be crowned with the degree of M.D. It is a degree which is in repute all over the world. That is the first reason, and I believe the second reason is that education and living are together much cheaper there than they are in London. And there is another reason, which I think a mistaken one, which exists in the minds of parents; they think that their young people are much less exposed to various temptations to evil in Edinburgh than they would be in London.

9707. One of the reasons you have mentioned has been often alleged to be the chief cause, namely, that the examination for the M.D. degree in the University of London was so much severer, as it is stated, than the examination by which the similar degree could be got in Edinburgh; do you agree at all in that view?—No, emphatically I do not. It would be difficult for me to make clear my answer to that question. The examination for the degree of Doctor of Medicine in the University of London is in view of scientific acquirements; the examination for the degree of M.D. in the University of Edinburgh is in view of practical work which the man will be called upon soon to do. Where the University of London regards the mere scientific

Earl of *Kimberley*—continued.

acquirements of the man upon whom it is to confer its doctor's degree, Edinburgh University looks upon the practical work in which he is to be engaged. They are both severe examinations, but they have this difference between them which I have attempted to show; and also (I have said this before, and I say it deliberately again) the reading for examination on scientific subjects heretofore required by the University of London was such that no man could answer the question except by good luck in having been coached, or having read on that particular subject; and I consider myself that that is unfair; that no mere straightforward, honest reading would ensure him passing, however industrious he were, and however competent he were, because the questions were so recondite and so complex that the examiners themselves could not answer them if they had had no notice of them; the teachers themselves could not answer them. And therefore one of my objections to the examinations at the University of London was that questions were set to candidates, which they could only by a kind of haphazard or good luck be able to answer. Such a thing does not occur at the University of Edinburgh, as far as I have inquired.

9708. We are told to take one example; that in the London Hospital, and I believe it is the case elsewhere, there are bye-laws which restrict the candidates to those who have the double qualification in London, that of the College of Physicians, and that of the College of Surgeons; do you consider that a desirable limitation?—I think it will be a disastrous day for the hospitals when they do away with it.

9709. How do you reconcile that with your high opinion of the Edinburgh degree?—In this way: When a student receives his title of doctor he receives it in virtue of a certain curriculum which he has passed through, a certain practical knowledge which he has acquired; but I have said to your Lordships that no man can become a thorough doctor by any amount of reading or lecturing; he can only become so through experience. Now the Edinburgh school has from very success one defect; it cannot practically reach every man who is there, or anything like the half of them; it is impossible. But there is another defect. The university crowns a man's studies, if deserving, with the degree of M.D., and then it leaves him; it takes no more charge of his moral conduct or of his career, than if he did not belong to it. But if a man is going to become a teacher in medicine, and to have the great responsibilities of a hospital physician, many of us, rightly or wrongly, consider that we ought to have some higher, and therefore, some different test; and there is a body in London called the College of Physicians which takes in view, therefore, the circumstances of the men who come to us to be made members of the College of Physicians, in the hope that one day they will be made Fellows, aiming at becoming hospital physicians, and also scientific teachers; and we therefore take care to submit them to other and different tests. We hold that there are not only intellectual qualifications necessary, but we hold that there are practical qualifications, necessary and moral qualifications necessary; and

Earl of *Kimberley*—continued.

and so we give them an examination of a different kind, and we submit them to the ordeal of a double ballot before they are admitted; so that when a man has passed through the College of Physicians in London, we know that there is nothing against his moral character, we know that he is practically fitted to be a teacher and a hospital physician, and that he has the high qualifications necessary for that high office. These are the grounds upon which we (and I personally) justify ourselves in claiming the continuance of that privilege. Were it not so, my experience in London would lead me to believe that the last cancer-curer from America would be made physician to the London Hospital. Some little time ago a gentleman from America, a parson I believe he called himself, came over with a cure for cancer, and he was curing cases right and left, and some people came to me and said, Why would I not meet him, and said it was trades-unionism: and one lady for whom I have great respect, said to me, "You are guilty of a great moral crime; you condemn this man, you will not meet him; you actually deny that he has made these cures, which I know" (she was speaking with the usual inaccuracy of a woman) "he has done." I said to this lady, "Now, if this man were a true man, why should he behave in a way in which, if the humblest apothecary in this country behaved, he would be turned out of his profession? He says that he has a secret for the cure of cancer, and he keeps it in his pocket to get money; if an apothecary had a secret of that sort which he kept, he would be turned out of his profession." That is a man who took London by storm; I am not sure whether he did not take the Middlesex Hospital by storm. However, it was the Middlesex Hospital that wrecked him, I think; for I believe they challenged him to come and take some cases in the cancer ward of the Middlesex Hospital, and said that if he cured one they would take him on at their hospital. But he ran away. I think the public are not such adequate and just judges of the qualifications necessary for a teacher of medicine, and a hospital physician, as to be capable of judging aright in matters of that kind; and I think the College of Physicians does for the public that which the public cannot do for itself. It secures to the public that the men who come before them are not only intellectually and practically, but morally qualified to discharge these high duties.

9710. Therefore the net result is this, is it not, that you consider the Edinburgh M.D. a very inferior qualification to that of the College of Physicians and the College of Surgeons?—I do not admit that my language admits of that interpretation. I say that they are different. I say that the Edinburgh M.D. is a high qualification for the doctorate of medicine for those who are going to engage in practice; I was very careful to say that; but I do say that any degree of any university, even Oxford or Cambridge, is by itself a sufficient guarantee that the man has the qualifications necessary to become a hospital physician and teacher; that is what I meant to say.

9711. You would draw a distinction between the importance of the functions of a hospital physician and teacher and those of an ordinary practitioner?—I do, the strongest. A man may be an excellent practitioner, and be utterly incapable of teaching medicine, from defect of language or anything else.

Earl of *Kimberley*—continued.

9712. That I can understand; but is the examination of the College of Physicians and the College of Surgeons, one which in any way ascertains the teaching qualities of the person who undergoes it?—Yes, indirectly. As to the College of Surgeons, I know nothing, and can say nothing; but as to the College of Physicians, I do know. It takes him to the bedside and asks him to give an account of the case. Every candidate for the membership of the college (which is not the highest order in the College of Physicians) is taken to the wards of a hospital, and is taken to the bedside, and is asked to say what this case is, and to give an account of it, and to explain it; and then he is furthermore asked to write the account.

9713. I need hardly ask you whether you class the holders of the M.D. degree of Edinburgh with the gentleman who professed to cure cancer?—No; he had an American degree, I am told. But that case is an illustration of what the public will do, when the public is entrusted, without professional check, with power to do these things.

Earl *Cathcart*.

9714. You mentioned, just now, clinical classes; would you put any limit to the number with reference to the possibility of teaching in that way a clinical class?—I should have some difficulty in putting a limit to the number; but I should declare that no more than about 30 to 40 could be properly educated round a bed.

9715. I have understood that your classes were exceedingly large?—Yes, and I did my best to avoid the inconvenience of that, by telling them to go to the other physicians, and also by making a very large circle, and trying to speak as loud as I could, and to point out to the students the various objective facts.

9716. You have had as many as 50, have you not?—I have; I daresay, at a stretch, I could manage 50. I was careful to make a large circle, and used to call up Tom, Jack, and William, suddenly, bring him up to the bedside, to see that he was hearing and attending.

9717. I suppose that you would be very much in favour of throwing open as much as possible fever asylums to clinical teaching?—I believe it would be of enormous advantage. Every infirmary in London should be placed at the disposal of clinical teachers.

9718. Will you kindly tell us what has been done about throwing them open?—All that has been done is this (and we owe it to the very gracious consideration of the present President of the Local Government Board, Mr. Ritchie; he has greatly assisted us in this matter, and I think that without his assistance we should not have succeeded), we have succeeded in securing the right of entry and instruction to the medical students of London in the fever hospitals of London, and when I tell you that up to that time an adequate provision (I should be almost justified in saying, without any abuse of language,

Earl *Cathcart*—continued.

language, no provision at all) for the teaching of the profesion about to be let loose on the public for the treatment of fever cases, you will see that it was a shocking state of things.

9719. And consequently you could not follow up those cases to their conclusion. which you have told us you consider is so important?—There are two classes of cases; I am speaking now of acute cases.

9720. But they are detected sometimes, we are told, in the out-patient departments, and sent out from there?—Yes.

9721. And it would be very important to pursue those cases, to follow up those cases to their conclusion?—Yes; the consequences for good of doing so are incalculable.

9722. You would not like to take very large clinical classes into a fever asylum; you could not take very large classes into it, could you?—I do not know that you could not, with due care and precaution, take 20 round. It would depend on their conduct. Notwithstanding what is said of medical students I have found them well-behaved.

Earl of *Kimberley*.

9723. I suppose the new regulations extend only to the infectious hospitals?—At present only to those.

9724. What is your opinion then with regard to the great Poor Law infirmaries; ought access to them to be given to the students?—I think it is an awful loss to the art of medicine not to have it. A great deal has been said against the numbers that come to the out-patient departments; and these numbers are most precious to us who are students; they give us a large area, and it is the exceptional diseases that often teach us the most; all our great discoveries have been the result of getting hold of something odd. They have given us the clue so to speak. I myself instead of limiting the numbers very much would permit rather a large number to attend, provided there was a due inspection to see that the work was thoroughly done; and I can venture to say, and my statement is justified by a long and large experience, that it can be thoroughly done, if it is done methodically.

9725. That is specially true, is it not, of chronic diseases?—I am speaking only of chronic diseases now; my remarks would not apply to acute diseases at all.

9726. But chronic cases you have no opportunity of seeing in a general hospital; you cannot keep the cases there?—No.

Earl *Cathcart*.

9727. And if you opened infirmaries to clinical teaching, in that way you would benefit the patients themselves by the superior medical treatment which would result?—The good to the public, if the public could see it, is inexpressible.

Earl of *Kimberley*.

9728. The objection raised to the introduction of students into these institutions was that there might be a prejudice on the part of the people there against their cases being made the subject of clinical instruction; can you see any clear distinction between the treatment of a poor person in one of the general hospitals to which he is willing to go, and the treatment of the same poor person if he happens to go into an infirmary?—None whatever; and I think much depends upon the kindliness of the doctor. I think it might be made painful to the patient; if the doctor should forget that the poor person before him had feelings like himself, and delicacies of feeling like himself, it might be a very painful thing; but I have never seen anything of the kind. I can conceive it, but I cannot imagine that the men we send out to be teachers would be guilty of forgetting that the patients were men and women with the same feelings as they themselves have.

9729. It is a balance of advantages, as in most human affairs, and would not the balance of advantage to these poor patients be greatly in favour of the admission of the best medical attendants to see them?—Enormously to their own advantage.

9730. Quite independent of the educational value, it would be of great advantage to the patients themselves to have this skilled advice, which cannot possibly be furnished in any other way?—That is my belief, and I have argued throughout these imperfect answers of mine that the patient is the first consideration, and the communication of knowledge the second; but I think that the communication of knowledge can scarcely be said to be inferior; I consider it almost to rank side by side with, though behind, the treatment of the sick poor, because if medicine were to stand still where would society be.

9731. But looking to any prejudices, even undue prejudices, that may exist on the subject, it may be fairly argued that, from the mere point of view of the poor themselves, apart from the advantage of getting better education and information, it would be of great advantage?—Enormous.

Earl of *Arran*.

9732. Would it, in your opinion, be a good thing for the hospitals to be scattered more equally over London; over a larger area?—Theoretically, yes; but I think it would be impracticable. You would slide into greater evils probably than you escape by doing that; but I think, theoretically, that one on the north, one on the east, and one on the west, or two, if it were necessary, in these respective localities, would be very desirable. But I do not think there is any practical difficulty, such as is represented; for, with the exception of the north of London, there is a belt of hospitals round London, and they are now building a Great Northern Hospital there, and it will be pretty well supplied with that hospital and one or two smaller ones.

9733. Could you mention one or two of the evils you would dread if such a state of things could be brought to pass?—I think that there is no such thing (I am now speaking generally, and I comprehend medicine in the general remark) as cutting adrift and beginning *de novo*. I I think that all the history of the race, whatever its relations may be, shows that we must proceed by a process of growth and devolopment, the new conditions arising necessarily and inevitably

Earl of *Arran*—continued.

out of the old; and the first general reply which I make to your Lordship is that if you were going to sell all these hospitals which are not located, as you think, right, and then buy new sites and build new hospitals, you would be going in the teeth of the teaching of all history, to which I myself would pay great respect. That is the chief objection I have. The other (but it is really the same in principle) is, that I should be afraid that they would adopt new methods of officering the hospitals, and so on, which had never been tried, and had never followed naturally and necessarily out of the past methods. For my own part, you see I am anxious to say what I believe, that all reforms in medicine must come naturally and necessarily out of the past; and that it is impossible to have great reforms suddenly produced by the destruction of all the past, and beginning *de novo*. I think it is the same with medicine as it is, well, may I say, with politics.

Earl *Cathcart*.

9734. The British Constitution?—Certainly; I had that in my mind, though I did not venture in your Lordship's presence to say it.

Chairman.

9735. From time to time we have heard the opinion expressed, that it might be advisable to have a central board to control these hospitals in London; that is to say, perhaps to grant a license to fresh hospitals so as to check the immoderate growth of special hospitals; have you any opinion to offer on that?—I am as a rule in favour of some great central board which should not infringe the autonomy, of each hospital, but which should exercise a certain amount of control over them, a control hereafter to be described. I would not have the hospitals placed under the State, as mere machines of State; because I think a great deal of good would fall away as the result of such a step; but I should be delighted to see a great central board regulating the affairs of the hospitals, which are common to all of them and not interfering with their respective individualities and autonomies. I think it would be an enormous assistance to the hospitals and to the public.

9736. Could you define what you mean by matters "common to all the hospitals"?—I will begin at the beginning. The provisions made for special departments, how to arrange their patients, the arrangement of the staff, how they are to be arranged, the conditions of election, the the conditions of service, the duration of service, the economies of administration about diets, food, and matters of that kind; I think these are points which, in a general sense, might be common to the whole of the hospitals; also the arrangements for nursing, the proportion of nurses to particular patients, and so forth; I cannot off-hand say to your Lordships all that would be included, but there are, and you yourself will recognise in a moment that there are, things common to all hospitals which might fairly be discussed by a central board; and I would even go so far as to have the Crown represented on that board.

Chairman—continued.

9737. Would you give to such a board any powers of inspection?—I would decidedly. I should allow it even to receive appeals in relation to questions; though I would not allow the board to interfere with the individuality of the automonal working of the hospital; I would give the board authority to hear appeals and to settle them.

9738. Could you form any idea as to how this board would be constituted?—First of all by representatives from each hospital; secondly, by representatives from the neighbourhood, either through the county council or through the ratepayers, or in some other way by representatives from the people in the district in which they were situated; and last of all, by representatives from the Crown. They should together form a kind of council, a council of hospital administration, and that council should have a constitution, and should take into consideration all the questions affecting hospitals in general, hear all appeals, inquire into alleged grievances, and so forth. I think that a council of hospital administration might be founded upon those conditions of adequate representation; representation of the hospital, representation of the sick, full representation of the people of the locality in which the hospital was placed (in which I should include the doctors; because the way to settle their prejudices is to bring them into office, and then they would understand that the hospitals are not so bad as they appear to them to be); and lastly, representatives of the Crown; I should identify it with the nation so far.

Earl *Cathcart*.

9739. Settling one form of account would be a very important part of the business, would it not?—So far as it is possible; but there would necessarily be different conditions, and I should be very careful not to interfere too much with the individuality of a hospital. I think that the preservation of its individuality by a hospital, its endeavours to get on according to its own views, might be of great service to that hospital, and to the cause which it represented; and I would be careful therefore not to throw all of them into too hard-and-fast a common method. I think that some uniformity of the rendering and auditing of accounts would be desirable; but I think I should not attempt, I think it would be an economical mistake to attempt, to force all the hospitals into an exact method of action, you might then as well put them into the hands of the State.

Chairman.

9740. There is only one matter of hospital detail as to which I should like to ask you, and that is this: do you think it is a good plan or not to have a resident medical officer of experience in the hospital?—Yes, if he were to be exchanged frequently, but not if he were to be permanent.

9741. Would you mean by "changed frequently," every five years, say?—Yes; five years. If he is kept there, he becomes a nuisance. I have had experience of both methods; and, without alluding to any individual in particular, I think strongly that anything

Chairman—continued.

anything would be better than having a man permanently residing as a kind of medical superintendent. That has not answered well in any of the hospitals, except Guy's; there it has answered well; there is there a resident medical superintendent; he is not a resident house physician, he is not exactly what I fancy your Lordship means; and is a very good man, an exceptionally good man. But a resident house physician, if he were changed every five years, would be, I think, a great addition to the value of the resident staff of a hospital.

9742. And there is no reason, is there, why such an arrangement should not work?—None but an economical one, that I know. There are little difficulties; young men are hot-tempered, and they sometimes fall out with the resident medical officer; but it is a very nice discipline for them to rectify it.

9743. That, after all, is only a matter of detail to be managed by the committee?—Entirely a matter of detail.

Earl of *Kimberley.*

9744. We have been told that it would cause a divided responsibility. The present system in, for instance, the London Hospital, being that it is divided into what I might term compartments, and that each compartment has its own visiting physician to work with the house physician who has that particular ward; it is said, that if there was a superior resident physician in the hospital, his superintendence over the house physician would clash with the superintendence exercised by the visiting physician, and that, therefore, the system would not work. What do you say as to that?—That is a just statement of the peril; but I would not conclude that, therefore, it would not work, because I think that there is ample room for a resident medical officer to supervise the work both as regards the house physicians, to see that it is done, and, as regards the nurses, to see that their work is done, and that there is a proper correlation of work; and he would also constitute a sort of consulting doctor; he being older, and presumably more experienced, than the younger men, he would constitute a sort of consulting doctor, who might be had at a moment to share the responsibility of the younger men in charge of my wards or somebody else's wards.

9745. Because it must happen occasionally that emergencies present themselves when the visiting physician is not in attendance?—Yes.

9746. And then it would be an advantage to the younger men to have an older man to consult?—Yes, I think so.

Chairman.

9747. And such officer ought to be an officer of the board of the hospital?—Yes.

9748. Quite apart from the honorary staff?—Yes; he ought not be a member of the honorary staff at all.

Earl of *Kimberley.*

9749. A paid officer?—A paid officer, under the entire control of the house committee, and not under the control of the staff.

Chairman.

9750. With regard to all these appointments of the visiting staff in the hospitals in London, with the exception of the London Hospital, I think they are purely honorary appointments, are they not?—I am not quite sure; I think they pay the juniors; they did not when I joined it; but I think they now pay the junior staff a small honorarium at the London Hospital, and I think also at St. Bartholomew's, but I am not quite sure; I would not venture to answer your Lordship with certainty on that question.

9751. Do you think it is the best plan to have them honorary or to have them paid?—I would have neither the one nor the other exactly, if I may try and explain that to your Lordships. It is very desirable to get the right men for these hospitals; they are to make the medicine of the future. Now the right men are not always very well off; and whilst on the one hand it will not pay them sufficiently to live, I think that an annual honorarium sufficient to help them to live would be very desirable; it enables them (using a phrase well known about hospitals) to hang on long enough until a vacancy occurs, when they may get on the higher staff, and hope by getting on the higher staff to get into a sufficient amount of practice. You see sometimes they may remain as assistant physicians for a long while. In my case I was one of the unlucky ones who remained, I think, 14 or 15 years, I forget the exact number of years, but it was something akin to that, before I got on what is called the full staff. Now there was nothing given to me in those days, nor to any of us; but 100 *l.* a year would have been a very acceptable help to a man who had married, and was having children growing up around him, and was not getting practice: because to a physician practice seldom comes before 35 or 36, unless he is a specialist and publishes books, and makes people believe that he knows all about them, and then he may get practice early.

Earl of *Arran.*

9752. With regard to that committee or council of administration that you spoke of, would it be very difficult to draw the line where interference with the autonomy of such hospital, would begin if you gave them power to enforce their decrees; and would there be any use in their existing if they had not that power?—The value of the thing would be, that the hospitals should, of their own will, agree to form themselves into a federation, and be represented on this council; you could not compel the hospitals to do it.

9753. You would not constitute such a council by Act of Parliament?—No, I should not like to do that; but I think if it were judiciously handled, the hospitals would be only too glad to federate and come together for their common interest and common good.

9754. And that they would voluntarily submit to any recommendations that such a council might make to them?—I think so; and I think there are instances at work in other departments of life in which that is done.

9755. Is the action of the Sunday Hospital Fund tending to assimilate the methods on which

Earl of *Arran*—continued.

hospitals are carried on?—I cannot say; I have not entered into that question.

Chairman.

9756. Is there any other point you wish to bring before us?—The only thing I should like to say, with your Lordship's permission, is that, having been for 36 or 37 years attached to the London Hospital, I have been strongly impressed with the admirable way, speaking generally, in which the hospital is managed. I have never proposed anything in the course of my connection with the London Hospital for the good of the patients (and I am afraid I was often troublesome) that was not immediately acceded to if it were reasonable. I have sometimes been expostulated with, or rather (for that expression is too strong) I have had my attention called to the expense of some of my recommendations; but I think such a calling of my attention to the expense was a very just one, and never gave me the slightest reason to complain. All through my connection with the London Hospital, as connected with the care of the sick, I have never proposed anything for their relief, or comfort even, which was not carried into effect; and as regards the nursing in the wards in which I had control, it was as nearly perfect nursing as I could expect to get in any institution regulated in any way that I could conceive of.

9757. Were you equally well satisfied that the

Chairman—continued.

arrangements for the comfort of the nurses were as good as those for the comfort of the patients?—I am not able to speak to that. I had a certain work before me when I went to the hospital, I was anxious to give all my time and attention to that, and I did not enter so minutely into the organisation of the nursing department as might have been expected of me. I do not enter into the construction of the clinical thermometer when I use it; I see that it is perfect and I use it; and I dealt with my nurses in the same way. I was ready to hear any complaints, if they had any, but they never had any. I have heard that a complaint has been made by some of the nurses, which has filled me with astonishment, namely, that when they were sick they were attended by boys. I have in dozens and dozens of cases attended to a sick nurse when my help was required. I have not read the statement, because I have not read any of the evidence, but I have heard that it was alleged. It has filled me with considerable surprise, and I know for my own part that I have never failed to go and see a sick nurse when she was requiring my help.

9758. Is there anything else you wish to say?—Nothing else.

The Witness is directed to withdraw.

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APPENDIX.

Appendix A.

(Handed in by Sir *H. Longley*, K.C.B.)

(1.)

Charity Commission,
Whitehall, S.W., 188 .

"Charitable Trusts Acts."

Application for Accounts.

G.

At the head of your reply write { _____ _____

1. No accounts of the above charit have been received at this office since I am therefore to call your attention to the statutes relating to this subject, and, for your greater convenience, I transmit a copy of the most material provisions.

2. You will perceive that the law requires that accounts of the income and expenditure shall be returned to this office annually; and, further, that copies of such accounts, if relating to parochial charities, shall be submitted annually to the vestry.

3. I am to request you to state whether this latter requisition of the law has been observed in this case.

4. With regard to the mode of stating the accounts submitted to this office and to the vestry, I am particularly to request separate statements, under distinct headings, of the two principal divisions of expenditure, viz.:

(A.) The taxes, rates, expenses of repair, and management and other outgoings payable from the income of the charity.

(B.) The application of the net income to the charitable objects.

5. In the case of distributive charities, the subjects of distribution, whether consisting of money or of articles in kind or other benefits, the scale of the distribution, and the number of recipients, should be stated. It will ordinarily be sufficient, however, that this should be done in the first instance in a general form. *E.g.*, supposing 10*l.* is distributed in doles of money, it may be entered thus:

	£.	*s.*	*d.*
In money to 57 poor persons in amounts varying from 6*s.* to 2*s.* - - - - - - - - - - - - -	10	–	–

But in the event of complaint, the details of expenditure may become the subject of further inquiry.

6. In connection with this subject it may be desirable for me to add that the accounts transmitted to this office are not vouched unless the attention of the board is called to special items demanding inquiry, nor are they audited or passed in any such sense as to be considered settled accounts. The board will consider themselves bound to attend to any reasonable complaints against the administration of a charity notwithstanding that the accounts sent to this office may, when closely examined, show that the practice complained of has existed for a long time. It is therefore necessary that all vouchers and documents on which the trustees rely for the verification of their accounts should be kept by them with as much care and for as long a time as though the system of submitting accounts to this office did not exist.

7. The object of the Commissioners in issuing these instructions is to make the returns as simple and as little burdensome to the trustees as is consistent with their duty of seeing that the important objects of the Legislature are substantially attained.

I am, &c.
(signed) *W. G. Hayter*, Registrar.

(2.)

Circular relating to Accounts.

CHARITY COMMISSION.

Office of the Charity Commissioners for England and Wales, Whitehall, S.W.

See 16 & 17 Vict. c. 137, s. 61, and 18 & 19 Vict. c. 124, s. 44.

THE Charitable Trusts Acts require that the trustees or persons acting in the administration of every charity shall, in books to be kept by them for that purpose, regularly enter or cause to be entered full and true accounts of all money received and paid respectively on account of such charity, and shall also on or before the 25th day of March in every year, or such other day as may be fixed for that purpose by the Board of Charity Commissioners, prepare and make out the following accounts in relation thereto (that is to say):

(1.) An account of the gross income arising from the endowment, or which ought to have arisen therefrom, during the year ending on the 31st day of December then last, or on such other day as may have been appointed for this purpose by the board.

(2.) An account of all balances in hand at the commencement of the year, and of all monies received during the same year on account of the charity.

(3.) An account for the same period of all payments.

(4.) An account of all moneys owing to or from the charity, so far as conveniently may be.

Which accounts shall be certified under the hand of one or more of the trustees or administrators, and shall be audited by the auditor of the charity, if any; and that the said trustees or administrators shall, within 14 days after the day appointed for making out such accounts, deliver or transmit a copy thereof to the Commissioners, at their office in London, and, in the case of parochial charities, shall deliver another copy thereof to the churchwarden or churchwardens of the parish or parishes with which the objects of such charities are identified, who shall present the same at the next general meeting of the vestry of such parishes, and insert a copy thereof in the minutes of the vestry book; and that every such copy shall be open to the inspection of all persons at all seasonable hours, subject to such regulations as the said board may seem fit; and that any person may require a copy of every such account, or of any part thereof, on paying therefor after the rate of 2*d.* for every 72 words or figures.

Appendix B.

MEDICAL ATTENDANCE ORGANISATION COMMITTEE.

Sketch for the Organisation of a General Hospital on Provident Principles, by Mr. *W. Bousfield*, Chairman of the Metropolitan Provident Medical Association.

1. In-patients' department:—

(*a*) Half the beds, free; patients to be selected principally through the out-patient department.

(*b*) One-fourth the beds, patients to pay 2 *s.* per day.

(*c*) One-fourth the beds, patients to pay 2 *l.* 2 *s.* per week, inclusive.

Note.—All patients to be subjects for clinical teaching for the purposes of the medical school.

2. Out-patients' department (to be divided into two branches):—

1st. The consultative department, hospital physicians and surgeons. The patients in this department will include—

(*a*) Patients sent by the medical officers of the provident department.

(*b*) Patients sent with a letter of recommendation from general practitioners in the neighbourhood.

(*c*) Patients who have been in-patients.

(*d*) Casual patients for the surgical department.

2nd. The provident department. To this department will be attached a staff of respectable general practitioners, resident in the neighbourhood, who will treat patients for all ordinary maladies, and, when necessary, visit them at their own homes.

The members of the provident branch will be persons living in the hospital district, who are unable to pay the usual fees of medical men, and whose wages do not exceed 30 *s.* for a single person, and 40 *s.* for a family.

The payments, to be made in sickness and health, might be 6 *d.* per month for each person, and for children (who should not be allowed to join without their parents), 3 *d.* per month each, 9 *d.* per month to include all children in a family, under 14 years of age.

Sixpence to be charged for each certificate signed by a member of the staff.

All medicines ordered to be provided by the hospital; but 1 *d.* to be charged for each prescription made up, and 2 *d.* when bottles are provided.

Three-fourths of the total of the members' monthly payments to be divided amongst the medical staff of this department.

Note.—This plan would provide for a selection of good cases for medical teaching. In the case of a hospital with an old-established medical school, some modification might be necessary.

Appendix C.

Part I.

Report of Committee elected at a Meeting held at the Society of Arts, on 7th December 1886, Sir *A. Clark*, Bart., M.D., in the Chair. The following Resolutions being carried unanimously at the above meeting:—

1st Resolution.—Proposed by Timothy Holmes, Esq., F.R.C.S., Senior Surgeon of St. George's Hospital; seconded by E. H. Lushington, Esq., Treasurer of Guy's Hospital:—

"That in the opinion of this meeting, the future medical attendance on the poorer classes ought to be conducted on the principle of sick assurance."

2nd Resolution.—Proposed by W. Bousfield, Esq., Chairman of the Metropolitan Provident Medical Association; seconded by Nelson Hardy, Esq., F.R.C.S.:—

"That the attention of the governing bodies of hospitals and other public authorities be called to the necessity of some check on the indiscriminate provision of medical treatment at hospitals and dispensaries."

3rd Resolution.—Proposed by Sir T. Spencer Wells, Bart., F.R.C.S.; seconded by S. Wilson, Esq., M.R.C.S.:—

"That a committee be now appointed, with power to add to their number, for the purpose of reporting on the subject of assurance as applied to the treatment of the sick."

At the outset of our inquiry, we thought it desirable to strengthen the committee by the addition of those whose experience in connection with hospitals, provident dispensaries, or as ordinary medical practitioners, would enable them to form an opinion on the questions to be considered. The following is the complete list of the committee which was thus formed:—

Chairman:

Sir T. Spencer Wells, bart.

Medical:

Dr. J. Ford Anderson.
Dr. F. H. Alderson.
Mr. E. C. Barnes.
Mr. M. G. Biggs.
Sir Andrew Clark, bart.
Dr. Alf. Carpenter.
Dr. M. Corner.
Mr. W. G. Dickenson.
Dr. J. Grey Glover.
Dr. Alex. Grant.
Dr. John Gordon.
Mr. Ernest Hart.
Mr. H. Nelson Hardy.
Mr. Timothy Holmes.
Mr. G. T. Keele.
Dr. R. H. Lloyd.
Dr. W. M. Ord.

Medical—continued.

Dr. H. Campbell Pope.
Dr. Gilbart Smith.
Dr. J. C. Steele.
Dr. Walter Smith.
Dr. G. Stoker.
Dr. W. E. Steavenson.
Dr. Dunbar Walker.

Lay:

Sir T. Fowell Buxton, bart.
Mr. W. Bousfield.
Mr. W. G. Bunn.
Rev. Canon Erskine Clark.
Mr. H. N. Hamilton-Hoare.
Mr. Arthur Lucas.
Lieut.-Col. Montefiore.
Mr. F. D. Mocatta.
Mr. Claude G. Montefiore.
Rev. George S. Reaney.
Mr. C. J. Radley.

Sir T. Spencer Wells, bart., was unanimously elected Chairman, and it was resolved that the Committee should be called the Medical Attendance Organisation Committee.

For convenience, we have divided our inquiry into two parts.

Part 1.—To prepare a scheme for the medical attendance of the industrial classes in the metropolis, that shall be self-supporting, and acceptable to the medical profession.

Part 2.—To consider the desirability of forming an union between the hospitals and dispensaries in each district of London.

In

In dealing with Part 1, we had first to consider the general principle of the plan.

There were clearly two courses open to the committee—1st. To recommend that the scheme should be based untirely upon the principle of assurance, viz., regular rates of contribution to be paid in health and sickness; or 2nd, That it should be optional whether persons should join in health, or pay small ready-money fees for each attendance.

After considerable discussion, the following resolutions were carried unanimously :—

"That any future plan for the medical treatment of the working classes should be conducted upon the principle of assurance, with a small fee at each attendance, or upon each prescription made up."

Valuable statistics were laid before the committee as to the rates of sickness at various provident dispensaries, at all of which they were found to be exceedingly high. This can be, no doubt, traced to two causes :—

1st. That there is a real or supposed tendency to sickness in the majority of those who join provident dispensaries.

2nd. The payment of a regular rate of contribution in health and sickness frequently causes some persons to pay unnecessary visits to the medical officer.

To meet these objections to the provident system, by itself, the last part of the resolution has been added, which will, in the opinion of the committee, have a double advantage. In cases where the sickness is heavy and continuous, it makes the members' payments a little more in proportion to the benefits received, and it is also a slight check upon unnecessary visits.

This plan has been tried as an experiment at one or two branches of the Metropolitan Provident Medical Association with marked success, the charge upon each prescription being 1 *d*. The effect has been to reduce the number of prescriptions, and the members willingly pay the penny, which is considered too small to prevent members really requiring attendance making application.

To carry out this principle of assurance, the committee make the following recommendations :—

1st. That all candidates for membership should be approved by the medical officer under whom they wish to be registered.

2nd. That all persons making application to join as ordinary members should pay a registration fee of 1 *s*. on a family or single card, which should be the only payment on joining. They should be free to benefit in four weeks from the date of joining, when their contributions should commence.

3rd. That the rates of contribution should be according to the following scale :—

(*a*) Single persons, male and female, 6 *d*. per month.

(*b*) Man and wife, without children, 1 *s*. per month.

(*c*) Man and wife, with children, 10 *d*. per month.

(*d*) Children under 16 years of age, 3 *d*. per month each, not charging for more than four in one family.

4th. That local commitees are recommended to obtain from applicants for membership a declaration that in the case of a single person, or man and wife, that their average do not exceed 30 *s*. per week, or of a family, 40 *s*. per week, or of domestic servants, 15 *l*. per year; those whose incomes are over these amounts being, as a rule, ineligible for membership.

To meet the case of those requiring immediate attendance, the committee recommend :—

That persons requiring immediate attendance should pay an entrance fee of not less than 2 *s*. 6 *d*., which should entitle them to treatment for one week, after which, should they continue ill, they should pay not less than 1 *s*. per week if able to call on the doctor, and not less than 2 *s*. 6 *d*. per week if visited at home. Upon recovery, they should be expected to continue as ordinary members, with the consent of the medical officer.

There is still another class of persons to be provided for, viz., those who, on account of their condition of health, cannot, with fairness to the medical officers, be admitted as provident members, at the ordinary rates of contribution, and to whom, for many reasons, it would be undesirable to refuse admission.

To meet this class of applicants, the committee have passed the following resolution :—

That the rates are calculated for persons joining in health, and who, in the opinion of the medical officer, are not subject to any constitutional ailment or chronic infirmity; other persons not requiring immediate attendance may be admitted at special agreed rates, subject to the approval of the medical officer, whose services are required.

The committee also further recommend :—

That the fee to be paid to the medical officer for attendance on midwifery shall be 21 *s.*, and to the midwives, 7 *s.* 6 *d.* Such fees to be paid by the members, at their option, by instalments of not less than 2 *s.* 6 *d.* Wives, being members, and not having had their confinements conducted by one of the medical staff, shall not be entitled to receive medical treatment until two weeks have elapsed from the day of confinement.

That local committees are requested to secure that the medical officers are properly remunerated in the case of premature confinements.

That only qualified midwives should be employed, and that the conditions of their employment shall be determined by the local committees.

Also, that while each dispensary shall be connected through a central committee or council, and be conducted in accordance with the general principles agreed upon by such a body, they should be under the immediate management and control of a local committee, consisting of the members of the medical staff, an equal number of benefited members, a certain number of medical practitioners, and a limited number of representatives to be elected from the general hospitals, the council of the Metropolitan Provident Medical Association, and local men of position willing to accept office.

With regard to the self-supporting character of these provident dispensaries, the committee recommend :—

That it be a cardinal feature of this scheme that each dispensary should be as far as possible self supporting, and that no local committee should appeal for charitable aid in their district without the consent of the central council.

The committee also further recommend :—

That in any district where it is proposed to form a provident dispensary, the whole of the medical men residing in such district should be communicated with, and that they should be invited to a conference with representatives of any local general hospitals, at which they shall have the power to elect a certain number of representatives on a provisional committee.

The committee are of opinion that provident dispensaries established on these principles would be supported by the medical profession, and would meet the wants of the working classes.

Signed on behalf of the committee,
T. Spencer Wells, Chairman.

Part 2.

Report of Committee elected at a meeting held at the Society of Arts, on 7th December 1886, Sir *A. Clark*, Bart., M.D., in the Chair.

The desirability of forming a union between the hospitals and provident dispensaries in each district of London.

It will be seen by the report on the first part of the inquiry, that the committee recommend the adoption of a scheme of mutual provident assurance, through which those members of the working classes who are unable to pay ordinary medical fees, can provide for themselves efficient medical treatment, with home attendance when necessary. And if the scheme is conducted upon the general principles laid down, it will probably be acceptable to the majority of the medical profession.

With regard to the second part of the inquiry, it appears to be generally admitted, that the present position of the out-patient departments of the metropolitan hospitals is far from being satisfactory. The want of organisation of these departments, in co-operation with other recognised means of providing medical treatment for the working classes, affects to some extent their financial position.

And

And in the opinion of this committee, the indiscriminate manner in which the public are admitted to the out-patient departments, inflicts great injury upon a large number of ordinary medical practitioners, tends to pauperise the applicants, and brings a large number of persons to the hospitals, suffering from the most trivial complaints, thus wasting the time of the medical staff, and the resources of the hospitals. It can hardly be doubted that some alteration in the management of these departments is needed, in the interests of the public, of the medical profession, and of the hospitals themselves.

The committee are deeply sensible of the fact, that in this, as in all other important questions, it is far easier to point out the defects than to find a remedy, but after a careful consideration of the whole question, and many full discussions, in which hospital physicians and surgeons, and gentlemen of considerable experience in hospital management have joined, the following resolutions have been passed:—

RESOLUTIONS.

That the governing bodies of the metropolitan hospitals be requested to co-operate with provident dispensaries, recognised by the Metropolitan Provident Medical Association, on the following conditions:—

That applicants for co-operation are *bonâ-fide* provident dispensaries for supplying medical aid to the industrial classes, and managed by a responsible committee.

That such dispensaries shall in the main be conducted in conformity with the scheme of the Medical Attendance Organisation Committee.

That no pecuniary liability, apart from their own normal expenditure, be incurred by the hospitals in consequence of this connection, and that either party be at liberty to terminate the arrangement at any time, with such notice as may be agreed upon.

That the objects of such co-operation shall be as follows:—

1.—Suitable members of provident dispensaries to be referred to hospitals.

That the medical officers of these provident dispensaries be entitled to send cases to hospitals for consultative advice, or treatment; and that priority be given to patients who bring a special form, approved by the hospitals, and issued by the Metropolitan Provident Medical Association.

That the physicians or surgeons of the hospital shall be at liberty, with the patient's consent to retain, for hospital treatment, any case of clinical interest thus sent to the hospital.

2.—Limitation of the number of out-patients.

That the number of out-patients received each day, and the hours for seeing them be limited, so that not more patients be received than can be deliberately attended by the stated officers of the hospital (and used for clinical instruction in hospitals having schools attached), and also that the present abuse of keeping patients waiting for a great part of the day be reformed.

That the "casualty department" be strictly limited to accidents and street emergencies, and that only accident cases attend more than once.

That in the interest of hospitals, provident dispensaries, and of the poor themselves, it is desirable that an agent, well trained and thoroughly conversant with the locality, rates of wages, &c., be employed at general hospitals and free dispensaries to fulfil the following duties:—

(*a*) To ascertain whether the patients should receive advice and treatment gratuitously.

(*b*) To make inquiries and investigation on the plan now in force at the "London" Hospital.

3.—Ineligible applicants for medical relief at hospitals to be referred to provident dispensaries.

That the committees of hospitals in co-operation with provident dispensaries be asked to recommend to applicants for out-patients' treatment, who are *prima facie* able to make the necessary provident payments, that they should become members of the dispensaries, with the assurance that if they should need special or hospital treatment, they would be recommended by the medical officers of the dispensaries to the hospitals for that purpose, and be received by them. That notices, giving particulars of the provident dispensaries in co-operation with the hospitals, be placed in their out-patients' waiting rooms.

That this proposal be adopted, on the understanding that all patients, whose cases are *prima facie* urgent, are eligible for first treatment, and also that those cases which are vouched for by the physicians or surgeons as of special interest be retained for hospital treatment.

4.—Students to be permitted to make use of provident dispensaries for the study of common disease.

That students of hospitals be permitted under suitable regulations, to attend the practice of provident dispensaries in co-operation with their hospitals, when the medical officers see or visit their patients.

If these resolutions are finally adopted, and the co-operation of the metropolitan hospitals secured on the conditions stated, they may be expected to have a three-fold effect. In the first place, the members of provident dispensaries, who, in the opinion of their medical attendants, are suitable for hospital treatment, will have a ready and certain means of obtaining it. This would do much to popularise the provident dispensaries among the class of persons for whom they are intended; and would also, it is hoped, furnish the hospitals with a large number of cases of an interesting nature, suitable for clinical teaching, and are at present lost to them for the want of an easy and ready system of reference.

In the second place, the hospitals would gradually be able to relieve themselves of a large number of comparatively trivial cases, which at the present time overcrowd their out-patient departments, and unnecessarily occupy the time of their medical officers. The majority of these will, we are convinced, be found suitable, both physically and socially, for reference to the provident dispensaries. Those whom the hospital authorities may consider too poor to pay the provident dispensary rates, can either be attended at the hospital or referred to the poor law medical officer; while those who are evidently above the class for whom provident dispensaries are intended, are surely still more unsuitable for hospital out-patient treatment, and can be well left to provide for themselves through ordinary medical practitioners.

A third, and a not unimportant result of this active co-operation, will be the assistance the provident dispensaries can give to hospital students in the study of common diseases, and the opportunity of seeing the patients at the dispensaries, and in some cases at their own homes, and of thus gaining valuable experience.

Before issuing this portion of our report, we deemed it expedient to submit the foregoing resolutions to a conference of hospital representatives, which was held at the rooms of the Society of Arts, on Tuesday, 22nd November 1887, when, after considerable discussion, the following resolution was carried unanimously:—

Proposed by the Rev. Dr. Wace, Principal of King's College, and Chairman of King's College Hospital, and seconded by Mr. Timothy Holmes, F.R.C.S., Senior Surgeon of St. George's Hospital:—

That the scheme of the Medical Attendance Organisation Committee, for co-operation between hospitals and provident dispensaries be referred to a committee composed of hospital representatives, and of three member of the Medical Attendance Organisation Committee, for their consideration.

That the committee be requested to bring the scheme, when settled by them, before the governing bodies of their respective hospitals.

In accordance with this resolution, we have appointed Sir T. Spencer Wells, bart., Dr. J. Grey Glover, and W. Bousfield, esq., J.P., to represent us; and we have caused copies of this report to be sent to each of the metropolitan hospitals, asking them to appoint one or two representatives to meet them.

Signed on behalf of the Committee,
T. Spencer Wells, Chairman.

APPENDIX D.

METROPOLITAN HOSPITAL SUNDAY FUND.

(Handed in by Sir *Sydney Waterlow*, Bart.)

(1.)

NOTICE to Governors, &c., of Metropolitan Hospitals, &c.

METROPOLITAN HOSPITAL SUNDAY FUND.

Patron—HER MAJESTY THE QUEEN.

THE treasurers and governors of all hospitals and dispensaries within the metropolitan area, who desire that their institutions shall participate in this year's distribution, are hereby requested to send in their applications to Mr. Henry N. Custance, Secretary to the Hospital Sunday Fund, at the Mansion House, on or before Tuesday, 4th March 1890.

As soon as these requirements are complied with, the committee of distribution will send forms to the secretaries of institutions, which must be returned, fully and correctly entered, to Mr. Custance, at his office, not later than Wednesday, 2nd April 1890.

A copy of the accounts and balance sheet, for the past year, of each institution, must accompany all applications to participate, otherwise no notice will be taken.

The attention of the authorities of every hospital or dispensary that did not participate in the awards for the year 1889, is especially directed to following law of the fund:—

> "That those hospitals and dispensaries only which are managed by a committee duly constituted, and which produce their printed reports, with balance sheets duly audited, for the last three years, be allowed to participate in the fund."

By Order of the Committee of Distribution,
(signed) *Henry N. Custance*, Secretary.

Mansion House, E.C.,
3 February 1890.

(2.)

Dear Sir, Mansion House, E.C., 1890.

HEREWITH I send you the copy of a form you are requested to fill up correctly and return to me by Wednesday, 2nd April.

I also send a second copy of the same, to be kept by yourself, as a duplicate of what you send me; so that in the event of our respective calculations of any item materially varying, we may readily draw attention to the same.

You are specially requested to enter separately, below the heading "Incidental Expenses connected with Management," any sum paid or charged as commission upon grants made from the Hospital Sunday Fund.

The council reserve to themselves the right of using such portions of the statistics as they may consider desirable.

Faithfully yours,
(signed) *Henry N. Custance*, Secretary.

(3.)

_____

_____

Date _____ 1890.

THE committee of this institution are desirous of participating in the funds to be collected on Hospital Sunday.

On behalf of the committee of * _____

_____ Secretary.

* *Note.*—Here insert the name of the institution seeking to participate.

To the Secretary of the
Metropolitan Hospital Sunday Fund,
Mansion House, E.C.

D.—Analysis of Accounts.

For the General information of the Council of the Metropolitan Hospital Sunday Fund.

(4.)—NAME OF HOSPITAL.

No.

{For details respecting Salaries and Wages, *see* below.}

		Last Three Years' Average.				Last Year.	
Number of Beds in the Hospital	Receipts and Expenditure for Three Years.	In-Patients.		Out and Lying-in Patients.		In-Patients	
Average Number of Beds occupied Daily last Year						Ditto Renewals.	
Average Number of Days each Patient was Resident		Counting Renewals.	Without Renewals.	Separate Patients.	Total Attendances.	Out-Patients.	
Average Cost of each In-Patient per Week						Ditto Renewals.	
Average Cost of each Out-Patient						Ditto Attendances.	
Renewal Letters—Maximum Number required of any one Patient last Year							

	Receipts for Year ending 1887.	Receipts for Year ending 1888.	Receipts for Year ending 1889.	Totals.
Charitable Revenue:	£. s. d.	£. s. d.	£. s. d.	£. s. d.
Annual Subscriptions				
Donations, including contents of Alms Boxes, and Grants from Hospital Sunday and Saturday Funds, &c.				
Congregational Collections				
Benefit Entertainments				
Legacies of £. 100 and under				
Legacies exceeding £. 100 each, which have been necessarily absorbed in current expenditure				
Proprietary Revenue:				
Legacies exceeding £. 100 each (except as above)				
Dividends, Interests, Rents, and Trust Funds				
Board of Medical Officers, Assistants, and Students' Fee				
Sale of Old Material, Kitchen Waste and Sundries				
Bonds and Securities paid off				
Payments by or on behalf of Patients				
Amount of Congregational Collections during the three years preceding the Establishment of the Hospital Sunday Fund	1870. —	1871. —	1872. —	

	Expenditure for Year ending 1887.	Expenditure for Year ending 1888.	Expenditure for Year ending 1889.	Totals.
Maintenance:	£. s. d.	£. s. d.	£. s. d.	£. s. d.
Provisions, including Wines, &c.				
Drugs and Surgical Appliances				
Domestic Expenses, including Bedding, Linen, Washing, Water, Gas, &c.				
Salaries, Wages, Pensions, Nursing, Gratuities, &c. (except as below)				
Parochial Rates and Taxes (not Gas or Water)				
Rents, Insurance, &c.				
Repairs (Ordinary)				
Furniture and Building Improvements				
New Buildings not provided for by a Special Fund				
Miscellaneous, Petty Expenses, Burials, &c. (except as below)				
Management:				
Salaries to Secretary, Office Clerks, and Collector, including Poundage, and other payments (except as below)*				
Printing, Advertising, Stationery, Postage, and Law Charges				
Incidental Expenses connected with Management				
*Poundage or Commission paid out of Hospital Sunday Grant				
Legacies or other Property invested each year				

Salaries and Wages.

Salaries to Officers:		
Chaplain	Per annum	£.
Secretary, or House Governer	"	£.
Clerk, or Assistant	"	£.
Steward	"	£.
Matron	"	£.
Registrars	"	£.
Resident Medical and Surgical Officers. (State how many)	"	£.
Other Officers (not being Resident, and who do not receive percentage or poundage)	"	£.
Collector	"	£.

Servants' Wages:	Number.		
Dispensers		Per annum	£.
Housekeeper		"	£.
Sisters, or Head Nurses		"	£.
Nurses (Regular)		"	£.
Ditto (Extra)		"	£.
Servants (Male)		"	£.
Ditto (Female)		"	£.

Forwarded by order of the Committee of this Institution.

Secretary.

E.—Analysis of Accounts.

For the general information of the Council of the Metropolitan Hospital Sunday Fund.

(5.)—NAME OF DISPENSARY. *No.*

{For details respecting Salaries and Wages *see* below.}

Last Year's Number of Patients:

- Home Visits
- Average Number of Visits to each Case
- New Cases at the Institution (not Attendances)
- Renewals
- Attendances
- Midwifery Cases

Average Cost of treating each Midwifery Case last Year

Average Cost of treating each other Case last Year

Receipts and Expenditure for Three Years.

Number of—

- Paid Medical Officers (not resident)
- Other Paid Officers
- Servants
- Enrolled Members at Provident Dispensaries

Renewal Letters.—Maximum Number required of any one Patient last year

	Receipts for Year ending 1887.	Receipts for Year ending 1888.	Receipts for Year ending 1889.	Totals.
Charitable Revenue:	£. s. d.	£. s. d.	£. s. d.	£. s. d.
Annual Subscriptions				
Donations, including contents of Alms Boxes, and Grants from Hospital Sunday and Saturday Funds, &c.				
Congregational Collections				
Benefit Entertainments				
Legacies of 100*l.* and under				
Legacies exceeding 100*l.* each which have been necessarily absorbed in Current Expenditure				
Proprietary Revenue:				
Legacies exceeding 100*l.* each (except as above)				
Dividends, Interests, Rents, and Trust Funds				
Board of Medical Officers, Assistants, and Students' Fees				
Sale of Old Material, Kitchen Waste, and Sundries				
Bonds and Securities paid off				
Payments by or on behalf of Patients				
Periodical Payments by enrolled Members to Provident Dispensaries				
	1870.	1871.	1872.	
Amount of Congregational Collections for the three years preceding the establishment of the Hospital Sunday Fund				

	Expenditure for Year ending 1887.	Expenditure for Year ending 1888.	Expenditure for Year ending 1889.	Totals.
Maintenance:	£. s. d.	£. s. d.	£. s. d.	£. s. d.
Wines and Spirits				
Drugs				
Surgical Appliances				
Salaries, Wages, Midwives' Fees, &c. (except as below)				
House Expenses, such as Coals, Water, Gas, &c.				
Taxes and Parochial Rates (not Water or Gas)				
Rent, Insurance, &c.				
Repairs (Ordinary)				
Furniture and Building Improvements				
New Buildings not provided by a special fund				
Miscellaneous (except as below)				
Management:				
Salaries to Secretary, Office Clerks, and Collector, including Poundage and other payments (except as below)*				
Printing, Advertising, Stationery, Postage, and Law Charges				
Incidental Expenses connected with Management				
*Poundage or Commission paid out of Hospital Sunday Grant				
Legacies or other Property invested, each year				

Salaries and Wages.

Medical Officers (not resident)	Per annum	£.	
Resident Medical Officer	„	£.	
House Surgeon	„	£.	
Dispensers (state how many)	„	£.	
Secretary	Per annum	£.	
Clerk	„	£.	
Collector	„	£.	
Messenger, Porter, or other Servants (state how many)	„	£.	

Forwarded by order of the Committee of this Institution,

Secretary.

APPENDIX E.

(Handed in by Mr. *H. W. Lennox Browne.*)

(1.)

CENTRAL LONDON THROAT AND EAR HOSPITAL.

ABSTRACT of RETURN made to the HOSPITAL SUNDAY FUND.

	Year ending March 1886.	Year ending March 1887.	Year ending March 1888.	Year ending March 1889.	Year ending March 1890.	Average for Five Years.
Number of In-Patients	237	315	340	230	218	268
Average days of each resident	19¼	16	15·3	20	19·3	18
Average beds occupied daily	12·75	14·28	14·3	12	11¼	12¼
Average cost of each In-Patient weekly	£. s. d. 1 3 9	£. s. d. 1 3 8	£. s. d. 1 2 7	£. s. d. 1 6 3	£. s. d. 1 4 4	£. s. d. 1 4 1¼
Cost of each bed yearly	61 14 2	61 10 8	58 14 4	68 5 –	63 5 4	62 13 10¼
Average cost of each Out-Patient	– 3 9	– 3 10¼	– 3 10¼	– 4 1	– 3 9¼	– 3 10¼

(2.)

TABLE showing Cost of IN-PATIENTS and OUT-PATIENTS at the CENTRAL LONDON THROAT and EAR HOSTITAL.

	Year ending 25th March 1886.	Year ending 1887.	Year ending 1888.	Year ending 1889.	Year ending 1890.
Number of In-Patients	237	315	340	230	218
Average number of days each resident	19¼	16	15·3	20	19·3
Average number of beds occupied daily	12·75	14·28	14·3	12	11¼
Average cost of each Patient weekly	£. s. d. 1 3 9	£. s. d. 1 3 8	£. s. d. 1 2 7	£. s. d. 1 6 3	£. s. d. 1 4 4
Average cost of each bed yearly	61 14 2	61 10 8	58 14 4	68 5 –	63 5 4

Average cost of each occupier for the Five years £. 62. 13. 10¼

	1886.	1887.	1888.	1889.	1890.
Average cost of each Out-Patient	s. d. 3 9	s. . 3 10¼	s. d. 3 10¼	s. d. 4 1	s. d. 3 9¼

Note.—These figures are *verbatim* extracts from the annual returns made to the Hospital Sunday Fund.

R. Kershaw, Secretary.

Appendix F.

(Handed in by Mr. *H. W. Lennox Browne.*)

TABLE showing Appointments held by Physicians and Surgeons of General Hospitals in Special Hospitals also.

General Hospitals.	Number.	Special Hospitals.	Hospital for Paralysis.	Hospital for Women.	Hospital for Children.	Hospital for Consumption.	Lying-in-Hospital.	Hospital for Skin.	Lock Hospital.	Hospital for Stone.	Cancer Hospital.	Ophthalmic Hospital.	Throat Hospital.	Ear Hospital.	Hospital for Fistula.	Orthopœdic Hospital.	Hospital for Hip.
Consulting Physicians - -	8	Attached to - -	5	1	2	1	2	–	1	–	–	4	–	–	–	–	–
Consulting Surgeons - -	10	- ditto - - -	–	1	1	1	–	1	4	–	1	1	1	–	2	–	–
Physicians - - - - -	42	- ditto - - -	2	3	23	19	–	2	1	–	–	–	–	–	1	–	1
Assistant Physicians - -	15	- ditto - - -	2	2	6	7	–	–	–	–	–	–	–	–	1	1	–
Surgeons - - - - - -	33	- ditto - - -	2	2	18	3	2	1	5	1	–	5	1	–	3	4	2
Assistant Surgeons - - -	18	- ditto - - -	2	3	9	2	–	–	–	2	–	1	–	–	–	1	–
Physicials or Surgeons in charge of Special Departments - -	27	- ditto - - -	4	5	5	–	7	–	–	–	–	11	3	1	–	–	–
	153	- - - -	17	16	64	33	11	4	11	3	1	22	5	1	7	6	3

This Table is not exhaustive.

Some members of the staff of general hospitals do not publish in the Medical Directory their special hospital appointments, especially is this the case with consulting surgeons or consulting physicians.

Lecturers and demonstrators at general hospital's medical schools hold in some instances special hospital appointments, but these are not included.

APPENDIX G.

(1.)

(Handed in by Sir *Sydney H. Waterlow*, 12 June 1890.)

ENQUIRY OFFICERS' RETURNS, 1883 to 1889.

SUMMARY of CASUALTY PATIENTS Daily Enquiry Sheets.

—	Number questioned as to condition and calling and addresses taken.	Number who voluntarily went away.	Number who said they would not come again.	Visited.				Observations.
				Could not be found at address given.	Visited at their Homes.	Found to be necessitous.	Found not to need gratuitous relief.	
1883	14,822	290	492	77	315	256	59	Officer on other duty and on leave of absence eight weeks.
1884	15,068	208	135	103	452	390	62	——
1885	14,444	108	51	61	464	422	42	——
1886	11,458	43	12	22	357	340	17	Officer on other duty, &c., six weeks.
1887	12,324	62	26	28	307	266	41	Officer on other duty, &c., seven weeks.
1888	11,764	46	16	32	254	217	37	Officer on other duty, &c., 13 weeks.
1889	13,900	87	13	53	428	390	38	Officer on other duty, &c., 10 weeks.

(2.)

(Handed in by Mr. *W. J. Nixon*, 24 July 1890.)

LONDON HOSPITAL.

EXPLANATORY RETURN of *Inspection System* as applied to *continuously attending Out-Patients*, recommended by Governors, for Six Years, viz., 1884 to 1889 inclusive; preceded by a Summary of the Number and Character of Cases for whose Inspection the System was devised.

N.B.—Minor casualties, viz., cases attending once only, and without recommendation, and properly receiving one treatment only, have not been made subjects of inspection, for which there is obviously no opening.

SUMMARY OF CASES.

Recommended by Governors.	1884.	1885.	1886.	1887.	1888.	1889.	Total of Six Years.
	No.	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*
General patients - - - -	18,832	19,323	19,841	19,631	19,634	20,975	118,236
Skin patients - - - -	955	1,006	835	774	783	867	5,220
Aural patients - - - -	398	402	419	431	428	433	2,511
Ophthalmic patients - - -	720	641	637	628	602	573	3,801
TOTAL - - -	20,905	21,372	21,732	21,464	21,447	22,848	129,768

The whole of the above applicants were required to answer the following questions, with a view to their registration as patients, viz.: Name, address, occupation, age, social state (viz., married or single, &c.), and, in event of any doubt resulting from appearance, hesitation, or suspected misstatements as to wages or income, further leading questions were addressed to the said doubtful cases, and, whenever deemed necessary, they were privately interrogated as to number in family, whether in a sick club, in receipt of parish relief, income of self or family, had medical advice elsewhere; the interview terminating, if considered desirable, with a request for a reference, after which the customary investigation, with a view to confirming or cancelling the future attendance of the patient, commenced.

As a result the cases followed to a conclusion were as shown in the subjoined Summary.

London Hospital.—*continued.*

Recommended Cases (not being Paupers).

Total Number of Cases inquired into - - - 3,252.

	1884.	1885. °	1886.	1887.	1888.	1889.	Total for Six Years.
Passed.	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*
As proper cases, after investigation solely to verify statements.	143	77	76	57	35	43	431
After inquiry, although manner and appearance indicated rejection as a probable result.	101	49	56	91	119	126	542
Admitted as in-patients, for urgency pending or after inquiry.	22	3	22	31	41	40	159
As having failed to obtain relief elsewhere.	20	25	61	79	93	125	403
By House Governor, because proof of unsuitability difficult to obtain with certainty.	2	12	2	2	2	1	21
Retained by the physician or surgeon (though deemed socially unfit or doubtfully proper), for the following reasons :							
For clinical purposes - - -	13	15	11	12	29	10	90
Because urgent - - - -	9	12	31	27	64	66	209
Because sufficiently ill to be made in-patients.	12	19	4	4	7	5	51
By House Governor, because treatment needed is so difficult to obtain elsewhere.	—	—	10	13	20	27	70
Total - - -	322	212	273	316	410	443	1,976
Cancelled.							
Withdrew voluntarily (though first treatment offered) when spoken to as to social fitness (some showing by their words and conduct that they were not really worthy of charitable aid).	78	34	57	26	36	19	250
Did not return after first visit, having received an intimation that inquiries would be made (which was done).	59	55	78	89	123	145	549
Did not return after first visit, having received an intimation that inquiries would be made (which was done) ; these also made false statements.	18	22	19	25	32	27	143
Returned again, but elected to withdraw rather than to have their social fitness submitted to arbitration (some of these made false statements).	15	17	13	16	16	10	87
Socially unfitted for hospital aid, and referred, with the consent of the physician or surgeon, to some private practitioner (some of these made false statements).	39	14	18	44	32	21	168
Treatment terminated by the physician or surgeon on first visit, because cases so trivial.	9	5	10	12	15	28	79
Total - - -	218	147	195	212	254	250	1,276

° Inspector absent about two months through sickness.

LONDON HOSPITAL.—*continued.*

RECOMMENDED CASES (PAUPERS).

Total Number of Cases inquired into - - - 653.

	1884.	1885.	1886.	1887.	1888.	1889.	Total for Six Years.
PASSED.	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*	*No.*
Because retained by the physician or surgeon as requiring hospital treatment, or for clinical purposes.	31	40	45	23	21	9	169
Because admitted by the physician or surgeon as in-door patients for urgency.	10	20	33	24	21	25	133
By the House Governor, because been treated by the parish doctor without benefit.	14	2	6	5	14	15	56
TOTAL - - -	55	62	84	52	56	49	358
CANCELLED.							
Referred to the parish dispensary with the consent of the physician or surgeon.	12	33	32	31	13	3	124
Did not return after first visit, having had pauper regulations explained to them.	—	33	37	36	37	28	171
TOTAL - - -	12	66	69	67	50	31	295

June 1890.

Wm. J. Nixon, House Governor.

Appendix H.

(Handed in by the Secretary, London Hospital.)

Extracts from some of the Letters addressed to the Authorities of the London Hospital, by past and present Nurses and Probationers.

The Infirmary, Dartmouth Park Hill, N.,
7 July 1890.

Sir,

I have been much surprised and grieved at the statements lately made before the House of Lords against the nursing school of the London Hospital.

I was night sister there from the summer of 1882 to that of 1883, and I look back with much pleasure to my work there.

Miss Lückes was always most anxious that the dietary of the nurses should be of the best possible kind, that it should be as nicely served and as varied as could be in cooking for so large a staff. I considered it quite equal to that of any of the other hospitals in which I have worked. Since then I hear it has been much improved.

Acting under matron's instructions, we never went off duty leaving a sick nurse without all requisite care and attention, and I am assured of the nurses' thorough satisfaction with their treatment in sickness.

As to the efficiency of the nursing staff, the after success attained by so many gives ample proof of the status held by the training school of "The London" in the hospital world.

I cannot speak too highly of the kindness and consideration shown by Miss Lückes to all who worked under her, and she always showed the utmost devotion to the interests both of patients and nurses. Personally, I am proud of having worked under one who has done so much in the best interests of the nursing cause, and this must be my apology for troubling you with so long a letter.

I am, &c.
(signed) *Ellen Jean Moir*, Matron.

E. Murray Ind, Esq.

(Miss Moir left 14th August 1883, resigned on appointment as matron to the St. Pancras Infirmary, Highgate, which post she still holds.)

St. Pancras Infirmary,
5 July 1890.

My very dear Matron,

I have for some days hesitated about writing you to tell you how indignant I feel as to those statements about the London Nursing School. I really felt as if it was selfish taking up your time by saying how vexed and troubled this most unjust attack has made me. You know that I, together with so many others, have a deep and lasting regard for our old hospital, and that it seems like a personal injury to hear it so spoken of, though the place it holds among training schools and the work it does speaks for itself. Still I feel I must write to say that much as I think of my old hospital, I have a much deeper love and respect for the dear matron who was not only the head, but the heart of all our work, and I feel most keenly the unfounded charges that have been brought against that work. I shall never forget the heavy debt of gratitude I owe her for all her patience and kindness towards me, and for the ever-ready help and advice she was never too tired or too busy to give when wanted. I wish I could come, as in the old days, and ask if I could do anything for you, my dear matron, but I can and do send you, along with my warmest love, the earnest sympathy and best wishes of your

Ever affectionate (late) night sister,
(signed) *Ellen Jean Moir.*

City of London Hospital for Diseases of the Chest,
Victoria Park, E., 7 July 1890.

Sir,

I must apologise for trespassing on your valuable time, but I have been much troubled in reading the evidence given before the House of Lords respecting the nursing staff of the London Hospital. I have a most pleasing remembrance of the two years and a quarter while I was night sister, and should like to bear my testimony to the constant care and kindness shown by Miss Lückes in her treatment of the nursing staff.

We superintended many of the meals, and know how anxious the matron always was that the food should be good and well served, and that all sick nurses were cared for without delay. With regard to the complaints about private nurses, we have on several occasions of emergency been helped by nurses from "The London," and they were always most efficient.

Since leaving, I have been in constant communication with "The London," and several of my friends have trained there. Only recently one came to tell me of the kindness shown to her by the matron when temporarily incapacitated from duty.

With many others I am anxiously waiting for the vindication of the honour of our hospital, and in the meantime

I remain, &c.

E. Murray Ind, Esq. (signed) *Hannah G. Hetherington*,
Matron.

(Night sister from 21st November 1882 to 7th February 1885; left on appointment as matron to the City of London Hospital for Diseases of the Chest.)

Eastlands, Tufnell Park, N.,
Sir, 6 July 1890.

I HAVE read, with indignation and astonishment, the evidence given at the House of Lords with regard to the management and nursing at the London Hospital. I spent six of my happiest years as sister in "Currie" wards (1881 to 1887), and during that time experienced the greatest kindness and consideration from Matron, and the readiest sympathy and help in all my work. Many, I know, will bear the same testimony, but I should like to say that if at any time mine can be of use, I shall most gladly give it.

I am, &c.
(signed) *Elizabeth Yeats*, Matron,
General Infirmary, Gloucester.

(A late sister, left 10th September 1887, on appointment as matron to the General Infirmary, Gloucester.)

Dearest Matron, 1 July 1890.

I SEE by the evening papers your extra worry. I little thought what you had gone to yesterday. Don't take any notice of my request. Trifles must all wait till you are more free. Send for me as a witness to the many perfections of the London Hospital and its chief.

With many thoughts for you and all my sympathy,

Yours, &c.
(signed) *Annie Coleman.*

(Miss Coleman, at one time paying probationer and sister in the London Hospital. She left in March 1884. Has been for several years matron in the Home for Incurable Children, Maida Vale, N.W.)

Ashcroft, Wotton-under-Edge, Gloucestershire,
My dear Matron, 12 May 1890.

I MUST write a little line to tell you how truly sorry I was to be obliged to leave the hospital so suddenly on Saturday. I felt that poison was at its work again, and that to get back to this beautiful bracing air was my one chance, but it seemed dreadfully disappointing to be obliged to lose the short time which remained. However, I am sure that I shall always feel the richer, for even the six weeks that I have spent in your hospital, and shall look back to my very short experience with pleasure, only regretting that it could not be longer.

Believe me, &c.
(signed) *Minna E. M. Cornwall.*

(Miss Cornwall, a paying probationer, in not sufficiently good health to get through her three months' training.)

Dear Matron, Nursing Home, 1 July 1890.

I HAVE seen in the "Daily Telegraph" the evidence given yesterday before the Hospitals' Committee, and as the eldest, in years, of your probationers, I wish to say how much I feel the falseness of it. It seems incredible that a Committee of that kind should not have sought evidence from nurses at present working here, and able, from longer experience, to give it honestly.

I think

I think I may say for many nurses who have already spoken to me about it, that they will gladly act in any way which may be deemed best to show their sense of the insult offered to the home and training given to them here.

I hope you will not think it intrusive of me to have written in this way, but I feel very much that a wrong has been done to all here, and that I must say so to you.

Yours, &c.
(signed) *Elizabeth Bell.*

(Mrs. Bell, paying probationer, who tried another hospital after beginning here, and gladly returned to continue her training).

Bradfield St. Clare Rectory, Bury St. Edmunds,
Dear Miss Lückes, 10 July 1890.

I CANNOT tell you how deeply grieved I am to read the charges brought against the dear old London Hospital, and I feel it impossible to keep silence after all the kindness I received during my illness there last July.

Had I been in my own home I could not have been better provided for, and I received the greatest kindness, care, and attention from the sister, doctors, and nurses.

I have none but pleasant remembrances of the hospital, and look back upon my period of work there with pleasure; if my health permitted it I would gladly enter again as a probationer.

According to my own experience, the charge of neglecting the health of nurses, is untrue; shortly after entering the hospital as a probationer I had a slight cough, and the sister of the ward where I was working insisted on my seeing a doctor at once, and I received prompt attention.

I have always heard the nurses speak of you in the highest terms, and I am sure we all looked upon you as our sincere friend. Surely there are many who will add their testimony to mine in favour of the dear old London Hospital.

Trusting you will make any use of this letter you please, and with kindest regards and deep sympathy for you in this trouble.

Yours, &c.
(signed) *Annie L. Swiney.*

(Miss Swiney, an institution nurse, only here for a very short time.)

Dear Matron, Amesbury, Salisbury, 11 July 1890.

I AM sending you 1 *l.* towards the fund for enlarging the hospital. I only heard the other day (I have been laid up with more headaches, and very busy when well for the last few weeks) of the trouble that has been made about the "London" nurses.

I am sure when I was there the three months in 1887 we had plenty to eat, and everything well cooked. I often wondered how Miss Freeth could guess the quantities so well. The only thing I found to grumble about was the long hours, and I could not see how that could be avoided unless you had a much larger nursing staff.

I was very happy those three months, and but for the dreadful headaches I had, and which at times I have constantly had all my life, I should have been glad to have stayed on, if you would have kept me. I have sometimes heard hospital news since through nurse Cullip (whom I am looking forward to visiting in her little hospital), and I shall always take the greatest interest in everything connected with it.

I hope you are stronger than you were when I was in hospital three years ago.

Your old Probationer,
(signed) *R. Blanche Hayward.*

(Blanche Hayward, a delicate paying probationer.)

Care of Dr. Lloyd, Lambeth Infirmary,
Dear Miss Lückes, 15 July 1890.

IT is with great regret I hear, on my return from the Continent, of the disgraceful reports about the London Hospital, and feel I cannot refrain from writing to you to thank you for the great kindness shown to me during my sister's (Probationer

Tilbury's) long illness, and for the excellent way in which she was nursed; nothing could exceed the kindness and attention shown her from yourself, the sister of the ward, and the nurse who attended her.

If it would be of any service to you I should be pleased to give evidence to that effect.

Believe me, &c.
(signed) *Ada Tilbury.*

(Miss Tilbury, sister of a probationer who was seriously ill.)

My dear Matron,

In the midst of the false and unjustifiable evidence which is being given against this hospital, I feel I must write and say how sorry I am for you, and at the same time express my gratitude for all the kindness and consideration I have received at your hands.

I came here a perfect stranger one year and 11 months ago, and I look back upon that short period as the happiest of my life.

I also cannot speak too highly of the care and attention I have received when ill, and I shall always feel most grateful to the various sisters, nurses, and doctors under whose care I have been placed.

I may add that, if needed, at any time I shall be happy to give my evidence in favour of this hospital, to which training school I am proud to belong.

With repeated thanks for the kindness and encouragement I have received from you, and for which I can never sufficiently thank you,

I remain, &c.
(signed) *Mabel Ellen Cave.*

Dear Miss Paget, 2, Earl's Court Gardens, 8 July 1890.

As a past probationer and nurse of the London Hospital, I cannot but read the mis-statements made before Metropolitan Hospitals Inquiry with pain and indignation, and knowing how energetic you have always been in the interests of the "London," I thought you would be able to tell me whether any plan has been proposed by which those who have passed through the training may help to contradict these statements.

Trusting our mutual interest in this subject will prove sufficient apology for my troubling you,

I remain, &c.
(signed) *Lillie Leete.*

(Miss Paget, to whom the letter is addressed, was a late sister at the London Hospital. Miss Leete was trained at the London Hospital, and served on the private nursing staff until 24th May 1888.)

Broadstone, Dartmouth, Devon,
Dear Miss Paget, 10 July 1890.

Your letter reached me just as I was starting for Devon, and I do not return to London till next Monday, so I am sorry I cannot be present to-day. Certainly I would give evidence if required, and could speak with no uncertain sound on two points which have been raised, viz., kindness and attention received while warded, and leave of absence granted by matron during serious illness in my family, on two occasions. I did not see matron's evidence last week, "The Times" only gave Mr. Roberts on the hospital side. Isn't it dreatful the harm a handful of discontented people can do?

With many thanks for your very prompt reply,

I remain, &c.
(signed) *Lillie Leete.*

Broadstone, Dartmouth, Devon,
Dear Matron, 10 July 1890.

Miss Paget tells me she has sent on my letter to you, but I think it is only due that I should write to you direct and say how very different was my experience during the time I was connected with the hospital to that of the nurses who have lately been giving evidence. Only a week or two ago I was reading over the letters I wrote to one of my sisters while I was at the dear old London, and in them is no trace

trace of the "cowed" tone, but on the contrary, they are written in the best possible spirits, and in full enjoyment of my work and surroundings, and gratitude for the kindness and attention I received when warded.

It must, I know, be a most trying time for you, but I do hope that the sympathy and, if needs be, evidence of your nurses, past and present, will be a little help to you.

I remain, dear Matron,
Yours, &c.
(signed) *Lillie Leete.*

Royal Naval Hospital, Haslar, Gosport,
My Dear Miss Walker, Hants, 7 July 1890.

I CANNOT help just sending you a few lines to say how much distressed I am, and I am sure heaps of other ex-probationers too, at this inquiry at the Lord's. I did not wish to encroach upon matron's time by writing to her, but I know you will tell her. Would you also tell her I should be most pleased to do anything to help her that I could; I would gladly sign any petition in favour of the hospital, and would get my father to write to "The Times." The part about the food is abominable, and that about the death-rate is very terrible, when it was generally from carlessness to begin with that they got ill, and they could not possibly have had greater care taken of them when they were ill.

Hoping you will excuse my troubling you, but I felt I must show I was ready to come to my hospital's help if I am wanted.

With kind regards and sympathy,

Yours, &c.
(signed) *Chrissie Collinson.*

(Miss Collinson left the hospital soon after completion of training, 29th March 1890, and is now sister at the Naval Hospital, Haslar.)

My Dear Matron, 28, Boltons, S.W., 6 July 1890.

I AM so sorry to be away from the "London" just now. I am so indignant at all these absurd charges that are brought against the hospital, but especially so at the statement that the nurses are not properly attended to in sickness. I have been ill three times, as you know, and each time I have received so much kindness from members of the visiting staff, Dr. Fenwick and others, as well as from their house physicians, that I shall always feel most grateful to them, and I hope I have long ago expressed my thanks to you for the careful nursing, and the excellent food and comforts of every kind provided for me. I shall be so glad when I am able to resume my work in the wards.

Believe me, dear Matron,
Yours, &c.
(signed) *R. P. Fynes-Clinton.*

(Miss R. P. Fynes-Clinton has been sister at the London Hospital for seven years, and is now absent on prolonged sick-leave.)

To the Chairman of the House Committee.

48, St. John's Park, Blackheath,
Dear Sir, 5 July 1890.

I HAVE read in "The Times" the evidence given at the House of Lords against the nursing at the London Hospital. As an old probationer in the hospital, the evidence was altogether different to my experience, both as to feeding and the matron's discipline.

I should state perhaps that I was probationer and acting sister from October 1881 to April 1884, and that, although there was room for improvement in some slight details, I was perfectly satisfied with my own treatment, and that I considered the food suitable and sufficient (considering the position we held), and the matron's discipline and arrangements good.

If you consider it advisable to go into details, I am perfectly willing to do so, and give my personal evidence if required.

Yours, &c.
(signed) *J. Little.*

(Miss Little, a late regular probationer.)

St. Sydwell's Villa, Exeter,
Dear Matron, 5 July 1890.

My attention has been drawn to the evidence given by the nurses of the London Hospital, in reference to their general work, and especially their treatment during illness. Having received so much kindness and consideration during my 14 months' stay at the hospital, and more particularly during my illness, it has pained and grieved me exceedingly to read the, to me, unaccountable statements, when I recall your extreme kindness to others as well as myself during illness.

I can only express gratitude, and remain

Very faithfully yours,
(signed) *Louie Brown.*
(Late probationer Foster.)

(A regular probationer who was allowed to break her hospital engagement to be married, and left the London Hospital, 5th April 1890.)

Chestergate, Mount Park, Ealing, W.,
Dear Miss Lükes, 14 July 1890.

You will not, I hope, think I am taking a liberty in writing to you just now, but as one of your earliest probationers, and therefore better acquainted than many with all the difficulties you had to contend with, and retaining, as I do, the most grateful recollection of the unvarying courtesy and consideration with which you have always treated me, I have felt I should like you to know that all this has been appreciated, and you will, I hope, believe that I am writing from my heart.

It is but to contrast the London Hospital of 1890 with that of 1880, to see what your work has been, and only those who are in a position to do that can appreciate to the full the unceasing thought and unflagging energy which must have been devoted to it to accomplish this change.

Over and above this, you have, I am sure, always been a true friend to every nurse who has tried to do her duty, and you will, I hope, let the recollection of the many whom you have cheered and helped, together with the consciousness of having accomplished a work of which any woman might be justly proud, sustain and encourage you.

Once more apologising for intruding upon you,

I remain, &c.
(signed) *Margaret A. Smith.*

(A regular probationer, who left on completion of training.)

Bradenham Hall, Thetford, Norfolk,
Dear Matron, 13 July 1890.

I feel I must write a few lines to tell you how vexed and sorry I have been at hearing about the complaints that have been made by some of the former probationers of our hospital, in respect to the work and comforts of the nurses. I feel the more sorry, because I know from experience how very unjust they are. I never spent a more happy or more comfortable two years in my life than the two that I spent as a probationer at the London Hospital. I always look back at them with pleasure, and I do feel that it is so wrong to say what they have said, especially after the constant thought and care that you bestow on the comfort of those who are working under you.

I wish I could have joined the other nurses in their protest against these most unfounded charges.

I have not written lately, as I thought you would have heard all about our doings, and there has been so little to tell; but I have been so angry at all that I have heard about this inquiry that I felt I must write. I should like much to talk to you again, and hope I may one day be able to do so. I hope you are well, and remain,

Yours, &c.
(signed) *Harriet Joad,*
To Matron, London Hospital. (A late private nurse.)

To the Chairman of the House Committee.

55, Burton-crescent, London, W.C.,
Dear Sir, 7 July 1890.

It seems to me that the enclosed letter is of some interest, and I therefore send it for you to see. The writer was a probationer for six months, and gave every promise of becoming a good nurse. We certainly ranked her with our "intelligent" probationers.

As

As a former probationer, and also "sister," I am glad to add that on two several occasions Miss Lückes most kindly and promptly gave me leave of absence to go to sick friends, and I never heard of her refusing similar permission to any nurse who applied for it in a proper manner.

I am, dear Sir, yours, &c.
(signed) *H. F. Gethen* (formerly Sister Queen).

Dear Miss Gethen, Fir Grove, Eversley, July.

As you may imagine, I have been much interested in this hospitals' inquiry, but not a little vexed at the impression which the evidence of one or two probationers is likely to produce on the public mind. Against this I feel so certain the testimony of the majority of nurses would speak. For myself, I was treated with unfailing courtesy and kindness on the few occasions on which I had to ask any little favour or relaxation of rules. I well remember, for instance, how I had notified at matron's office my wish to remain three months longer as a paying probationer, then, illness at home causing a change of plans, I had (within a few days of this) to ask for permission to leave.

And as for what is said about the food, I maintain it is libel. When I was there in 1888 it was plain, wholesome, schoolroom diet. Lord Sandhurst's informants talk as if we had no second breakfast, no tea in the wards. If they make the same statements about night duty, the half herring and bun business, the "hybrid meat" is probably a myth, too!

I do think it hard on those who have formed, and who manage the home, that all the arrangements should pass by entirely unnoticed. How many of the nurses I wonder have in their own homes such well-ventilated rooms and capital washing and sanitary arrangements.

I came to the hospital expecting all sorts of little annoyances and discomforts, and instead was cosy as possible in my own little sanctum, had air, light, quiet, space enough, water enough. I should like some of the nurses to speak a good word for the home. To me it seems that all nurses who are made of the right stuff, I mean those who have not mistaken their vocation, lead a very cheerful, happy life, a life of good comradeship one with another, and of ready submission to their superiors, not the down-trodden existence that some malcontents would have us speak of, but a willing, ready submission given because we feel those in authority have our welfare at heart, and always do the best they can for us with the means they have at their disposal. Every year there is a little improvement in a nurse's lot. You will be amused at my gradually leaving the third person, and writing as if I still was one of the profession! Very often I wish I could still sign myself,

Yours, &c.
(A late paying probationer.) (signed) Probationer *Tindal*.

Rowsell Ward, London Hospital,
My dear Matron, 9 July 1890.

I DO not think it right to read all the complaints that are being made about the treatment of your sick nurses here, without making known my own experience of that treatment two years ago. As you may remember, I had only just come from home; I was a probationer of nine days' standing when I went to the sick-room with a poisoned finger, and my one desire was to go back home directly. I mention this to show that I was not prepared to be very contented in the sick-room, nor very grateful for what might be done for me there. I was soon very ill, but not too ill to know that I was being treated with the utmost kindness by all who were responsible for the management of the sick-room. I can quite truthfully and unhesitatingly say that I wanted for nothing while I was a patient there.

After a week, the nature of my illness necessitated my removal to the erysipelas ward, where I became simply a hospital patient. The ward was not bright and attractive like the sick-room, but the kindness I received there was as great, if not greater. I feel, however, that I must be more explicit if (as I hope) this letter is to be useful as evidence.

I was a patient under care of Mr. Treves, who saw me frequently, and to whose treatment, humanely speaking, I most certainly owe my life. This treatment was carried out by his house-surgeon, who saw me always twice a day, often three times, and frequently more than that.

I had a special nurse both by day and night; whatever nourishment I was ordered was made in the nursing home kitchen, and brought to me direct from there. It was always nice, always abundant, and always punctual.

My sister stayed a fortnight with me, and was provided with a bedroom in then hospital; all my relations were at liberty to come to me any time, and from you yourself I had several visits during the time of my illness.

I have only one thing more to add to this statement. It is, that I was nursed with the most affectionate care by sister Blizard, the sister in charge of the erysipelas wards. I do not simply mean that she conscientiously discharged the duties of sister to patient, but I mean that she cut short, day after day, her own two hours' leisure on my account, and for my comfort. She treated my many visitors as her own friends, and she nursed me throughout with a skill and tenderness that I hope never to forget.

This, then, was my experience, the experience of a perfect stranger in the hospital, who came without any influential recommendations, and who had previously known no life but the comfortable life of home.

I hope these facts may speak for themselves.

Believe me, my dear Matron, yours, &c.
(signed) *Louisa Hermann.*

(Working on the present staff of the London Hospital as sister.)

George Ward, London Hospital,
Dear Matron, 9 July 1890.

ALTHOUGH you know so well by the memorial, signed by your nursing staff, what our feelings of sympathy and gratitude to you are, still I venture to tell you personally how deeply these charges against the management of this hospital are felt.

The days that I have spent here have been the happiest of my life, and I have received nothing but kindness and help from everyone.

Miss Yatman has complained of the terrible hardness of the work. As I have twice worked in the same wards with her I should like to tell you that even during the heaviest times the work could always be managed with a little forethought and method, and that I never once heard the patients complain of rough treatment or neglect. Miss Yatman forgets to mention that "heavy" times do not always last, and that there are always "light" times in between, to recruit one's strength and energy.

We all enter upon hospital life prepared for hard work, and work of any description, because you tell us so truthfully what the work will be like.

I never could understand anyone grumbling about the food; there was always plenty provided and of good quality, and anyone seeing us at our meals would have said it was quite unnecessary to procure food from outside to satisfy our healthy appetites.

As to the charge about the nurses not being allowed when ill to see the visiting physicians, and being shamefully neglected, I can only think of the time when I was unable to work. I begged the sister of the ward not to mention it, as I thought it was such a trivial matter, but I was ordered to see Dr. Sutton at once, and I had a week's rest in the sick-room and another week at home. I saw Dr. Sutton three times during the week, and the house-physician came regularly twice a day, and I received the kindest attention from everybody.

I hope you will excuse me thus taking up your time but I could not let these charges pass without telling you how strongly I, and a great many others besides, feel on the subject.

Yours, &c.
(signed) *Anna Tillyard*

(Working on the present staff of the London Hospital as sister.)

Undercrofts, Little Heath, Potters' Bar,
Dear Matron, 11 July 1890.

I AM so sorry to hear of these reports about our hospital, and know you must feel grieved, knowing them to be without foundation. I know, and feel sure, all the nurses agree that we have always been most kindly and considerately treated and everything possible been done for our welfare and comfort, and personally I wish to thank you for the great kindness you have always shown to me.

Our nurses do seem indignant, and no wonder, we know how untruthful these statements are, and that no one could do more for us than our matron does.

Hoping that the truth will soon be known,

I remain, yours, &c.,
(signed) *Annis Marshall.*

(On the present staff of the London Hospital as a regular probationer.)

Dear Matron, London Hospital, 9 July 1890.

HAVING heard of the misrepresentations concerning the treatment of the nurses, I would like you to know that I was perfectly satisfied with the treatment I received while ill in the sick-room, and that I quite appreciated your kindness in giving me the rest and change from Saturday till Monday after being told by the doctor that I could go on duty.

During

During the time my sister and I have been at the hospital we have always experienced every kindness and consideration. I am sure my sister will fully endorse these statements.

I remain, Matron, yours, &c.
(signed) *Edith Gadsby.*

(On the present staff of the London Hospital as a staff nurse.)

Dear Matron, London Hospital, 6 July 1890.

I SHOULD like to tell you that all of my friends are quite contented and happy here; we do not consider ourselves neglected in any way. I know that when I was in the sick-room last year, I had every attention and everything I wanted, everybody was most kind to me there.

I saw the visiting physician the very day I complained of feeling ill.

Believe me, yours, &c.
(signed) *J. Rodgers* (Probationer).

(On the present staff of the London Hospital as a regular probationer.)

Dear Matron, London Hospital, 7 July 1890.

SEVERAL of us have felt the injustice of the remarks in the papers about the treatment of the nurses here when ill. Each time that I have been ill here, I have received the greatest kindness and attention, and frequently saw both the visiting and resident members of the staff, the former several times a week, and the latter at least twice a day, and I was allowed to go away for change of air before beginning work again.

Yours, &c.,
(signed) Probationer *Hirst.*

(On the present staff of the London Hospital as a regular probationer.)

Dear Matron, The London Hospital, 7 July 1890.

I AM so grieved to think after all these years of labour, and all you have done for the hospital, any of the nurses could have behaved so meanly towards you, and I should be delighted to bear testimony to the wonderful organisation of this hospital, and also to the great kindness I and my sister before me have always received here. Wishing you every success,

Believe me, &c.
(signed) *Harriet Hetherington.*

(On the present staff of the London Hospital as a regular probationer).

Dear Matron, London Hospital, 11 July 1890.

As complaints have been made in public about the treatment of sick nurses here, I should like to say that I was in the sick-room from 11th to 21st March, and found the food supplied perfectly suitable in kind, and sufficient in quantity.

We had chicken or fish in the middle of the day, and dinner in the evening from the sisters' table.

There was abundance of milk and ice; wine, beef-tea, and jelly were always supplied when needed.

Dr. Fenwick and Mr. Treves came to the sick-room to see their respective patients.

I should be very glad if this could be made of any use in refuting the charges against the hospital, which have grieved us so much.

Yours, &c.
(signed) *Edith Pumphrey.*

(On the present staff of the London Hospital as a regular probationer.)

The Nursing Home, London Hospital,
Dear Matron, 5 July.

SEEING so many complaints made about the treatment here of nurses when ill, I should like to say, for my part, that I was most kindly looked after when I got my arm poisoned in April, I could not have received more care or attention had I been at home and was seen almost every day by the visiting surgeon.

Believe me, yours, &c.
(signed) *Jane Cleveland.*

(A regular probationer at present.)

Dear Matron, St. Ann's Villas, Shepperton.

QUITE by chance I picked up an old newspaper, and saw in it the report of the complaint made by three probationers of their treatment during the time they were in the hospital.

I felt so grieved that anyone should be so unjust to you, and tell such untruths, that I thought I should like to thank you for all the kindness which I have received during the time of my training, and ever since I have been in any way connected with the hospital. I am sure there is no institution anywhere where the nurses' comfort is considered more, either ill or well, and I am sure they are very few who think otherwise.

Yours, &c.
(signed) *Nurse Harre.*

(On the private nursing staff at present.)

Roby, Sydenham Hill, S.E.,
Dear Matron, 14 July.

WE have been living so out of the world lately that I have only just read some of the newspaper accounts, and I am astounded at the atrocious accusations brought against our dear old hospital. I have hardly patience to read the reports, they are so unjust and untrue. Of course, the "truth will out," but in the meantime I am afraid a good deal is being said which must hurt as well as vex you. There are certainly hundreds of past and present "London" nurses to speak for, where one will be found to speak against their hospital, if we could only be put to the test. I ought to know something of it, having nearly finished my fifth year there.

Dear matron, I hope I shall see you before I leave, and also that you are keeping well.

I remain, yours, &c.
(signed) *E. M. Kempsell.*

(On the private nursing staff at present.)

8, Exhibition-road, South Kensington,
Dear Matron, 14 July 1890.

I CONSIDER it my duty to write to you at this present time, to thank you for your great kindness and consideration of me during my training. Had I had the choosing of my work, I could not have chosen it so well, and I feel confident in believing that every one, individually, who strives to do their best, not because it is a duty, but because they love their work, will ever have a friend in you. I have every confidence in your wise judgment, and will ever feel grateful to you for all your kindness to me. Taking into consideration the comforts the nursing staff had, say eight or ten years ago, and what they have now, shows for itself that someone has not been idle or forgetful of us, in working out, and gaining, and maintaing plans for comfort, and a higher standard for us hospital nurses; and, dear Matron, instead of being ungrateful for what you have done for us, we have great cause to be grateful, and, I think, if we nurses speak faithfully and honestly, we cannot but say that our Matron has done her utmost, and is still trying to gain more comforts for her nursing staff.

We must know we cannot have all our wishes gratified in one day, but with patience, I think, we will find our comforts in the hospital increasing as we go on, and I feel happy in the assurance that in our little troubles we have your deepest sympathy, and you have our interests at heart.

My greatest wish is that when this bother blows over, we may still find our hospital and nursing staff to the front, with you as our leader and adviser.

With sympathy,

I am, yours, &c.
(signed) *Nurse Mann.*

(On the private nursing staff at present.)

The Nursing Home, London Hospital,
Dear Matron, 15 July 1890.

IT seems almost superfluous for me to write and tell you that I have every confidence in your judgment, as you must know it already. Still, perhaps the voluntary testimony of one of your old nurses, who having been with you for over seven years, and can speak from experience, may not be out of place. Personally, I have regretted exceedingly to read the very misleading and false accounts that have been given by some who are unfriendly in every respect to the hospital.

During my probationership, and as a paying probationer for the two years, I received every kindness, both in sickness and health, and also whilst on both day and night duty.

Whilst

Whilst for 13 months on the indoor staff, we had every comfort you could obtain for us, more so, of course, after the new nursing home was opened. Since that time to the present, whilst on the private staff, I have always experienced uniform kindness and justice. May I remind you that, looking back for only seven years, the great work you have done for the entire nursing staff of the "London," and the marvellous improvements you have been the means of making, speak for themselves, and cannot be gainsaid by anyone. I should like to take this opportunity of saying how much we all, especially the private staff, appreciate the unvarying kindness and courtesy of your assistant, Miss Walker, whom we, one and all, respect and like. I should like to go more into detail, but perhaps have said sufficient for the present.

Trusting that you may long be spared to continue the good work you are so well fitted to perform, and also to have the care and guidance of your nurses, who love and trust you,

Believe me, dear Matron, yours, &c.
(signed) Nurse (*E.*) *Russell.*

(On the private nursing staff at present.)

50, Philpot-street, Whitechapel, E.,
Dear Matron, 9 July.

It is only within the last few days that I have heard a short account of this disgraceful attack on the nursing arrangements of the London Hospital.

I for one feel bound to acknowledge that I have received nothing but kindness and consideration whilst training and working in the London Hospital, and have always thought that the arrangements and accommodation were admirable, for such a large number of nurses, and especially the care and comfort they received when ill.

I take this opportunity of thanking you for all the benefits and comforts you have been the means of procuring for the nursing staff by your perseverance and forethought.

I beg to offer you my sincerest sympathy at this time, and thanking you for your unfailing kindness to myself,

Believe me, dear Matron, yours, &c.
(signed) *A. E. Judd*, Nurse.

(On the private nursing staff at present.)

Dear Matron, 35, Elsham-road, 11 July 1890.

After seeing the disgraceful reports about the hospital, I feel it my duty to write and thank you for your kindness to me and to others. I can truly say that my two years' training were spent most happily at the hospital. I feel those that put such disgraceful reports before the public must be very narrow-minded, more especially as they were not long enough at the hospital to give a fair judgment. I feel very sorry that unnecessary work must be thrown on you, as I am sure it must cause. Again thanking you for your kindness to myself,

I remain, yours, &c.
(signed) Nurse *Laurence.*

(On the private nursing staff at present.)

Dear Matron, 9 July.

After reading the scandal lately published in some of the daily papers, I feel it my duty to give my experience.

It is nearly six years ago since I went to the London Hospital as probationer, and can truthfully say, from the very first of my joining the institution, till the present time, I have always received the greatest kindness from one and all.

With regard to the food we nurses get, there is always a plentiful supply of good plain wholesome food, beyond that, what more can we wish? It is said we are overworked. There are times when we have serious cases in the wards, which of course means more work for the nurse in charge, but generally extra help can be obtained if asked for.

I cannot understand any nurse saying she is not properly attended to during sickness, when one thinks of the comfortable sick-room, being one of the many comforts we have to thank you for, there is always a nurse whose special duty it is to attend the requirements of sick nurses, and if the illness is likely to be a serious one, we are taken to a private room and have special nurses. I am quite sure the medical staff are always most anxious to do their very utmost for us.

It is stated you send out unqualified nurses. I can only repeat what I have heard doctors say to one another, I mean medical men, not in any way connected with our

hospital, "If you want a nurse who understands her work, and is to be trusted, send to the 'London.'" Similar words have I heard on several occasions.

During my two years' training, I worked in nearly every ward in the hospital, and cannot remember ever once hearing a patient complain of inattention on the part of either the medical or nursing staff.

With kind regards and sympathy,

I remain, yours, &c.
(signed) Nurse *Jacobs.*

(On the private nursing staff at present.)

14, Upper Grosvenor-street, W.,
Dear Matron, 11 July 1890.

I THOUGHT I would just like to write and say how surprised I was to hear of the reports against the hospital. I should think all the nurses and probationers, too, are disgusted very much. Some people seem to have forgotten all that you have done for the hospital, especially for the nursing staff, they do not seem to know what they want.

I hope, Matron, you will excuse this, but I thought I must say a word or two, personally, at a time like this.

(On the private nursing staff at present.) From *F. Staunton.*

Care of Mrs. Carnes, St. Ann's Villas, Shepperton,
Dear Matron, Walton-on-Thames, 11 July 1890.

A FEW days ago I saw in a daily paper, much to my disgust, a report which is so utterly untrue and without foundation about our nursing home and hospital. I therefore feel it my duty to write and thank you, which I do from my heart, for all you did for me in all ways during my training, and since I have been on the private staff, and I know that anything that you could have done to add to our comfort you would. Of course, I am not a very old member, still at the same time I compare the arrangements now and years past. This is all due to your kindness and forethought for us all.

Again thanking you, and only hope that every nurse will join in upholding you and our grand institution,

Believe me, yours, &c.
(signed) Nurse *Ransley.*

(On the private nursing staff at present.)

Appendix I.

(1.)

(Handed in by Mrs. *Bedford Fenwick.*)

BRITISH NURSES' ASSOCIATION.

Registration Board.

H.R.H. Princess Christian of Schleswig-Holstein.

Sir James Crichton Browne.
Sir Dyce Duckworth.
Sir Joseph Fayrer.
Mr. Brudenell Carter.
Dr. Sydney Coupland.
Dr. Champneys.
Dr. Matthews Duncan.
Mr. Davies-Colley.
Dr. Bedford Fenwick.
Mr. Kendal Franks.
Dr. Griffith.
Mr. Warrington Haward.
Dr. Priestley.
Dr. Sturges.
Mr. Wilkinson.

Miss Allen (City-road Lying-in Hospital).
Sister Cecilia (University College).
Miss Cureton (Addenbrooke's, Cambridge).
Mrs. Bedford Fenwick.
Miss Forrest (York County).
Miss Marion Humfrey (Birmingham).
Miss Huxley (Sir Patrick Dun's, Dublin).
Miss Jones (Guy's).
Miss Lumsden (Royal Infirmary, Aberdeen).
Mrs. Messenger (York-road Lying-in Hospital).
Miss Rogers (Leicester).
Miss Maud G. Smith (Royal Infirmary, Bristol).
Miss Stewart (St. Bartholomew's).
Miss Thorold (Middlesex).
Miss Catherine J. Wood.

Registrar.—Miss Catherine J. Wood.

Offices.—8, Oxford Circus Avenue, Oxford-street, London, W.

Regulations.

1. Applicants for registration must produce proof that they have been engaged for three years in work in hospitals or infirmaries, of which not less than 12 months must have been spent in a recognised general hospital containing at least 40 beds.

2. Applicants must fill in completely the forms supplied for that purpose, and forward them with the fee of half-a-guinea to the registrar.

3. For nurses work in a hospital the registration board will waive the production of other testimonials if the matron certifies on Form No. 2 that the statements given are accurate, and that the nurse is worthy by character and knowledge to be enrolled upon the register.

4. Private nurses must give the recent testimonials and references required upon Form No. 2.

5. The registration board does not give its reasons for refusing to register any given nurse, inasmuch as it is obliged to depend upon confidential information in forming its judgment upon the applications.

6. Every nurse who is registered will receive a certificate under the seal of the association, and a gratis copy of the first issue of the register of trained nurses in which her name appears.

7. The register will be published in the autumn of each year. The names of applicants received after 15th September, therefore, cannot be inserted in the issue of the register for the following year.

(2.)

THE PROPOSED REGISTRATION OF NURSES.

Memorial of Nurse-Training School Authorities.

We, the undersigned, beg the favour of your insertion of the following statement, which we think it desirable to make, in view of a paragraph which has been published on the subject of the registration of nurses, in which we note with surprise the statement that the main object of the British Nurses' Association "is in conformity with a great public want and a widespread professional demand."

We would wish to point out that those who represent the largest nursing interests in the metropolis and throughout the country, and who have the most to do with the training and examination of nurses, have not only declined to take part in the association, but consider that its proposed enrolment of nurses in a common register, if carried out, would (1) lower the position of the best trained nurses, (2) be detrimental to the advancement of the teaching of nursing, (3) be disadvantageous to the public, and (4) be injurious to the medical practitioner.

We hope that a final judgment upon this important matter will be postponed until the views of those who are opposed to the aims of this association have been expressed and examined. We further consider it our duty to state that if a charter be applied for on the lines stated in the prospectus of the British Nurses' Association, we shall feel it to be incumbent upon us to offer thereto all legitimate opposition in our power.

(Signed)

St. Thomas's Hospital and Nightingale Fund Training School.

D. H. Stone, Treasurer of the Hospital.
Harry Verney, Chairman of the Nightingale School.
W. Bowman, F.R.S., Member of Council of Nightingale Fund, and of Council of St. John's House and Sisterhood.
W. Rathbone, Trustee and Member of Council of Nightingale Fund; President Liverpool Training School and Home for Nurses.
H. Bonham-Carter, Secretary of the Nightingale Fund.
J. S. Bristowe, M.D., F.R.S., Senior Physician of St. Thomas's Hospital, and Lecturer in Nightingale School.
A. L. Pringle, Matron of St. Thomas's Hospital, and Superintendent of Nightingale Fund Training School.
M. S. Crossland, Sister in Charge of the Nightingale Training School.

Guy's Hospital and Training School.

E. H. Lushington, Treasurer.
E. C. Perry, M.D.; G. Newton Pitt, M.D., Assistant Physicians and Instructors of Probationer Nurses.
J. C. Steel, M.D., Superintendent and Instructor of Nurses.

Westminster Hospital and Training School.

Westminster, Chairman.
Rutherford Alcock, Vice-Chairman.
J. J. Troutbeck, D.D., Hon. Treasurer.
Mary E. Thynne, Hon. Secretary of Committee of Management of Training School.
W. H. Allchin, M.R., Physician to the Hospital; Thomas Bond, F.R.C.S., Surgeon to the Hospital; Lecturers to the Nursing Staff.
Mary J. Pyne, Matron of Hospital and Lady Superintendent of Nurses.

St. Bartholomew's Hospital and Training School.

Norman Moore, M.D., Assistant Physician; Harrison Cripps, F.R.C.S., Assistant Surgeon, Instructors of Probationary Nurses, St. Bartholomew's Hospital.

Charing Cross Hospital and Training School.

John B. Martin, Treasurer and Chairman of Committee.
Frederick Willcocks, M.D., Assistant Physician, and Lecturer to Nurses.
Stanley Boyd, F.R.C.S., Senior Assistant Surgeon, and Lecturer to Nursing Staff.
Hughina A. C. Gordon, Lady Superintendent.

King's

King's College Hospital and Training School.

Henry Wace, D.D., Chairman of Committee of Management.
Richard Twining, Treasurer.
Nathaniel Bromley, A.K.C., Secretary.
John Curnow, M.D.; Nestor Tirard, M.D., Physicians to the Hospital, and Examiners and Lecturers to the Nursing Staff.
Katherine H. Monk, Matron.
Clara S. A. Peddie, House Sister and Teacher to the Nursing Staff.

London Hospital and Training School.

F. C. Carr-Gomm, Chairman of House Committee.
J. H. Buxton, Treasurer.
A. Ernest Sansom, M.D.; Frederick Treves, F.R.C.S.; James Anderson, M.D.; Examiners and Lecturers to the Nursing Staff.
Eva C. E. Lückes, Matron.

St. Mary's Hospital and Training School.

T. Pycroft, Chairman of House and Finance Committee.
M. Handfield Jones, M.D., Assistant Obstetric Physician; A. J. Pepper, F.R.C.S., Assistant Surgeon; S. Phillips, M.D., Assistant Physician; A. Q. Silcock, F.R.C.S., Assistant Surgeon; Lecturers to the Nursing Staff and Examiners.
M. A. Medill, Matron.

St. Marylebone Infirmary and Training School.

John R. Lunn, F.R.C.S., Medical Superintendent.
Elizabeth Vincent, Matron.

St. George's Hospital.

Hugh M. Macpherson, F.R.C.S., Chairman of the Committee of Nursing; Charles T. Dent, F.R.C.S., Assistant Surgeon, Lecturer to the Nurses.

Many other metropolitan and provincial hospital authorities have already signed this memorial, and names are being sent in daily to Dr. Steele, Guy's Hospital, S.E. It is proposed to publish a complete list later on, but meanwhile considerations of space must confine it to the managers and teachers of the great London hospitals and nursing schools.

Signatures.	Office.	Hospital and Training School to which Attached.

Note.—When signed by Chairman, Treasurer, Matron, and Lecturers to Nurses, or those who may wish to approve this Memorial, please return to Dr. Steele, Guy's Hospital, London, S.E.

Appendix K.

SUGGESTIONS for improving the Nursing Service of Hospitals, and of the Method of Training Nurses for the Sick Poor (by Miss Nightingale).

1. Method of Training Nurses at St. Thomas's Hospital.

(Under the Nightingale Fund.)

In the process of training the following are the steps:—

Every woman applying for admission is required to fill up the form of Application (Appendix No. 1), which is supplied to her by the Matron of St. Thomas's Hospital, on application.

Appendix No. 2 are the Regulations under which the Probationer is admitted to training.

After being received on a month's trial and trained for a month, if the woman shows sufficient aptitude and character, and is herself desirous to complete her training, she is required to come under the obligation (Appendix No. 2a,) which is printed on the back of No. 2, binding her to enter into hospital service for at least three years. This is the only recompense the Committee exact for the costs and advantages of training.

The list of 'Duties' (Appendix No. 3) is put into the hands of every Probationer on entering the service, as a general instruction for her guidance, and she is checked off by the Matron and 'Sisters' (Head Nurses) in the same duties, as will be mentioned immediately.

Appendix No. 4 is the day and Night Time Table, to which all Probationers are required generally to conform.

It prescribes the time of rising, the ward hours, time of meals, time of exercise, hours of rest.

Once admitted to St. Thomas's Hospital, the Probationer is placed under a Head Nurse (Ward 'Sister') having charge of a ward. In addition to her salary received from the Hospital, the Ward 'Sister' is paid by the 'Fund' for training these Probationers. The number of Probationers she can adequately train of course depends on the size and arrangement of her ward and its number of beds.

The Ward 'Sisters' are all under an able Matron, who superintends the training of the Probationers, in addition to her other duties, for which the 'Fund' pays her a salary, irrespective of her salary as Matron to St. Thomas's Hospital.

The ward training of the Probationers is thus carried out under the Ward 'Sisters' and Matron. [The Probationers are, whether on or off duty, entirely under the moral control of the Matron. She has an assistant whose duty it is to take charge, under her, of the domestic arrangement of the Probationers' House and to conduct improvement classes.]

To ensure efficiency, each Ward 'Sister' is supplied with a book in the Form, Appendix No. 5, which corresponds generally with the List of Duties, Appendix No. 3, given to the Probationer on her entrance.

The columns in the Ward 'Sisters' Book are filled up by suitable marks once a week.

Besides the ward training properly so called, there are a number of duties of a medical and surgical character, in which the Probationers have to be practically instructed. And this instruction is given by the Medical Instructor at the bedside or otherwise, for which he is remunerated by the 'Fund.'

St. Thomas's Hospital is the seat of a well-known Medical School, several of the Professors attached to which, voluntarily and without remuneration, give lectures to the Probationers on subjects connected with their special duties, such as elementary instruction in chemistry, with reference to air, water, food, &c.; physiology, with reference to a knowledge of the leading functions of the body, and general instruction on medical and surgical topics.

While the Ward 'Sisters' are required to keep a weekly record of the progress of the 'Probationers,' the Probationers themselves are required to keep a diary of their ward work, in which they write day by day an account of their duties. They are also required to record special cases of disease, injury, or operation, with the daily changes, in the case, and the daily alterations in management, such as a Nurse requires to know.

Besides

Besides these books each Probationer keeps notes of the lectures.

All these records kept by the Probationers are carefully examined, and are found to afford important indications of the capabilities of the Probationer.

A register, Appendix No. 6, is kept by the Matron of St. Thomas's. It will be seen that it corresponds with the Ward 'Sister's' Book, No. 5, and has space for monthly entries during the 'entire year of training.'

At the end of the year all the documents are carefully examined by the Committee of the 'Nightingale Fund,' and the character the Nurse receives is made to correspond as nearly as may be with the 'results of the training.'

We do not give the woman a printed certificate, but simply enter the names of all certificated Nurses in the Register as such. This was done to prevent them, in the event of misconduct, from using their certificates improperly. When a Nurse has satisfactorily earned the gratuity attached to her certificate the Committee, through the Secretary, communicate with her and forward the money.

The elements required for working such a system of training are:—

(*a.*) A good Hospital or Infirmary.

(*b.*) A competent Training Matron (by such a Matron we do not mean a woman whose business is limited to looking after the linen and housekeeping of the Hospital, either wholly or mostly, but a woman who, whatever may be her duties as head of the Establishment, performs chiefly and above all others the duty of superintending the nursing of the sick). The number she could train would depend mainly on the construction of the Hospital, and on the capabilities of the 'Head Nurses' or 'Ward Sisters' under her.

(*c.*) Competent 'Head Nurses.'

If such Head Nurses are or can be appointed, they should be responsible to the Training Matron. There should, of course, be but one Infirmary Matron* with a Housekeeper subordinate to her; or, if the Training School be large, a Deputy Mistress of Probationers.

The Head Nurses must be competent trainers.

Of course the Training Matron, if she is to be herself her only Head Nurse, can only train such a number of Probationers as a Head Nurse could train.

If it should so happen that a good Training Matron cannot be found, the best way would be to select a competent woman, and send her for training.

Our period of training is one year for a Nurse, but we should much prefer giving two years to train those who have to train others in their turn.

The Training and Nursing Matron should be responsible to the Governing authorities of the Infirmary, or to any Committee appointed by them for the purpose.

It is taken for granted that the Medical Officers of Hospitals were training is to be carried on are willing to render every assistance in their power in aiding the training by oral instruction and bedside work.

Sufficient has been said on the subject of training to show that the success of any system must primarily depend upon obtaining Trained Nurses, themselves capable of training others.

On training to train.

To enable them to train others, of course a special training is required.

To *train* to *train* needs a system—A systematic course of reading, laid down by the Medical Instructor, hours of study (say two afternoons a week), regular examinations by him, themselves cultivating their own powers of expression in answering him.

Those who have to train others are the future leaders; and this must be borne in mind during their year's training.

Careful notes of Lectures, careful notes of type cases, and of cases interesting from being not types but unusual, must be kept by them; their powers of observation must be improved in every way.

To illustrate the cases they are nursing in the Wards, descriptions of these cases must be pointed out to them at the time in the Books in their Library.

They must be encouraged to jot down afterwards, but while still fresh in the memory, the remarks made by the Physicians and Surgeons to their Students in going their rounds.

They must be taught, both by the Ward Sisters and the Medical Instructor, to know not only symtoms and what is to be done, but to know the 'reason why' of such symtons, and *why* such and such a thing is done. Else how can they train others to know the 'reason why'?

Time

* It is understood that the Superintendent (Training Matron) resides there where is her chief business, viz.: in the Training School for her Nurses, which must be *in* the Hospital; and this even where there is a Nurses' Home attached. It is a very great mistake to put the Superintendent in the Home, and to put the Nurses, whilst in the Hospital, under a Matron not their own. There where the Nurses are at work must the Superintendent be. It follows that she must be also Matron of the Hospital.

Time must be given them for this, otherwise they are too likely to degenerate into drudgery in the Wards.

They must write out their jottings afterwards in the Home. Without some such system, it is but too easy to potter and cobble about the Patients for a year without ever learning the reason of what is done, so as to be able to train others.

They must, of course, be able to read the 'Cards' on Patients' bed-tickets readily.

A case-paper, with printed headings, such as 'Temperature,' 'Pulse,' 'Respiration,' to be taken morning and evening; 'Sleep,' 'Nourishment,' 'Urine,' 'Stools,' to be noted every 24 hours, and other such heads, should be regularly kept by each Probationer who is to be a Head Nurse and future trainer of others; the cases to be thus kept to be selected by the Ward Sister.

If the Medical Instructor has beds, as it is most desirable that he should in the Hospital, it is important that such Probationers should pass under him in his Wards late in their year, so that he may check their case-taking at his own beds.

If possible, appoint no woman immediately after her year's training as Matron or Superintendent, nor till she has had experience not only of Head Nurse or Ward Sister, but as Assistant-Matron or Assistant-Superintendent.

It is hardly necessary to state that no woman but of unblemished character and tried sobriety can ever be admitted as Nurses. Infirmaries are the worst places to employ penitents or reformed drinkers in.*

Answers to Objections.

It is perhaps thought, (1) that my requirements for a good Nurse involve that she should be *perfect*, both as a woman and a nurse; that a search for any such is a seach for a roc's egg; (2) that women above 25 years of age, with such characters as are required, are either settled in good situations, or, at all events, that their prospects are such that they would not be likely to go into Hospital service.

I reply (1) that my requirements refer to women as they are, and that they exclude the obviously unfit, without aiming at an imaginary or too high standard.

(2) On this I humbly suggest that the point is *not* that women who have to earn their bread will not be likely, after 25 years of age, to embrace an occupation which cannot be exercised under that age; on the contrary, not a newspaper but contains advertisements for women 'not under 25' or '30 years of age' to fill situations of trust, both in Institutions and in domestic service, to be children's nurses, matrons, 'confidential' servants of all kinds. The real point is, that the women who have to earn their bread cannot, after 25 years of age, seek situations which require a year's previous training; this, which is often overlooked, is so important that one *sine qua non* for all Institutions which train nurses is, that the Probationers, if really good subjects are to be obtained, should receive wages during their year's training.

Training girls from Union Schools.

There is another experiment which might be tried.

This is, whether, among the large Union Schools, a number of girls might not be found willing and suitable to be trained as Nurses.

These girls are usually put out to service between the ages of 14 and 16.

This is quite too young to put them at once into any kind of infirmary or hospital to take their chance altogether with the other Probationers, especially in the men's wards.

But it is not at all too young, where arrangements and provision can be made under a proper female head, for them to learn sick cookery, cleaning, needlework, orderly habits, all that is learnt in a servants' training-school, and to take their turn in doing what they can be taught to do in children's sick wards, and in female sick wards, till the full-blown hospital Nurse is developed out of them.

Girls of from 14 to 16 years of age are not at all too young to choose between domestic service or hospital nursing, under the restrictions mentioned above.

To a Training School for Nurses it would not be difficult to attach an Industrial School for Girls, as suggested.

The Infirmary Training Matron must be the head of all; under her, one good capable woman to take special charge of the girls, as in a "Home," and to apportion them their duties.

Of course the expense might be an objection. It is certainly easier to get rid of the girls altogether and at once into service.

On the other hand, there is at present a great dearth of the material for good Nurses. Here it might be found. These girls, if trained into good hospital Nurses, would earn higher wages than girls who enter domestic service at 14 or 15 years of age ever would do. And they would be far less likely to fall into temptation (which fall so often brings back to the Workhouse girls sent out to service too early). Besides, the labour of these girls while in training would not be valueless.

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* *Sol fa* instruction in singing for the Nurses is very desirable. It is as important that there should be singing, which, stops any temptation to bad language, among the patients as that the Nurse should be able to lead the singing at Daily Prayers in her own ward.

II. Relation of Hospital Management to Efficient Nursing.

Equal in importance to the provision of trained Nurses is the nature of the hospital authority under which these Nurses are to perform their duties. For unless an understanding is come to on this point, the very existence of good nursing is an impossibility.

In dealing with this question I may state at once that to turn any number of trained Nurses into any infirmary to act under the superintendence or instructions of any Master, or Matron, or Medical Officer, would be sheer waste of good money.

This is not matter of opinion, but of fact and experience.

The 'original sin' of this part of the infirmary system, or no system, has been :—

1. The nature of the authority.

2. The nature of the nursing material on which the authority has been exercised.

Experienced administrators will scarcely suppose that I mean to imply an independence, and to ask for uncontrolled Hospital authority, for the nursing staff, in what I have said.

On the contrary :—Vest the charge of financial matters and general supervision and the whole administration of the infirmary in the board or committee ; *i.e.*, in the officer who is responsible to that board or committee. Vest the whole responsibility for nursing, internal management, for discipline, and training (if there be a Training School) of Nurses in the one female head of the nursing staff, whatever she is called.

The necessity of this, again, is not matter of opinion, but of fact and experience. I will enter a little more fully into this, viz., the relation which the nursing establishment ought to bear to the Government of the Hospital.

The Matron or Nursing Superintendent must be held responsible for her own efficiency, and the efficiency of her Nurses and servants. As regards the Medical Officers, she must be responsible that their orders about the treatment of the sick are strictly carried out.

To the governing body of the Hospital she must be held responsible for the conduct, discipline, and duties of her Nurses, for the discipline of her sick wards, for their cleanliness, for the care and cleanliness of sick, for proper ventilation and warming of wards, for the administration of diets and medicine, of enemas, &c., the performance of minor dressings, and the like, for the care of linen and bedding, &c., and probably of patients' clothing.

The duties which each grade has to perform should be laid down by regulation, and all that the Medical Department of the Governing Body of the Hospital has a right to require is that the Regulation duties shall be faithfully performed.

Any remissness or neglect of duty is a breach of discipline, as well as drunkenness or other bad conduct, and can only be dealt with to any good purpose by report to the Matron (Superintendent of Nurses) of the Infirmary.

I may perhaps again point out that the Superintendent should herself be responsible to the constituted Hospital authorities, and that 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.

All complaints on any subject should be made directly to the Superintendent, and not to any Nurse or servant.

She should be made responsible, too, 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 discipline to the Medical Officer, or the Governor of a Hospital.

Any attempt to introduce such a system would be merely to try anew, and fail anew in an attempt which has frequently been made. In disciplinary matters a woman only can understand a woman.

It is the duty of the Medical Officer to give what orders, in regard to the sick, he thinks fit to the Nurses. And it is unquestionably the duty of the Nurses to obey or to see his orders carried out.

Simplicity of rules, placing the Nurses in all matters regarding management of sick absolutely under the orders of the medical men, and in all disciplinary matters absolutely under the female superintendent (Matron), to whom the Medical Officers shall report all cases of neglect, is very important. At the outset there must be a clear and recorded definition of the limits of these two classes of jurisdiction.

But 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.

III. Structural Arrangements in Hospitals required for Efficient Nursing.

One essential condition of good infirmary discipline is that the Matron and her nursing staff should have their own special quarters within the precincts of the hospital building. No women, be she Superintendent, Head Nurse, Nurse, night Nurse, or Scrubber, employed about the patients should be boarded or lodged elsewhere than in the building.

The night Nurses should sleep where they will be undisturbed by day. Every Nurse ought to have, if not a small room, a compartment to herself. The Matron's authority, for obvious reasons, must be supreme in these quarters.

A good nursing staff will perform their duties more or less satisfactorily, under every disadvantage. But while doing so, their head will always try to improve their surroundings in such a way as to liberate them from subsidiary work, and to enable them to devote their time more exclusively to the care of the sick. This is, after all, the real purpose of their being there at all, not to act as lifts, water-carriers, beasts of burden, or steam engines—articles whose labour can be had at vastly less cost than that of educated human beings.

Hence certain ward conveniences form absolutely essential parts of the machinery required to economise the time of good Nurses. These have been or are being provided in all the more recent hospitals and asylums, both at home and abroad, in pauper lunatic asylums, in asylums for the infirm and aged, in nearly every civilised country; in countries, too, where labour has a much lower market value than in our own.

The general object of these conveniences is to simplify and facilitate work and to enable the Superintendent to systematise and economise the labour of her staff by knowing the conditions under which it has to be performed.

[*E.g.*, lifts and the laying of hot and cold water all over a building will economise the labour of at least one attendant to every 30 patients; this is but a small instance.]

It would be a great mistake to turn an efficient nursing corps into a building unprovided with reasonable means for performing their duty. A Head Nurse cannot always be in her ward. She must have a small room, with fire and furniture, where she sleeps at night (for a Head Nurse must command her ward day and night), takes her meals, inspects her ward through a small inspection-window, keeps her ward records, &c. Each ward should have, besides, a small scullery with sink, and hot and cold water laid on; with small range for making poultices, preparing fomentations, warming diets and drinks, &c. &c.

This scullery ought to be made sufficiently comfortable for the Ward Nurses to take their meals in. It has a great advantage, in preventing gossip, &c., when each separate Ward Staff has its own separate dining and sleeping accommodation, so that the Ward 'Sister' may always know where her Nurses are. Where there is a Training School the Probationers will, however, probably have a dining room of their own; and it may be better in that case that the Nurses should all, also, dine together, though in two detachments. But, whatever the arrangements, they must be all under the moral control of the Matron. She must be responsible for the government of her Nurses, both on and off duty.

The ward sink is intended for washing up small ward equipments, *e.g.*, cups, saucers, mugs, spoons, and the like.

A separate sink must be provided close to the ward W.C., into which the Nurse can empty bed-pans, slops, expectoration cups, and the like.

Each ward must be provided with its own crockery, wash-hand basins, cups, and saucers, &c.

A very essential part of nursing is care of the linen; and this must always be committed to the Matron (Superintendent). This duty requires a linen and mending room, conveniently situated, from which clean linen can be given out for the daily use of the wards, and into which clean linen should be received from the wash to be mended and stored.

Probably patients' clothing will have to be included.

In large Hospitals the Matron may possibly require a Linen Nurse to assist her in addition to her Housekeeper.

Of course each ward will have its proper W.C.'s and Lavatories, with hot and cold water laid on, and a fixed bath—conveniences which are as necessary for the due treatment of the sick as for their nursing.

er of beds
ard.

Till the last few years in England, though not so in France, it has been very little considered how much the cost of *efficient* nursing varies according to the size and distribution of wards.

A Head Nurse can efficiently supervise, a night Nurse can carefully watch, 32 beds in one ward, whereas, with 32 beds in four wards, it is quite impossible.

Again, distribution of duties is so important, if you wish for efficiency, that it is difficult to believe that such a rule as this once existed—one Nurse to be responsible for the sole charge of say, 10 patients. Was she to do everything for them day and night? Of course this was impossible. If she were a Head Nurse, it was wasting her

her, because she might as well have had the charge of 32, or even 64 patients, if these were in two wards on the same floor. The same may be said of the night Nurse. If she were an under Nurse there was no supervision over her, and she was utterly incapable really to take charge. If she were a Head Nurse, again, she was called upon to perform duties which are just so much so much lost time for her to do.

It is extremely important, therefore, to consider what is the greatest number of beds per ward which will effect the least cost in nursing staff.

This appears now to have been fixed by European hospital experience at between 24 and 32 beds per ward. I prefer the larger number for the ordinary run of hospital cases.

Superficial area required for efficient nursing.

It is now generally admitted by authorities on hospitals that the superficial area allowed per bed is practically an element of more importance than the mere cubic space, at least as regards healthiness; but it has been overlooked, or at all events not sufficiently recognised, that a nursing staff requires room for work, just as much as any other staff. It is of no use supplying an infirmary with the most efficient nursing establishment if there is not room for them to turn round in for the due exercise of their functions. Of course there is a difference in the amount of care required in the nursing of different patients; but wherever there is a Nurse, there must be room for her; space must be given for the Nurse to pass easily between the beds, and for more Nurses than one, besides the Medical Officers and (may be) Probationers.

Although there has been no distinctly recognised rule in this matter, the practice of all the best hospitals shows that the question of working area has tacitly received a solution.

In some cases the solution has no doubt been arrived at while endeavouring to improve the healthiness of the wards; and, in doing so, the area required for good nursing has also been decided.

In this matter we ought to be guided by what are manifestly the lessons of experience; and these I will now proceed to state by reference to some of the general hospitals into which systematic nursing has been introduced.

The Royal Commission on the Sanitary State of the Army, 1857, directed its attention to this subject, and obtained certain data from the leading hospitals in the metropolis, from which the following superficial areas per bed have been calculated:—

	Sq. ft. per bed.
Royal Free Hospital	105
London	104
Guy's	138 max.
Middlesex	88
St. Thomas's (old)	101 max.
St. Bartholomew's	79
St. George's	69

It will be seen that there is some diversity in these allotments of space; and a similar difference exists in provincial hospitals, in certain of which the superficial space is from 110 to 120 square feet, while in others it ranges between 70 and 80.

The space allowed in some of the Naval Hospitals, where there are Nurses, is as follows:—

	Sq. ft. per bed.
Haslar	77
Plymouth	79
In Military Hospitals:	
Herbert Hospital, Wooolwich	99
Netley (a hospital not intended for sick, but for invalids *in transitu*, only a fourth of whom are confined to bed)	103
In the more recent great Paris hospitals, nursed by Sisterhoods:	
Lariboisière	104
Vincennes (Military)	90
In the new Hotel Dieu, now being built:	
In the 26-bed wards	110
In the 6-bed wards (The same as Lariboisière.)	104

At King's College Hospital it is found that 105 square feet is sufficient for good nursing and ward administration.

I have already given the space in old St. Thomas's at 101 square feet.

When the plans of the new St. Thomas's were under consideration it was at one time proposed to give as much as 126 sq. ft. per bed; but the exigencies of the site rendered it necessary to reduce this amount to 112 square feet, which, I am informed is sufficient.

All these superficial areas are intended for general hospitals, but it is in the highest degree doubtful whether any of them would be enough for a lying-in or special hospital.

In fever hospitals there is a great and constant sacrifice of life in the establishment itself. Scarcely a year passes in which some most valuable lives, both among medical and nursing attendants, are not lost, in consequence of defective structural arrangements, and bad sanitary conditions, under which they have to do their work. One of the most obvious of these defective conditions, is want of sufficient area. If large fever hospitals must exist, then the superficial area per bed must be increased, not only for nursing, but to give increased security for the health and life of the Nurses.*

It may be said that you must first fit your nursing arrangements to your sick, and not your sick to your nursing arrangements, and that Nurses must take their chance of fevers.

Perfectly true as far as the sick are concerned; but most untrue as far as the hospital arrangements are concerned.

Every employer of labour is bound to provide for the health of the workers. And any society which professes to provide for the sick, and so provides for them that the lives of the Nurses and of Medical Officers have to be sacrificed in the discharge of their duty, gives sufficient proof that providing for the care of the sick is its calling.

For, as it happens, the arrangements required for the welfare of sick are the very same which are required for the health of Nurses; Nurses, that is, who are really discharging their duty in constant attendance on sick.

But in dealing with the question of superficial area required for nursing it is said that the special class of cases to be nursed must be considered; that we must also take into consideration the fact that many hospitals have large medical schools attached to them; that in a ward where all the cases are of a severe character a larger nursing staff, and, in consequence, more area will be required than where all the cases are of a comparatively slight character.

Whatever apparent truth there may be in such a statement, we must not lose sight of the fact that Nurses are there because patients are there, and not because case A is severe and case B is not severe. The prior question is, whether there should be an infirmary with patients in it at all, and if this be decided in the affirmative, then a nursing staff, with the required conditions for good nursing, must be provided. If heavy cases occur, a good Superintendent or a good Head Nurse will always economise her staff so as to provide attendance for the sick, except, *e.g.*, in a severe epidemic outbreak, as of cholera, when temporary assistance may be required. But nothing shows the want of a good nursing system more than where an "extra" Nurse has to be engaged for every operation.

As to the argument drawn from the existence of medical schools, this is a matter apart from nursing, and it will be found, on reference to the practice of a number of hospitals, both in this country and abroad, that a sufficient area per bed for nursing is often given where there is no medical school.

But the extent of surface area necessary will depend on the structure of the ward. In this, as in other matters, bad construction is always the most costly. A ward with windows improperly placed, so as to give deficient light, or where the beds are so placed that the Nurse must necessarily obstruct the light in attending to her patient, must have the bed space so arranged and of such dimensions as to allow of sufficient light falling on the bed. In well-constructed wards with opposite windows the greatest economy of surface area can be effected, because the area can be best allotted with reference both to light and room for work. An infirmary ward should be constructed with a window for every bed, or at most two beds, and eight feet of bed space along the walls. In really good Hospitals there should not be less than 100 square feet per bed for average cases of sickness, excluding zymotic diseases and lying-in cases. As already stated, this space is much too small for fever or lying-in wards.

I may state with reference to two great new hospitals, St. Thomas's and the Hotel Dieu, that the ward width is 28 feet in the former, and 29 feet in the latter.

Summary.

I have entered into considerable detail in the preceding remarks, because it is absolutely indispensable that the relation of efficient infirmary nursing to training organisation, infirmary management, and infirmary construction should be thoroughly understood if infirmary nursing is to be made efficient. And I shall conclude with a recapitulation of those requirements, without which any attempt, not at ostensibly improving (for that is to 'keep the word of promise to our ear, and break it to our hope'), but really improving the nursing of the sick poor, at present admitted into infirmaries, would be attended with results not worth the trouble and outlay.

1. Hired

* Of course the very large area required for safety where a considerable number of fever cases are treated under one roof may be reduced, if the sick are subdivided into small numbers in separate buildings, *e.g.* in huts.

1. Hired Nurses, unless they are also *trained* Nurses, are not worth their hire unless by accident.

There must be trained Matrons (Superintendents) to superintend trained Nurses.

2. Every trained and organised nursing staff should, as one of its duties, undertake the training of Nurses for infirmary work on some such plan as that the details of which have been given above.

3. The Matron (Superintendent) 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.

4. It has been proved by experience that the efficiency of nursing is to a considerable extent dependent on hospital construction, and on the kind of accommodation provided for the nursing service. The following structural arrangements are among the most necessary for this object:—

(*a.*) The larger the sick wards, up to, say, 32 beds, the less expense is necessary for nursing staff, because supervision is so much easier with a given staff where the wards are large than where they are small.

(*b.*) The Matron and the whole of her Nurses (including pupil-nurses) must be lodged within the hospital buildings.

(*c.*) The Matron should have sole charge and responsibility of mending, storing, and issuing linen. Hence a linen store and mending room close to the Matron's quarters are required. [Patients' clothing and bedding, &c. will probably also come under the Matron.]

(*d.*) Each ward should have a small room for the Head Nurse, suitably furnished.

(*e.*) Each ward should have a small scullery, with hot and cold water supply, besides the usual lavatory, bath, and water-closet accommodation.

(*f.*) The superficial area per bed required for good nursing and good ward administration will depend on the form of the ward. More is required where the ward is badly shaped and insufficiently lighted than where the floor and window space are properly arranged. With well-proportioned wards and windows on opposite sides, with the beds between the windows, the floor space per bed should be at least 100 square feet, with eight feet of wall space per bed.

IV. District Nursing.*

With regard to District Nursing among the sick poor: there must be District Training for District Nurses, *in addition to* their years' Hospital Training.

To turn Hospital Nurses into districts and tell them to nurse, is to do nothing either to train or to govern District Nurses, even if they are under local Superintending Ladies, as they always should be, unless these Local Superintendents are themselves Trained Hospital and District Nurses, which they rarely or never can be; that is, unless they know better than the supervised (which is the essence of all supervision) what to do, what Nursing is, and what a Nurse should be.

The District Nurse can only learn to nurse in a *District*. The universal danger in District Nursing is that the Nurse does not really nurse, that she degenerates into a giver; that she rarely sees, or receives directions, verbal or written, from the Doctor in attendance, where there *is* one, but on her own responsibility applies lotions and dressings, or administer beef-tea, &c. She goes her own way.

The cases are mostly simple ones, and she brings (or ought to bring) order and cleanliness with her into the abodes of the most disorderly. But, if she is really to nurse she must have training and knowledge of the kind which a Hospital Nurse has not.

For the Hospital Nurse has always a House Surgeon and other Medical Officers at hand to take the responsibility. The Hospital Nurse has all the newest and best Hospital appliances. Indeed, her duty is to have all these ready to hand, the District Nurse's duty to do without them.

The rule of District Nurses, of course, is, that 'if a Doctor is found in attendance, the Nurse is directed to carry out *his* prescriptions.' But the 'Doctor in attendance' is, and must be, the exception, and not the rule.

Every District Nurse should therefore, after being carefully selected from those who have had at least a year's Hospital Probation, pass through a very thorough District Training.

There should be a District Matron, or Lady Superintendent—a woman of the highest training as Nurse, of great powers of mind and supervision, to fulfil her incomparably

* We do not at present train District Nurses at St. Thomas's Hospital.

incomparably difficult post—a gentlewoman, to cope with various authorities without either feeling or inspiring jealously; it need hardly be said, to devote her whole time to the work.

Three months' systematic training in *District* Nursing, under this lady's active superintendence, can scarcely be thought too much for the District Probationer Nurse who has passed through her year's Hospital Training.

We will suppose the Nurse then appointed to a District. For at least one month more, should not the District Superintendent go with the new District Nurse every day her rounds to induct her into her duties?

This may be impossible, even if the District Superintendent is appointed to no larger an area than she can really superintend. [We suppose this to be *Town* District Nursing.]

Then how to supplement her?

What is the best organisation for District Nursing?

1. The District Lady Superintendent to make her Head Quarters in the Training School, which we suppose to be in the Hospital, where lives the Training Lady Superintendent, who is the head of all and Matron of the Hospital.

[If the Training School and Hospital is not in a central position, still this is more than compensated by the District Superintendent being thus in daily communication with the Head, the Hospital Superintendent, to whom she should also report in writing, say once a week.]

2. The District Superintendent to reside occasionally at each of the small District Homes, to be spoken of immediately.

3. Of course to report to a Committee and Secretary, but as a Committee, on the cases, &c., nursed by the District Nurses. (There are multitudes of internal points, in managing women which can only be reported to a woman.)

4. Nurses to be trained, selected, appointed, paid, and dismissed by the Hospital Lady Superintendent (Matron). It is of vital importance that she should be in constant relation with the District Superintendent, who is in fact her District Assistant.

[There is, I believe, in every one of the few instances where Town District Nursing has been organised on a large scale, a 'Lady Visitor'; but she is in hardly any sense what is described above.

How is it possible that the payment and continuance or discharge of the District Nurse by the Hospital Superintendent be anything but a mere name without responsibility? How can it be known—not so much whether gross things are going on—that is, whether District Nurses are drinking or falling into immoral habits (these would almost certainly be detected and punished with dismissal)—as whether the District Nurses are nursing or not, in any real sense of the word, if the Visitor does not visit, and the Superintendent does not superintend?

That is—

(1.) If the Visiting Superintendent is not a first-rate Trained Nurse.

(2.) And if her whole time is not devoted to her overwhelming duty.

(3.) And if she is not in real and continuous official and unofficial relation with *her* Head, and the real Head and Trainer of the Nurses, the Hospital Lady Superintendent.]

5. Have not District Nurses a constant tendency to degenerate into mere Visiting Agents of *their* local Superintendent Ladies, perhaps giving only beef-tea, and an hour a day?

To avoid this, ought there not to be a system of tickets or checks, or what the French call *Bons*; the Nurse to give a 'Bon' for what nourishment, &c., she finds wanted, or for bedding, &c., on the Matron of District Home, soon to be mentioned, where is or ought to be the sick kitchen, so that the Nurse may nurse, and not give?

6. Are District Nurses *Nurses* to *Doctors*, in any sense of the word? Indeed, are there any real directions given by Doctor to Nurse for the care and treatment of the District patients, except perhaps in cases of fevers and operations, when the Doctor sends for his District Nurse? In other cases, for any practical carrying out of Doctors' orders, might not the Doctor as well be at New York, or the local Superintendent Lady be Doctor? Has not the Nurse to run after the Doctor, instead of the Doctor sending fer the Nurse? Even when there is a Doctor in attendance, does he leave directions on a slate, or otherwise, for the Nurse? or does he make it possible for her to meet him by appointment at the Patient's bed-side?

To keep a constant viligant guard, that this inevitable evil does not become the ruling custom, must be the anxious duty of the District Superintendent. For is not District Nursing sometimes a failure, on account of want of connection with the Doctor?

7. Do

7. Do not the District Nurses want re-tempering in the Hospital at least three months every two years? or if they stay so long, every seven years for a year? Supposing the District Nurse most perfectly trained, is it possible that she can keep herself up to anything like a standard of Trained Nursing, if there is—

(1.) No Trained Lady Visiting Superintendent over her (the Local Superintending Lady being rarely, if ever, a trained Nurse);

(2.) No practical obedience to Doctor;

(3.) No skilled supervision at all.

Must it not be a prodigy, under these circumstances, if the District Nurses nurse?

8. The District Nurse—

(1.) To devote her time to the work;

(2.) To live in a District Home, containing four or five District Nurses, under a Matron; the District Home to include a sick kitchen, in which the Nurses take times about to cook for the Patients of all; and stores, &c. [This obviates all question as to whether the District Nurse may (*a*) take lodgers; (*b*) if a widow with children, have her children living with her. Both are objectionable.]

(3.) The District Nurse not to *give* (any more than Hospital Nurses do) except by the system of tickets passing through the District Home.

Let Nurses Nurse.

9. The District Matron, who shall herself be a Trained Nurse, not necessarily a gentlewoman, of each District Nurses' Home to have the receiving and issuing of the tickets and nourishment, &c., at the sick kitchen; to take such share as the District Superintendent shall appoint in teaching the District Probationer Nurses at the bedside; in initiating the newly appointed District Nurse into her work; and generally in supervising the District Nurses of her Home, both at their work and in the Home.

(10.) Without some such system of trained supervision, working effectually, District Nurses will always tend to become, not an army but a rout; District Nursing to become, not an organisation but a disorganisation; it will always tend, in fact, to decomposition. For little or nothing of what keeps the *Hospital* Nurse up to the mark—the Resident Medical Staff, the Consulting Medical Staff, the busy School of Students—the female hierarchy of Resident Matron over Sisters, and Sisters over Nurses and Probationers—the great publicity and *esprit de corps* of a Hospital—exist for the *District* Nurse.

11. The District Superintendent must be responsible directly to the Hospital Lady Superintendent for the things pertaining to the Nurses, for which, *mutatis mutandis*, an Assistant Matron would be responsible to her Head, while she will be responsible to the Committee, either directly or through her Superintendent, for the things pertaining to the cases nursed, and work generally, which come under the Committee's jurisdiction.

[Any confusion about this would either make the District Superintendent practically almost irresponsible; or would make the Committee's Secretary and the Hospital Lady Superintendent joint-heads of the Nurses—side by side jurisdictions—an impossible principle.]

12. On the whole, it would seem to require a higher class of woman to be District Nurse than even to be Hospital Nurse. If the District Nurse is merely an ordinary sort of woman, she does not find enough to do, except in epidemic times, when she is overwhelmed. There *is* not enough to do in healthy times to occupy an inferior class of woman; but how much too much to do in teaching the poor cleanliness, care of children, how to obtain fresh air, how to prevent disease, &c. &c., to occupy the higher sort of woman?

N.B.—We have not entered here into the position and duties of the Local Superintending Ladies who undertake the raising of funds for their own district, and the exercise of certain relations with their District Nurse, because these are fully laid down in the Organisation of Liverpool—that great and hitherto unique work—into districts for nursing.

13. One most essential part af the District Nurse's duty is to report sanitary defects in her district, through the District Superintendent, to the Officer of Health.

August 1874.

APPENDIX.

No 1.

N.B.—This Paper to be filled in (in the Candidate's own handwriting), and sent to Mrs. Wardroper, St. Thomas's Hospital, Westminster Bridge, London, S.E.

QUESTIONS TO BE ANSWERED BY CANDIDATE.

1. Name in full and present address of Candidate - - - - - -
2. Are you a single woman or widow*?
   * *The Marriage Certificate will be required.*
3. Your present occupation or employment; also if a widow, the former occupation of your husband? -
4. Age last birthday, and date and place of birth - - - - -
5. Height? _____ Weight? _____
6. Where educated? - - - - -
7. Of what religious denomination? Name and Address of Clergyman or Minister who knows you -
8. Can you read and write well? -
9. Are you strong and healthy? and have you always been so? - -
10. If a widow, have you children? How many? Their ages? How are they provided for? - -
11. Where (if any) was your last situation? How long were you in it - - - - - - -
12. What is the address and occupation of your father, or, if not living, your mother? - - - -
13. The names in full, and addresses of two persons to be referred to. State how long each has known you. If previously employed, one of these must be the last employer - - - - - -

    has known me years.

    has known me years.
14. Name and address of your usual Medical Attendant - - -
15. Have you read, and do you clearly understand the Regulations? -

I declare the above statements to be correct.

Date _____

Signed _____

Candidate.

No. 2.

REGULATIONS as to the Training of Hospital Nurses under the Nightingale Fund.

1. THE Committee of the Nightingale Fund have made arrangements with the authorities of St. Thomas's Hospital for giving a year's training to women desirous of working as Hospital Nurses.

2. Women desirous of receiving this course of training should apply to Mrs. Wardroper, the Matron, at St. Thomas's Hospital, subject to whose selection they will be received into the Hospital as Probationers. The age considered desirable for Probationers is from 25 to 35, single or widows; a certificate of age and other information will be required, according to the form printed at the back.

3. The term of the Probationer's training is a complete year; it may, however, be extended by the Committee for another quarter, and Probationers will be received on the distinct understanding that they will remain for the required term. They may, however, be allowed to withdraw upon grounds to be approved by the Committee. They will be subject to be discharged at any time by the Matron, in case of misconduct, or should she consider them inefficient, or negligent of their duties.

4. The Probationers will be under the authority of the Matron of the Hospital, and will be subject to the rules of the Hospital.

5. They will be lodged in the Hospital, in the 'Nightingale Home,' which adjoins the Matron's house; each will have a separate bedroom, and they will be supplied, at the cost of the Nightingale Fund, with board, including tea and sugar, and washing, and with a certain quantity of outer clothing, of an uniform character, which they will always be required to wear when in the hospital. They will serve as Assistant-nurses in the wards of the Hospital, and will receive instruction from the Sisters and Medical Instructor.

6. They will receive during the year of training, payment in money and clothing to the value of 16 *l.* on the following footing, thus:—Clothing costing about 4 *l.*; payment at the end of the 1st quarter 2 *l.*; at the end of the 2nd quarter 2 *l.* 10 *s.*; at the end or the 3rd quarter 2 *l.* 10 *s.*; at the end of the 4th quarter 3 *l.*, and a further gratuity of 2 *l.* if recommended for employment in accordance with the eight clause. Should the term of residence be extended beyond the year, payment will be made at the end of the 5th quarter of 4 *l.*

7. At the close of a year, their training will usually be considered complete, and during the three years next succeeding the completion of their training, they will be required to enter into service as Hospital Nurses in such situations as may from time to time be offered to them by the Committee.

8. The names of the Probationers will be entered in a Register in which a record will be kept of their conduct and qualifications. This will be submitted at the end of every month to the Committee of the Nightingale Fund. At the end of a year those whom the Committee find to have passed satisfactorily through the course of instruction and training will be entered in the Register as certified Nurses, and will be recommended for employment accordingly. The Committee have hitherto readily found employment for their certified Nurses in some Public Hospital or Infirmary, at salaries usually commencing at 20 *l.*, with board (including tea and sugar) and washing. Many have after some years' service obtained superior appointments.

9. Engagements are not to be made except through the Committee, and no engagement is to be put an end to without a quarter's previous notice to the Committee.

10. The Committee will allow a yearly gratuity of 2 *l.* to all their certified Nurses, to be paid at the end of every complete year of service succeeding the term of training, up to the third year inclusive, provided that evidence be given at the end of each year that the Nurse has served the whole time satisfactorily. No gratuity will be paid if the Committee have reason to suppose that the Nurse intends to discontinue her employment.

The usual times for admission are the Quarter Days. Candidates must be seen by Mrs. Wardroper, at St. Thomas's Hospital, Albert Embankment, Westminster Bridge, London, between 10 and 12 a.m. only, on Tuesday or Friday. These Regulations may be obtained by writing to Henry Bonham-Carter, Esq., Secretary to the Nightingale Fund, 91, Gloucester-terrace, Hyde Park, London, W.

No. 2*a*.

OBLIGATION.

At the expiration of one month from the date of entry, every Probationer will be required to write a letter to the following effect:

To the Chairman of the Committee of the Nightingale Fund,

Sir,

HAVING now become practically acquainted with the duties required of an Hospital Nurse, I am satisfied that I shall be able and willing, on the completion of my year's training, to enter into service in a public Hospital or Infirmary, and I engage to continue in such service for the space of at least three years, in whatever situations the Committee shall think suitable to my abilities, it being my intention from henceforth to devote myself to Hospital employment. I further agree not to enter into any engagement without having first obtained the approval of the Committee, and not to leave any situation without having given due notice to the Committee.

I am, &c.

No. 3.

DUTIES of Probationer under the 'Nightingale Fund.'

You are required to be—

Sober.	Quiet and orderly.
Honest.	Cleanly and neat.
Truthful.	Patient, cheerful,
Trustworthy.	and kindly.
Punctual.	

You are expected to become skilful—

1. In the dressing of blisters, burns, sores, wounds, and in applying fomentations, poultices, and minor dressings.

2. In the application of leeches, externally and internally.

3. In the administration of enemas for men and women.

4. In the management of trusses, and appliances in uterine complaints.

5. In the best method of friction to the body and extremities.

6. In the management of helpless patients, *i.e.*, moving, changing personal cleanliness of, feeding, keeping warm (or cool), preventing and dressing bed-sores, managing position of.

7. In bandaging, making bandages, and rollers, lining of splints, &c.

8. In making the beds of the patients, and removal of sheets whilst patient is in bed.

9. You are required to attend at operations.

10. To be competent to cook gruel, arrowroot, egg flip, puddings, drinks, for the sick.

11. To understand ventilation, or keeping the ward fresh by night as well as by day; you are to be careful that great cleanliness is observed in all the utensils; those used for the secretions as well as those required for cooking.

12. To make strict observation of the sick in the following particulars:—
The state of secretions, expectoration, pulse, skin, appetite; intelligence, as delirium or stupor; breathing, sleep, state of wounds, eruptions, formation of matter, effect of diet, or of stimulants, and of medicines.

13. And to learn the management of convalescents.

No. 4.

TIME TABLE for the Probationers under the 'Nightingale Fund.'

For those on Day Duty.

Rise.	Breakfast.	Wards.	Dinner.	Wards.	Exercise.	Tea.	Wards.	Dormitory.	Supper.	Bed.
a.m.	6½ a.m.	7 a.m.	1 p.m.	2 p.m.	11½ a.m. to 1 p.m. or 3½ to 5 p.m.	5 p.m.	6 p.m.	8½ p.m.	9 p.m.	10 p.m.

For those on Night Duty.

Rise.	Tea.	Wards.	Dormitory.	Breakfast.	Wards.	Dormitory.	Exercise.	Dinner.	Bed.
9 p.m.	9½ p.m.	10 p.m.	6 a.m.	6½ a.m.	7 a.m.	10 a.m.	11 a.m. to 1 p.m.	1 p.m.	2 p.m.

Probationers will be released from Ward Duties (unless in attendance on special cases) for an interval of 1½ or two hours on two days in the week, for the purpose of reading and improvement. A Music Class and a Bible Class are given every week. A course of practical lectures is given by the Medical Instructor.

During the week, prayers are read in the wards at 8 a.m., and in the Nightingale Home at ¼ before 9 p.m.

On Sunday the Probationers are expected to attend Divine Service in the Hospital Chapel at 10.30 and at 2 p.m.

Attendance at other places of Worship is permitted subject to Regulations.

May 1873.

No. 5.

Name of Probationer.
Section Date 187
Nature of Duty

																							GENERAL REMARKS.
Punctuality																							
Quietness																							
Trustworthy																							
Personal neat and clean																							
Ward management																							
Dressings																							
Leeching, external and internal																							
Enemas, M. and F.																							
Trusses																							
Uterine appliances																							
Rubbing																							
Helpless Patients																							
Bandaging																							
Making ditto																							
Making beds																							
Waiting on operations																							
Sick cooking																							
Keeping wards fresh																							
Cleanliness of utensils																							
Management of convalescents																							
Observations on the sick																							

No. 6.

Name of Probationer Age at last birthday preceding her appointment. Single or married or widow Date of Appointment	By whom recommended Names of Sisters under whom she has served Religion	Nature of duty during the year. No. of days / No. of nights	Time off duty from illness during year. Days / Hours Nature of such illness	MORAL CHARACTER DURING PROBATION. Sobriety*. Honesty (Especially as to taking petty bribes from patients.) Truthfulness*

* In each of these columns state the Nurse's character (from the experience of the year or of any shorter period, if dismissed) positively; no degree admissible; the first dereliction insures her dismissal.

MONTHLY STATE OF PERSONAL CHARACTER AND REQUIREMENTS OF NURSE DURING HER PERIOD OF SERVICE.

Underneath the following Five Heads, state the Amount of Excellency or Deficiency, under the Three Degrees, "Excellent," "Moderate," "0."

The following degrees are to be used in each Monthly Entry:—"Excellent"—"Good"—"Moderate"—"Imperfect"—"0."

——	1. Punctuality. Especially as to administration of food, wine, and medicine.	2. Quietness.	3. Trustworthiness.	4. Personal Neatness and Cleanliness.	5. Ward Management (or Order).	1. Dressings. Blisters. Burns. Sores. Wounds. Fomentations. Poultices. Minor dressings.	2. Applying Leeches. Externally. Internally.	3. Enemas. For men. For women.	4. Management of Trusses, and Uterine Appliances.	5. Rubbing. Body. Extremities.
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
*										

——	6. Helpless Patients. Moving. Changing. Personal cleanliness of. Feeding. Keeping warm or cool. Preventing and dressing bed-sores. Managing position of.	7. Bandaging. Making bandages, " rollers. Lining of splints, &c.	8. Making Beds. Removal of sheets.	9. Waiting on Operations.	10. Sick Cooking. Gruel. Arrowroot. Egg flip. Puddings. Drinks.	11. Keeping Ward Fresh. By night. " day.	12. Cleanliness of Utensils. For cooking. " secretions.	13. Management of Convalescents.	14. Observation of the Sick. Secretions. Expectorations. Pulse. Skin. Appetite. Intelligence, as delirium, stupor. Breathing. Sleep. State of wounds. Eruptions. Formation of matter. Effect of diet. " stimulants. " medicines. Signs of approaching death.	General Remarks.
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
†										

* If defective, state nature of defect in this line.

† State in this line any duty in the columns in which the Nurse is prominently excellent (E.) or imperfect (I).