

Hospitals and the state : with an account of the nursing at London hospitals, and statistical tables showing the actual and comparative cost of management and maintenance, and of work done by the principal hospitals, convalescent institutions, and dispensaries throughout Great Britain and Ireland / by Henry C. Burdett.

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HOSPITALS AND THE STATE.



HOSPITAL INCOME EXPENDITURE,
AND NURSING.

BY

HENRY C. BURDETT, F.S.S.



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HOSPITALS AND THE STATE

WITH AN ACCOUNT OF THE

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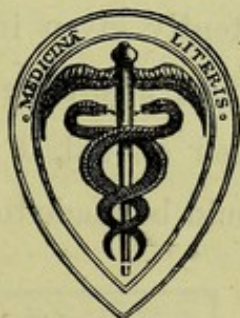
Statistical Tables

SHOWING THE ACTUAL AND COMPARATIVE COST OF MANAGEMENT AND
MAINTENANCE AND OF WORK DONE BY THE PRINCIPAL HOSPITALS
CONVALESCENT INSTITUTIONS, AND DISPENSARIES
THROUGHOUT GREAT BRITAIN AND IRELAND

BY

HENRY C. BURDETT, F.S.S.

AUTHOR OF 'COTTAGE HOSPITALS' 'PAY HOSPITALS OF THE WORLD' 'HOSPITALS ANCIENT AND MODERN' ETC.



PRESENTED BY

THE I. H. E. 1884.

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1881

PREFATORY NOTE.

THIS Paper was prepared at the request of the Council of the Social Science Association to open a discussion at the Dublin Congress on October 4, 1881, on the Special Question, 'Is it desirable that Hospitals should be placed under State Supervision?' At the conclusion of the paper a resolution was unanimously passed instructing the Council of the Association to take steps with the view of securing the immediate appointment of a Royal Commission. In consequence of the inquiries which have been made, and in response to applications for copies of the accompanying tables, the Author has found it necessary to have them printed in their present form.

It ought perhaps to be mentioned that, through an error made at the last minute, in abstracting the figures from the return sent by the Authorities of the Leeds Infirmary, *the cost per In-patient* was inadvertently given instead of *the cost per In-patient per week*. This error, which was manifest, was immediately detected and remedied; but as the original figures may have been quoted, it is but fair to the Authorities of the Leeds Infirmary that a reference should be made to it here.

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HOSPITALS AND THE STATE.

IN considering the question of the relations which ought to exist between hospitals and the State, it might at first sight appear reasonable to commence the subject by giving briefly some particulars as to the administration of Continental hospitals. It is true, indeed, that nearly everywhere, except in England and America, the hospitals are subsidised, or in some way controlled by the State. A careful examination has, however, convinced the writer that the mode of administering foreign hospitals, and the circumstances surrounding them, so differ from those to which we are accustomed in this country, that for the purposes of the present discussion it is undesirable to complicate the question by the introduction of material which would have practically little bearing upon the points at issue. For these reasons the writer has determined not to refer in detail to the Continental systems of hospital management. His present endeavour will be to arouse attention to those aspects of the hospital question which seem to bear upon the relations which the State should hold to hospitals in the United Kingdom.

A review of the discussions and circumstances relating to the management of hospitals and kindred institutions in this country, during the past five years, would lead to the conclusion that hospital managers are becoming alive to the fact that the system heretofore in force cannot much longer continue unaltered and unreformed. In the period under consideration, no less than four influential deputations have sought interviews with the Secretary of State for the Home Department for the time being, with the object of obtaining a Royal Commission of Investigation into the subject. These deputations have represented all hospital interests. The first consisted of representatives of the treasurers, managing bodies and governors of the leading Metropolitan hospitals. The second represented the same interests, and included in addition many governors, medical men, and philanthropists, who have displayed commendable zeal in the cause of hospital reform. The third deputation attended before Sir William Harcourt early in the present year; as the representatives of the patients treated at the hospitals, and of those ratepayers and public bodies which are more immediately interested in the welfare and efficient management of the endowed hospitals. Lastly, the medical profession, represented by the members of the Metropolitan Counties Branch of the British Medical Association, and acting on the report of a committee specially appointed to collect evidence bearing upon the management of the hospitals throughout the country, agreed, in June last, to memorialise the Home Secretary to appoint a Royal Commission, to ascertain fully the needs of the suffering poor throughout the country, and the means at present available for their relief. This Commission was asked for especially with the view of obtaining reliable data upon which to base the needful reforms, and to secure

that the present system of medical education and relief shall cease to be inadequate and unsatisfactory, as it undoubtedly and undeniably is at the present time. The treasurers, the committees, the governors, the ratepayers and public bodies interested, the patients, and last but by no means least—probably it would be literally true to say most important of all—the medical profession, having all asked definitely for State interference to the extent of a Government inquiry, it cannot but be profitable for the members of this Congress to consider the question once more in all its bearings, with the view of putting in motion the powerful organisation which the Social Science Association has at its command. There can be small doubt that the appointment of a Royal Commission would secure the adoption of adequate measures based upon the reliable data which would then be forthcoming.

It has been shown that every class interested in the hospitals has separately or collectively arrived at the same conclusion, and sought the same remedy. No one who knows anything of hospital management will question that this singular and surprising unanimity is the surest possible proof that the whole subject of medical relief in this country imperatively demands careful examination by a competent Commission, with the view of securing the needful redistribution and reform. It will be desirable, however, for the information of the Congress, to examine into the circumstances as they are known to exist, which have produced so active and unanimous a desire for inquiry. For the sake of brevity, as space and time are matters of moment, the subject has been divided into seven propositions embracing the whole question. These will now in turn be briefly considered.

I. The present system of hospital administration is attended with many anomalies which call for public inquiry. In the Metropolis especially, the hospital accommodation is imperfectly distributed, and in many districts is altogether inadequate.

The administration of the hospitals as at present conducted is so uncertain and unsatisfactory that inquiry is needed to secure amelioration in the interests of the poor. To facilitate a right judgment, and to furnish reliable data, the writer of this Paper has prepared the statistical Tables which accompany it, and which are based upon the published reports and statements of the various institutions. The calculations are all made upon an identical basis, have been carefully checked by an accountant, and may, therefore, be regarded as a reliable statement of the present cost of the various systems of administering the medical institutions of this country. The Tables which accompany this Paper show that the cost of administering, *i.e.*, the cost of management, in sixty-one general hospitals varies from $2\frac{1}{2}$ per cent. at Cork, to $27\frac{1}{2}$ per cent. at the Metropolitan Free Hospital; the cost per patient per week, from nine shillings and fourpence at the Cork County Hospital,* to two pounds five shillings and twopence at the Metropolitan Free Hospital.

A difference of 25 per cent. in the cost of management, and of nearly 500 per cent. in the cost of maintaining the patients, would alone warrant the appointment of a Commission. The special hospitals—Children's, Consumptive, Dental, Paralysis, Fever, Lying-in, Ophthalmic, Orthopædic, Skin, Women's, and Convalescent—show equally startling discrepancies. Thus in the 110 institutions enumerated in the Tables, the cost of management varies from 55 per cent. at the Chelsea Hospital for Women to $3\frac{1}{2}$

* The authorities of St. Bartholomew's Hospital, Chatham, return the cost of each In-patient per week at 4s. 9d. This is however, an error of account no doubt, and has therefore not been selected here.

per cent. at the Liverpool Fever Hospital, and to $1\frac{2}{3}$ per cent. at the Corstorphine Convalescent Home, Edinburgh. The cost of each in-patient varies from 9s. at the Western Ophthalmic, 10s. at the Royal Orthopædic, and 10s. 6d. at the National Hospital for Diseases of the Heart and Paralysis, to 63s. 3d. at the Establishment for Gentlewomen, 43s. 6d. at the Chelsea Hospital for Women, and 42s. 5d. at St. John's Hospital for Skin Diseases.

Turning now to the distribution of hospital accommodation, a reference to the accompanying map, on which the general and special hospitals are marked in colours, will show at a glance that nearly nine-tenths of the bed accommodation in the London hospitals is situated within a radius of a mile and a half from Charing Cross, and in a space that can be covered by one's hand. The population of London resident within the Metropolitan area, and exclusive of the large number of persons who are annually sent to London for hospital treatment, cannot be less than four-and-a-half millions, one-third of which number is annually relieved at the London hospitals. Out of a total of 4,579 beds for the whole metropolis, 3,486 are provided by the hospitals situated in the narrow area above specified.

It may further be pointed out that at present north London, with a population of nearly 1,000,000, possesses but two small hospitals, the Great Northern, with 33 beds, and the North-West London, with 26 beds; the East end, with its river-side and manufacturing population of 1,100,000, is dependent upon the London Hospital with 790 beds, and the Metropolitan Free Hospital with 20 beds, both of which are inconveniently situated for a large proportion of the inhabitants. The West end, with a population of 950,000, has but two hospitals, St. Mary's with 190, and the West London with 60 beds respectively. A population of nearly one and a half millions on the Surrey side of the Thames has to rely upon Guy's with 700 beds, and St. Thomas's with 400 available beds, both of which, though largely endowed, are situated miles away from a portion of the district to the wants of which they nominally minister. These facts are incontrovertible, and the need of a Hospital Commission to control the action of the governing authorities of the two last hospitals has been forcibly illustrated by the recent scandals at Guy's, and by the fact that the present buildings which constitute St. Thomas's Hospital cost in round numbers £600,000; that one of the pavilions is not intended for patients, but constitutes a palace only recently occupied as a residence for the treasurer; that this expenditure not only swallowed up all the purchase money paid for the old site and materials, but rendered it necessary to mortgage part of the income to the Charity Commissioners for a loan of £30,000, which sum was wholly expended upon the buildings, so that the money for furnishing and placing beds in the wards had to be raised by an appeal to the public; and that, in consequence of this gross improvidence, a portion of the building is, and is likely to remain, absolutely empty, useless, and unemployed, because the hospital finances have been so grievously crippled that there is no income to maintain the beds for which such ample accommodation has been provided. This reckless and culpable extravagance is not confined to one hospital, or to London, as the hospital buildings at Wolverhampton, Leeds, Norwich, and in many parts of the country eloquently testify. Examples of the fruits of the present irresponsible system on which some of the hospitals are governed might easily be multiplied, but enough has surely been said to establish the first proposition.

II. The unsatisfactory condition of the present out-patient system, and especially of that in force at the large Metropolitan hospitals, demands reform.

No one will dispute this self-evident proposition. At the present time more than a million people, or one in three, receive relief at the London hospitals, in Liverpool one in two, and in Birmingham one in three-and-a-half of the whole population are at present in receipt of free medical relief. This question is too large to enter upon fully here, nor do the objects aimed at by this Paper require such treatment. The facts are well known. The figures given above bear eloquent testimony to the amount of the existing abuses; and when the treasurer of one of the largest endowed hospitals publicly states his experience on the question, as follows, nothing more need be added. This gentleman said, three years ago, that the funds of our larger hospitals were not applied in the best possible manner, or quite with due regard to the wishes of the founders. About 600,000 people come annually to thirteen of the best hospitals in London for medical advice and assistance, at an annual cost of £15,000 in medicine alone. The average attendance of these patients is from three to seven hours before each can be attended to, and the rush is so extreme that the medical advice they received is almost perfunctory. It has been well said that the time and attention of eminent physicians and surgeons are generously placed at the service of the poor; but unfortunately eminent persons have no more time than persons who are not eminent, and when a million out-door patients apply at the London hospitals in one year, it becomes rather a delicate arithmetical problem, how many seconds can be bestowed on each of them.*

III. It is desirable that every hospital and medical institution intended for the relief of the suffering poor shall be administered by a board of management, subject to periodical election by the governors, upon which board the medical staff of the charity should be adequately represented.

IV. An authoritative supervision over the administration, and a public audit of the accounts of all such institutions, is needed to secure a right distribution of medical relief, and a more economical expenditure of the funds entrusted to the boards of management.

These propositions relate to the internal government of the hospitals. It may be said that the old system of managing the endowed, and many other hospitals, has proved not only a conspicuous failure economically, but it has failed in matters of still greater moment. The *Times*, some three years ago, said: 'The objects of a large general hospital should be four in number. First, the treatment of patients; secondly, the training of the highest class of physicians and surgeons for the service of the public; thirdly, the cultivation and advancement of medical science; and, fourthly, the education of medical students. In order that the institution may be so directed as to fulfil all these objects, it must be directed by knowledge of their several requirements; and this knowledge—certainly as far as the last three are concerned—can only be possessed by medical practitioners. Under the government of a treasurer of the accustomed kind, the necessary medical knowledge cannot be brought to bear, except by the maintenance, on his part, of the most cordial relations with the medical staff, and by his full recognition of the fact that, in many matters of the greatest weight, he must walk blindfolded unless he is guided by their counsel. At St. Thomas's, unfortunately, this condition has not recently been fulfilled. The consequences of the friction between the treasurer and the staff have been at many points ludicrous, and at all calamitous. If we are correctly informed, the patients suffered terribly from pyæmia and other "hospital" diseases, which

* Speech of H.R.H. Prince Leopold at the Annual Meeting of the 'Charity Organisation Society.'

have been shown by modern research to be traceable almost always to want of common sanitary supervision; and, in a general way, it may be fairly said that the new St. Thomas's has been among the least successfully managed hospitals in London. Its funds have been squandered foolishly; its opportunities for doing good have been curtailed; and the advancement of science and the education of students, in so far as they have been accomplished, have been accomplished in the face of artificial difficulties and obstacles, created by those whose first business it should have been to remove them. Of late years the antagonism between the treasurer and the medical staff appears to have reached such a point that the customary annual dinner of the governors had to be abandoned, and at least one very distinguished teacher transferred his services to another hospital, in order to avoid a conflict which would otherwise have been forced upon him.*

The notorious facts in connection with Guy's Hospital have been specially brought to the notice of the Home Secretary by a deputation on a recent occasion, and it is not necessary to allude to them further here, except to say that they endorse in a very remarkable manner, the condemnation of the present system of managing these great hospitals, which the writer in the *Times* has so forcibly delivered. At St. Bartholomew's Hospital matters have been managed in quietude, if not with efficiency. The recent exercise of the arbitrary powers conferred upon the treasurer of this hospital, who has decided to take away all the beds so long placed at the disposal of the assistant physicians and surgeons, thus depriving these gentlemen of the means necessary to enable them to increase their skill and to adequately teach the students, is not the least striking example of a vicious system which ought to be speedily abolished.

A public audit is absolutely necessary to check extravagance and to protect the public, which has at present but little or no voice in restraining reckless mismanagement. The donors of charitable funds, and the recipients of the benefits arising therefrom, have at present but little guarantee that strict economy is practised or the greatest possible good achieved. An authoritative supervision would prevent foolish squandering, as well as the occupation of unhealthy and unsuitable buildings as hospitals, and it would also promote good feeling between the hospital authorities and the medical staff. The recent embroglio at Guy's Hospital endorses in a marked manner the condemnation of the present system of managing some hospitals, especially those largely endowed.

V. The absence of organisation and combination amongst the medical institutions throughout the country materially lessens their usefulness.

On this proposition little need be said. It is strongly enforced by the enormous and needless difference in the cost of management and maintenance brought out by the Tables and already referred to. The absence of this combination or co-operation leads to lamentable extravagance, an enormous waste of money, owing to the repetition of an expenditure in the management of very many charities, the objects of which could be far better carried out under one roof. Hospital finance, accounts, supply, the general question of the uses and abuses of hospitals, the relations of dispensaries, and especially of provident dispensaries, to hospitals, the reproduction of exploded abuses, and the adequate trial of new systems can alone be rightly judged, decided upon, or prevented by means of this co-operation, and the sooner it is brought about, the better will it be for the welfare of all classes of the community.

* Leading Article in the *Times*, Nov. 13, 1877.

VI. In the administration of the wards, so far as it affects the treatment of the patients, and especially in the management of the nursing arrangements, the medical staff should have an authoritative voice.

It is necessary to insist that the medical profession, through the honorary or acting medical staffs, shall have an authoritative voice in the administration of the wards, the treatment of the patients, and the control of the nursing. Recent events have shown the public and the medical profession to be in substantial accord on this point. No one who knows anything about the management of a hospital has any doubt on the subject. Yet the old system not only attempts, as in the case of Guy's Hospital, to openly defy public and professional opinion in this matter, but its audacity leads it to brave the interference of a court of law, by studiously excluding all medical men from the governing body, in distinct contravention of the original and expressed views and intentions of the founder himself. No wonder that the nurse has been encouraged here and elsewhere to neglect her twofold duty towards the doctor, viz., (a) to strictly carry out his directions as to the treatment of the patient; (b) to observe the patient's condition, to notice the changes in it, and what she may either know or suppose to be the effects of the treatment, *so as to enable her to give a short, clear, and correct account to the doctor at each visit.* It really resolves itself into the question, Is the patient for the nurse, or the nurse for the patient? If the former is to be the principle upon which modern hospital nursing is to be conducted for the future, hospitals must soon cease to exist, because patients will cease to seek admission to their wards. A nursing school is opposed to the proper administration of a large clinical hospital. At these hospitals the teaching of students is an essential feature in the system of management, but the teaching of nurses at the same time is neither possible nor desirable. The students are taught by the sale to them of the knowledge which the acting medical staff have acquired in the treatment of the sick. This system benefits and in no way injures the patients, because the teaching of students entails and necessitates an active, a continued, and a regular attention to their condition and progress towards recovery. The cases admitted to a clinical hospital are selected on account of their severity, and their proper treatment must embrace the attendance of the best trained nurses. It is a needless cruelty to place a severe case of acute disease under the care of a raw practitioner who knows next to nothing about nursing, and the remembrance of this fact alone ought to prevent the attachment of a school for training nurses to any clinical hospital whatever. If the patient's welfare is to be adequately considered, this proposition is unanswerable, especially when it is remembered that to train a nurse for her duties it becomes necessary to constantly change her from ward to ward, a system which would be fatal to the interests of any patient who was dangerously ill. In private houses when a case of sickness occurs and the doctor is sent for, his authority is absolute in all things affecting the treatment and nursing of the patient, so long as he remains in attendance. It is certainly a little startling to find it now argued that, because the patient is a poor person, and because the doctor treats him in a hospital ward, all this is to be altered and the nurse or the lady superintendent, or some other irresponsible person, is to fill the place rightly occupied by the doctor in every private house all the world over. It will no doubt astonish many people to hear that in the majority of the large hospitals the nursing arrangements are under the control of a matron, unaided by a nursing committee, and only indirectly, if at all, assisted by those alone qualified to direct, viz., the

medical staff. Out of twenty-two hospitals having medical schools, there are but seven where this important department is superintended by a nursing committee upon which the medical element is represented. Of course the greater includes the less, and so the practice at the chief hospitals in a matter like this becomes the law which guides hospital managers generally throughout the country.

VII. The importance of medical education, and the adequate training of the members of the medical profession, require an intelligent recognition of the relation of the hospitals to their medical schools, to insure an improvement in such relations.

The following are the views of the members of the Metropolitan Counties Branch of the British Medical Association on this point. These views were arrived at after full discussion at a meeting specially summoned to consider the question, and their moderation and force must carry conviction to the mind of every unprejudiced person.

Inasmuch as the education of medical men is a matter of vast importance to the State, it should be as complete and practical as the science of the day permits. It is, therefore, an imperative necessity that the relationships existing between the large hospitals and their medical schools should be those best calculated to promote this end. Yet, notwithstanding this, medical education in this country almost entirely depends upon private speculation and haphazard enterprises, whose success rests upon the preservation of a harmonious relationship between corporations with *apparently* separate aims. Should this harmony between hospital and school at any time be ruptured, the existence of the school becomes at once imperilled, thereby seriously endangering the interests of the public. A great clinical hospital can never with truth say to its medical school, 'We can do without you,' for of itself it would fail to attract for its patients the highest medical skill. Granted that the obligations conferred upon the schools by their respective hospitals are great, yet those bestowed on the hospitals by the schools are vastly greater; for the imparting to others of the skill and knowledge acquired in the treatment of disease by the physicians and surgeons does not injure the patients in a hospital (as some ignorantly suppose), but on the contrary directly benefits them by rendering the teacher still more efficient in the wards, and by directly administering to the comfort and well-being of the patients. Clinical teaching attracts skilled and gratuitous labour to extend the usefulness of the institution. A successful school means a successful hospital.

Inquiries on these points made at all the important hospitals in the metropolis and the country show that their consideration is almost entirely neglected by the persons who ought to foster their growth. So little do the governors recognise their responsibilities, that in most schools the buildings are inadequate for the purpose in consequence of being mainly, if not altogether erected at the expense of the teachers, who are merely tenants at will. Notwithstanding that the museums, so essential for guidance in treatment and for educational purposes, are, almost without exception, claimed as the property of the hospital authorities, yet contributions towards their development and maintenance are made by only six out of the eleven Metropolitan, and by four out of eleven country hospitals. In the case of the former, £1,000 per annum would more than cover the grants thus made. Seven of the country and five of the metropolitan hospitals contribute absolutely nothing to either museum or school, while four of the latter actually retain a portion of the school fees. It cannot be right that the development of so important an item in a nation's economy should depend on the voluntary

efforts of those who, while willing, have not the power to elevate medical science to its proper position. Furthermore, hospital authorities are seemingly unaware of the obligation laid upon them of nurturing and training able physicians and surgeons for the service of the State.

Again, with adequate representation of the medical staff upon the boards of management of the hospital, and of the governors upon the school committees, an intimate acquaintance with the practical requirements of these joint institutions would secure the highest efficiency in the administration of the whole.

During recent years the Metropolitan Asylums Board have built and opened some of the most extensive and complete of modern hospitals. These splendid Poor Law infirmaries have provided accommodation for nearly 10,000 in-patients. They are placed in charge of paid resident medical officers, whose clerical duties, under the present system, are so onerous that they have far too little time to devote to the treatment of the cases entrusted to their care. These infirmaries afford a magnificent field for the treatment and investigation of disease, for pathological research, and for medical education. The Marylebone Infirmary, prior to its being brought under the operation of the Poor Law, was an instance of what these institutions might become, with great advantage to the inmates, as aids to the progress of medical science.

A Royal Commission would consider if any and what alterations were necessary in the management of these splendid Poor Law infirmaries; how far, if at all, they could be made available in a re-arrangement of the hospital accommodation of the Metropolis, and whether or not it might be desirable to appoint visiting physicians and surgeons, assisted by efficient juniors, and aided by a staff of clinical clerks, dressers, sisters, and nurses, to relieve the resident staff by undertaking the treatment of some or all of the cases.

It has not been the object of this Paper to suggest remedies, alterations, or reforms, but to bring facts to the notice of the Congress, in the hope that sufficient public interest may be awakened to ensure the application of a prompt and adequate remedy to the many existing evils. It may not, however, be out of place to say here that in Sweden the Government have for years worked the hospitals on a system which would confer great benefit upon our own towns, by bringing the Poor Law and voluntary institutions into more intimate association, though managed by separate governing bodies. This has been secured in Sweden by a scale of charges demanded from all patients who are admitted to the hospital. The first grade pays a substantial sum and obtain anything and everything the patient may care to have or to pay for, subject to the control of the doctor. The second pay a much less, but a remunerative rate, for all that they receive at the hospital; and the third class are paupers, who are paid for on an agreed scale by the Poor Law authorities. Thus, well-to-do, thrifty artisan and improvident pauper are all treated by one staff, controlled by one administration, and are located in immediate proximity to each other, though in separate pavilions. This the writer believes to be the true system to aim at securing, and he hopes that ultimately some such plan will find acceptance in Great Britain to the advantage of everyone concerned. This suggestion is, however, at best but a digression from the purpose of this Paper. It will be for the Congress to decide whether or no it is desirable that our hospitals should be placed in some sense or other under State supervision. Enough evidence has been produced to-day to show that the time is ripe for an exhaustive inquiry by a Royal or

other Commission. Sir William Harcourt, M.P., the present Home Secretary, has already expressed himself favourably disposed towards such an investigation, and there is good reason to believe he may be induced to grant an inquiry at the instigation of the Social Science Association. In the writer's opinion, whether State control be ultimately decided upon or not, it is undoubtedly desirable that an annual conference of the representatives of all the hospitals of this country should take place, because it would possess great economical advantages, and be likely to prove useful and attractive to the charitable public, and so doubly beneficial in the end to all medical institutions. In the same way, following the example of Paris, a central store might be established in London at which all the hospitals could purchase, at a little over cost price, every article of consumption, from an egg to a wooden leg. An arrangement of this kind would tend to reduce the large discrepancies as to the relative cost of patients which at present exist between one hospital and another, and any one purchasing at the store would have a guarantee that the article supplied was not only of moderate price, but the best and most suitable of its kind. In the same way, by combination, the reliable income of all hospitals might be raised at a fourth of the present cost through one common agency. The establishment of one central office for all the London hospitals, for instance, for the collection of old subscriptions, would not only save a vast expenditure upon management, but prevent annoyance to many charitable people by abolishing multiple and duplicate appeals. I see no reason why the organisation of the Hospital Sunday Fund should not be utilised for this purpose. It possesses the confidence of the hospital authorities, and at present its excellent organisation is lying dormant for nine months out of every twelve.

Again, the appointment of a controlling authority, endowed with adequate powers to sanction, restrict, or prohibit the erection of a new or the extension of an already existing hospital or dispensary is urgently called for.

It would not be difficult to multiply instances of ill-advised hospital erection or extension, but enough have already been given, and only two more need be added here. The Brompton Consumption Hospital, one of the most valuable of English medical charities, is expending on its new wing nearly all of its funded property, thereby throwing a burden on the public to the extent of £10,000 per annum. St. Thomas's Hospital has been forced by the folly of overbuilding to hand over one wing to the well-to-do, and to admit paying patients into other wards in order to maintain its present reduced number of beds. Nearly everywhere the building mania seems to have blinded hospital managers, so that similar extravagances, going far beyond the requirements of the districts in which the hospitals are situated, and entailing half-empty wards and increased cost of maintenance, are becoming the rule and not the exception. The indiscriminate institution of special hospitals and dispensaries is productive of evil, and a controlling power is urgently called for to prevent the multiplication of so-called charities, which—oftentimes springing from unworthy motives—decoy charitable funds from legitimate channels. Such examples of ill-advised expenditure reflect directly or indirectly great injury upon the poor, for whose benefit the large sums concerned were originally intended.

The social and public aspects of this great question of the right government of our hospitals alone demand an immediate investigation. When something like one million and a quarter of the population of London annually seek and receive gratuitous medical relief, and when the whole wage-receiving class in the Metropolis, if we take the census

of 1871 for a basis, and include all who by position or occupation are not above this class, cannot be estimated at more than 1,400,000—whatever deductions may reasonably be made for a certain number of patients appearing more than once on the lists in the same year—there is enough remaining to warrant an independent inquiry into the whole question by a Royal Commission. This feeling is rapidly spreading, and is making itself felt in the diminished incomes which the hospitals are now receiving from voluntary sources. This difficulty will certainly increase as the public become impressed with the knowledge that it is not the sick poor at all who are being benefited, but nearly the whole wage-receiving and industrial classes, a large proportion of whom are well-paid artisans.

It cannot be too forcibly impressed upon the managers of these institutions that, though for the most part under private management, the hospitals, if they are to fulfil any useful purpose, must be public, or they will cease to be indispensable. Each large hospital should be the centre of a district, and the dispensaries in that district should be affiliated with it. At the present time there are no means of extending medical relief in proportion to the demands of a growing population, and every year the poor are being moved further and further away from the larger Metropolitan hospitals.

Finally, it should be distinctly understood that the views set forth in this Paper are not merely those of the writer, but have gradually become the convictions of the majority of the more intelligent and better informed of hospital managers. In proof of this it may be well to conclude with an extract from a letter* written by Sir T. Fowell Buxton, late treasurer of the London Hospital, in response to a suggestion of the writer to hold an annual conference of hospital managers, which was published in the *Times* of April 23, 1878.

From a long acquaintance with hospital management I am convinced that its principal defects, both in London and the country, arise from want of organisation and co-operation, and from the absence of all central control and of Government inspection. If the hospital system were complete, each central hospital would be surrounded by its satellites of dispensaries, cottage hospitals, special hospitals, convalescent homes, &c., which would intercept numberless cases which otherwise burden the wards of the hospital, and would furnish advanced education for the pupils of its school. Without some such authority as is possessed by School Boards, it is impossible to organise such a system as this, or to apply the theory, which all acknowledge to be the right one, of provident medical charities, or to make our medical colleges worthy of the name, or to promote the scientific training of nurses. I entirely concur in the proposal of a conference, not that of itself it would effect much, but it would pave the way to the appointment of a Royal Commission and ultimately to Parliamentary action. I do not believe that hospitals upon which the demands increase year by year can much longer keep pace with the requirements of modern medical practice on the precarious support of voluntary contributions, and I earnestly hope that Parliament will take the matter in hand before it is forced upon its notice by the collapse of some important institution.

* The *Times*, May 2, 1878.

STATISTICAL TABLES

SHOWING

FACTS RELATING TO THE FINANCIAL & GENERAL MANAGEMENT OF HOSPITALS, DISPENSARIES, & CONVALESCENT INSTITUTIONS (METROPOLITAN AND PROVINCIAL).

COMPILED BY

HENRY C. BURDETT, F.S.S.

FROM ACCURATE AND CAREFULLY VERIFIED INFORMATION IN HIS POSSESSION.

NOTE.—*These Tables relate to the years 1876, 1877, and 1878, from the 1st of January to the 31st of December in each year. In the case of St. Thomas's, St. Bartholomew's, and Guy's Hospitals they relate to the year 1880 only.*

PREFACE TO THE STATISTICAL TABLES.

THESE Tables have taken nearly two years and-a-half to prepare, arrange, and verify. It is claimed for them that they constitute an accurate basis which can be relied upon for comparative purposes. The accounts of every institution included in the Tables have been prepared in an identical manner, under identical heads, each of which includes identical items. Thus the approximate cost per head per patient, as worked out by the author, and checked by an accountant, is entitled to be considered a just, accurate and complete basis for comparing the relative cost of conducting each institution. That there is much left to be desired in hospital book-keeping, as at present conducted, the blanks prove. The diversity of systems, and the unreliableness—because the basis is never identical—of the statements as to cost per patient furnished by the hospital authorities, is shown by a comparison of the figures given in that column with those set forth in the one worked out by the author on an identical basis. The sincere acknowledgments of the author are tendered to the many hospital authorities, medical and lay, who have cheerfully aided in the compilation of these Tables. The following notes of explanation will enable the Tables to be used with greater facility:

1. *The Cost per Patient.*—It may be desirable to explain how the cost of each In-Patient and of each Out-Patient has been arrived at. It was necessary to draw a hard and fast line, and to obtain an identical basis, so as to include the same items in each instance. The returns obtained give in detail the cost of Maintenance under sub-heads of Provisions, including Wines &c.; Drugs and Surgical Appliances; Domestic Expenses, including Bedding, Linen, Washing, Gas, &c.; Salaries, Wages, Pensions, Nursing, Gratuities, &c. (except as below); Rents, Rates, Taxes, and Insurance; Repairs (ordinary); Furniture and Building Improvements; New Buildings not provided for by a special fund; Miscellaneous, including Grants to Medical College, Pupils' Prizes, Petty Expenses, Burials, &c. (except as below). Of Management under sub-heads:—Salaries to Secretary, Office Clerks, and Collector, including poundage and other payments; Printing, Advertising, Stationery, Postage, and Law Charges; Incidental Expenses connected with Management. In calculating the cost of each In-Patient the following items have been taken:—Provisions &c.; *Half* the Drugs and Surgical Appliances; Domestic Expenses; Salaries and Wages connected with Maintenance. In calculating the cost of each Out-Patient all remaining expenses are included, except the cost of Furniture and Building Improvements. This is the plan adopted by the Metropolitan Hospital Sunday Fund Council.
2. *Legacies.*—Those who desire to make use of the figures in this table, by way of comparison or otherwise, should bear in mind that *Legacies* are included in the column headed 'Average Gross Annual Income,' and that *Invested Legacies* are included in the column headed 'Average Gross Annual Expenditure.'
3. *Management* includes—Printing, Advertising, Stationery, Postages, Secretary's and Clerk's Salaries, Collector's Poundage, Law and other incidental charges connected with Management.
4. *Maintenance* includes—Provisions, Drugs, Household, Rent, Wages, and other charges for maintaining Patients.

GENERAL

(METROPOLITAN

TABLES showing Number of Beds; Average Number of Beds occupied in 1878; Days' Residence of each In-Patient; the Percentage of Cost of Management to and Expenditure during Three Years, 1876, 1877, and 1878.

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
<u>FIFTY BEDS AND UNDER.</u>						
1	Chelmsford Dispensary and Infirmary	9	6	63	946	35
2	Rugeley District	15	6	61	Nil	37
3	Metropolitan Free	20	16	251	46,286	23
4	Isle of Man	24	Not stated	77	1,005	Not
5	Great Yarmouth	32	25	209	1,675	45
6	Great Northern	33	28	361	7,963	30
7	French	35	16	193	5,445	30
8	Liverpool Eye and Ear Infirmary	40	23	473	8,532	30
9	Manchester Clinical Hospital and Dispensary ...	44	32	383	3,367	30
10	SS. John and Elizabeth	46	40	73	Nil	131
11	Poplar	48	30	455	4,795	24
12	West London	50	35	620	16,247	20
13	Swansea	50	47	375	2,757	48
<u>ONE HUNDRED BEDS AND UNDER.</u>						
14	Torbay Hospital	52	25½	218	Not stated	42
15	Stockport Infirmary	57	Not stated	459	3,595	Not stated
16	Chatham, St. Bartholomew's... ..	59	40	492	9,464	25
17	Guildford, Royal Surrey County	60	32	369	3,310	34
18	Glasgow Eye Infirmary	69	57	645	8,410	32
19	Cheltenham General Hospital	76	64	522	2,985	45
20	Bedford General Infirmary	90	64	595	2,908	18
21	Cumberland Infirmary	100	75	560	1,362	49
22	Salisbury Infirmary	100	78	696	2,026	40
23	Worcester Infirmary	100	74	860	3,441	31
24	Taunton and Somerset Hospital	100	89	—	—	—
25	York County Hospital	100	79	742	4,272	39
<u>ONE HUNDRED AND FIFTY BEDS AND UNDER.</u>						
26	Warneford, Leamington, and South Warwickshire Hospital	103	61	650	2,739	34
27	Sunderland Infirmary	104	73	626	4,774	34
28	Royal South Hants Infirmary	104	74	796	2,645	34
29	Kent and Canterbury Hospital	104	83	628	1,700	48
30	Cork County Hospital, &c.	108	74	1,102	3,371	24
31	Preston and County of Lancaster Royal	108	59	560	3,805	28
32	Lincoln County Hospital	110	70	528	1,016	48

HOSPITALS AND PROVINCIAL).

Number of Patients Treated, and Approximate Cost of each In and Out-Patient; Average that of Maintenance; Average of Patients' Payments; Average Gross Annual Income

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					
£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
1 16 5	0 3 10	1 16 5	0 3 10	49	908	3.949	111	675	658	1
1 6 0	Nil	1 6 3	Nil	56	Nil	1.392	63	363	364	2
0 10 6	0 1 0	2 5 2	0 0 8½	251	41,363	27.514	Nil	4,367	3,360	3
obtain -	able	—	—	69	1,316	1.103	116	846	1,386	4
0 15 0	0 2 2	0 11 5	0 3 10	200	1,680	6.339	4	1,395	1,398	5
1 9 2	0 1 1¾	1 8 5	0 2 7	339	7,757	19.751	Nil	4,030	3,322	6
2 2 0	0 0 7	1 8 9	0 3 1	160	5,103	21.702	17	1,606	1,559	7
0 19 5	0 0 10½	0 19 5	0 0 11	Not stated		2.014	603	1,812	1,686	8
0 14 7	0 2 10½	0 14 7	0 2 10	Not stated		8.708	19	2,042	1,785	9
0 19 8½	Nil	0 19 11½	Nil	75	Nil	4.046	27	1,861	1,651	10
Unable to	divide cost	1 10 5	0 3 6½	447	4,492	12.486	Nil	3,433	3,467	11
1 2 2¾	0 1 0	1 9 1½	0 1 7	620	22,020	20.119	Nil	3,023	3,630	12
Not	stated	0 14 1	0 4 7	364	3,493	7.566	22	2,352	2,502	13
0 8 7	Not stated	1 5 11	—	202	2,872	7.288	169	2,265	2,333	14
Not ob	tainable	Not obt	ainable	Not	stated	4.960	52	3,259	3,324	15
0 4 9	Not stated	1 3 11	0 1 4	484	12,616	5.637	Nil	4,092	3,522	16
1 5 5	0 1 3	1 3 9	0 3 10	354	3,279	5.446	8	3,882	4,028	17
Not	stated	0 11 0	0 2 0	Not	stated	7.055	Nil	2,514	2,353	18
0 16 8	0 5 5	0 19 9	0 6 4	494	3,412	7.374	Nil	3,789	3,564	19
0 18 8	0 3 2	1 14 3	0 5 6	602	3,105	2.88	27	4,057	3,952	20
0 19 3	Unknown	0 16 10	0 1 0	503	1,271	7.000	57	4,810	4,457	21
Not	stated	0 19 3	0 9 2	692	1,985	5.016	18	4,659	5,071	22
Not	stated	0 17 3	0 5 2	864	3,162	5.980	20	4,536	5,429	23
—	0 2 6	Not obt	ainable	—	—	—	—	—	—	24
0 17 1½	0 4 6¼	0 17 2	0 4 6	742	4,070	4.352	Nil	4,410	4,753	25
0 14 7	0 5 6	0 15 2	0 6 6	425	2,657	9.539	10	3,499	3,519	26
0 19 4½	0 4 5	0 19 5	0 4 5	607	4,033	9.177	61	4,535	4,465	27
0 16 4	0 2 6	0 13 10	0 7 2	753	3,079	4.157	93	4,062	4,989	28
0 16 5	0 10 11	0 16 5	0 10 11	584	1,659	5.570	Nil	5,523	4,321	29
0 9 4	—	0 9 10	0 3 4	1,083	2,270	2.571	124	3,301	2,596	30
1 1 0	0 3 4	1 8 0	0 3 9	529	3,505	5.301	234	5,224	5,477	31
1 0 0	Not stated	0 16 2	0 6 6	618	874	4.860	21	11,013	10,228	32

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
33	Nottingham General	110	98	990	6,220	33
34	Royal Free	112	93	1,243	28,946	26
35	Londonderry County Infirmary	117	—	919	No further particulars	39
36	Norfolk and Norwich	118	99	954		25
37	Staffordshire General Infirmary	120	54	745	1,794	26
38	German Hospital	125	101	1,401	17,680	35
39	Gloucester General Infirmary	140	83	844	3,860	40
40	Salop Infirmary	140	89	816	3,296	39
41	Northampton Hospital	144	128	1,555	7,658	Not stated
42	Royal Berkshire	150	Not stated	1,184	1,896	34
43	Derbyshire General Infirmary	150	107	1,142	1,865	
<u>TWO HUNDRED BEDS AND UNDER.</u>						
44	Buxton, Devonshire Hospital	154	104	1,575	215	24
45	University College	160	139	2,288	23,413	25
46	Hull General Infirmary	165	100	1,383	5,919	26
47	Brighton, Sussex County Hospital	169	133	1,405	5,122	34
48	Charing Cross Hospital	180	138	1,638	16,400	31
49	Liverpool Southern Hospital	180	153	1,902	5,920	29
50	Oxford Radcliffe Infirmary	187	117	1,270	3,622	34
51	St. Mary's	190	169	2,036	18,495	30
52	Westminster Hospital	200	135	1,756	16,419	28
53	Glasgow Western Infirmary	200	195	1,823	10,009	38
<u>TWO HUNDRED AND FIFTY BEDS AND UNDER.</u>						
54	King's College Hospital	205	177	1,978	18,153	38
55	North Staffordshire Infirmary	209	144	1,456	8,166	34
56	Wolverhampton General Hospital	210	113	1,307	11,770	31
57	Leicester Infirmary and Fever House	212	155	1,959	9,702	26
58	Devon and Exeter Hospital	218	161	1,255	1,466	46
59	Devonport Royal Albert Hospital	218	108	954	No free out-patients	41
60	Newcastle, Durham, & Northumberland Infirmary	240	181	1,616		41
61	Seamen's Hospital Society	243	156	1,744	3,004	36
<u>THREE HUNDRED BEDS AND UNDER.</u>						
62	Birmingham General Hospital	256	223	3,043	28,963	37
<u>THREE HUNDRED AND FIFTY BEDS AND UNDER.</u>						
63	Manchester Royal Infirmary and Dispensary ...	304	257	3,546	14,220	26
64	Middlesex Hospital	310	233	2,040	18,499	34
65	Leeds Infirmary	310	220	3,246	15,734	24
<u>FOUR HUNDRED BEDS AND UNDER.</u>						
66	St. George's Hospital	353	316	4,046	18,569	28

* This is mainly paid by

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out-Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					
£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
1 2 0	0 2 0	1 2 4	0 4 7	998	6,665	4.518	Nil	8,898	10,224	33
1 10 7½	0 0 7	1 7 2	0 1 7	1,412	20,296	9.397	Nil	17,510	18,498	34
obtainable		Not obtainable		—	—	3.871	210	2,035	2,012	35
Not stated		1 0 11	0 12 5	—	—	4.478	Nil	6,802	8,166	36
3 6 11¼	0 2 2½	0 19 4	0 4 9	725	2,154	4.823	Nil	3,588	3,553	37
1 3 4	0 2 0	1 2 7	0 3 2½	1,344	16,900	8.899	301	17,363	17,553	38
0 19 1¾	0 5 2½	0 19 2	0 5 2½	825	3,391	3.721	56	6,670	4,730	39
Not stated		0 18 8	0 5 4	646	3,324	4.941	Nil	3,975	4,375	40
Not obtainable		0 11 4	0 5 10	—	—	2.817	12	7,422	7,826	41
Insufficient data		Not obtainable		1,003	1,553	5.445	Nil	—	—	42
0 18 10	0 4 8	0 17 6	0 12 0	1,193	1,785	3.671	16	7,097	7,285	43
0 16 11	—	0 14 2	—	1,585	214	5.217	328	5,142	6,858	44
1 11 7¼	0 2 0	1 3 8	0 4 5	2,142	17,721	11.198	92	16,988	19,318	45
0 19 2½	0 3 5	1 0 1	0 4 2	1,342	5,590	7.038	162	6,291	6,510	46
1 7 9¾	0 2 2½	1 3 9	0 8 9	1,511	6,771	4.980	Nil	10,417	10,903	47
1 9 3¼	0 1 6	1 4 3	0 1 3	1,326	14,794	8.703	Nil	19,602	20,037	48
Can't positively say	No means of ascertaining	0 16 8	0 7 0	2,023	6,332	4.012	388	17,896	18,746	49
0 18 8	0 2 6	0 18 2	0 6 1	1,191	3,980	3.547	237	7,238	7,562	50
1 8 9	0 1 0	1 4 4	0 3 5½	2,048	16,814	7.851	Nil	14,748	16,242	51
1 7 5	0 1 2	0 16 11	0 2 9	1,520	15,340	8.148	503	8,923	12,945	52
1 2 11½	Not stated	0 18 8	0 4 3	Not stated	—	8.094	50	13,467	11,365	53
1 6 8¾	0 1 7	1 1 0	0 5 2	1,812	19,946	8.359	Nil	14,531	14,845	54
0 18 5	0 2 8	0 18 11	0 4 11	1,241	6,597	4.616	Nil	8,352	8,106	55
Not stated		0 18 5	0 2 11½	1,294	11,474	7.739	65	7,486	7,902	56
0 17 4	0 1 11	0 17 6	0 3 4	1,906	9,366	4.540	Nil	8,759	9,080	57
0 17 8	0 5 6	0 15 5	0 2 5	1,191	1,400	3.524	6	8,030	8,203	58
0 14 7	0 1 1	0 14 8	0 1 1	886	—	5.034	2,620*	4,504	4,409	59
1 0 0	0 1 1	0 16 10	0 2 10	1,584	14,432	3.848	Nil	10,753	11,280	60
1 8 10	0 2 9	1 5 4	0 2 9	2,106	3,025	9.502	243	12,357	12,224	61
Not stated	0 3 0¾	0 12 9	0 2 5	2,720	26,434	7.681	Nil	20,538	18,091	62
1 4 5	0 6 10½	1 4 5	0 6 10	3,552	14,895	5.130	276	17,212	20,567	63
1 15 0	0 1 4	1 9 4	0 4 6	2,433	23,739	6.096	Nil	19,764	22,773	64
0 17 7¾	0 1 2	0 18 4½	0 2 3½	—	—	7.564	97	14,952	13,283	65
1 7 6	0 1 8	1 3 7	0 5 2	3,518	16,407	5.189	Nil	28,828	31,206	66

Admiralty for lock cases.

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
	<u>FIVE HUNDRED BEDS AND UNDER.</u>					
	Nil					
	<u>FIVE HUNDRED AND FIFTY BEDS AND UNDER.</u>					
67	Edinburgh Infirmary	517	460	5,575	11,000	30
	<u>SIX HUNDRED BEDS AND UNDER.</u>					
68	Glasgow Royal Infirmary	584	487	5,341	21,707	33
69*	St. Thomas's Hospital, year 1880 only*	590	366	4,424	78,742	30½
	<u>ABOVE SIX HUNDRED BEDS.</u>					
70*	St. Bartholomew's Hospital, year 1880 only*	676	559	6,432	172,432	32
70a	Guy's Hospital, year 1880 only*	700	506	5,189	60,404	39½
71	The London Hospital	780	590	6,448	49,791	33

* The percentage of management to maintenance, including Estates Office,

SPECIAL

CHILDREN.

72	Sevenoaks Hip Disease	12	—	—	—	—
73	Belgrave Hospital	19	9	117	1,131	30
74	Newcastle-upon-Tyne	24	18	123	2,017	54
75	Sydenham Home for Sick Children	32	29	190	651	28
76	North-Eastern Hospital for Children	38	34	379	13,961	35
77	Bristol Hospital for Children... ..	50	37	304	3,454	37
78	Evelina Hospital for Children	56	51	355	5,436	53
79	Liverpool Infirmary for Children	70	57	464	7,236	55
80	Birmingham and Midland Free for Children	72	65	859	16,185	28
81	Hospital for Hip Disease in Childhood	75	75	141	Nil	194
82	Victoria Hospital for Children	75	66	604	3,794	30
83	East London Hospital for Children	90	61	645	6,818	33
84	Hospital for Sick Children	156	130	1,423	11,500	33
85	Brighton Hospital for Sick Children... ..	45	40	193	1,027	30

CONSUMPTION.

86	North London Hospital for Consumption	26	26	271	7,840	39
87	Royal Hospital for Diseases of the Chest	26	21	251	6,065	35
88	Bournemouth National Sanatorium	63	53	268	Nil	64
89	Ventnor Royal National Hospital for Consumption	100	74	509	28	53
90	City of London Hospital for Diseases of the Chest... ..	124	82	772	14,992	38
91	Brompton Hospital for Consumption	208	172	896	11,517	70

DENTAL.

92	National Dental Hospital	Nil	—	—	10,914	—
93	Dental Hospital of London	—	—	—	30,986	—

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out-Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					
£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
1 1 0	—	0 15 7	0 10 0	5,279	11,000	15.5	285	33,586	33,370	67
0 18 1	Not stated	0 15 8	0 3 8	5,591	19,061	6.045	107	47,924	23,858	68
—	—	1 4 10	0 1 11	Not	stated	6.821	—	48,717	39,494	69
—	—	1 7 1	0 1 1½	Not	stated	7.642	—	70,037	78,714	70
—	—	0 19 7	0 3 6	—	—	5.073	Nil	44,981	46,126	70a
1 3 4	0 2 9	1 1 6	0 5 1	6,525	47,669	7.537	210	45,688	46,420	71

is at St. Bartholomew's, 6.593; at St. Thomas's, 5.538; at Guy's, 8.036.

HOSPITALS.

CHILDREN.

1 18 10½	0 1 1	1 5 6	0 8 3½	103	1,131	8.622	9	1,284	1,255	72
0 10 11	0 1 9	0 11 6	0 1 6	112	2,084	8.508	7	914	880	73
0 14 2	Not stated	0 19 3	0 10 8½	166	720	3.360	264	987	1,015	74
0 19 5	0 1 9	1 0 6	0 1 10	355	13,665	26.726	737	2,888	3,057	75
0 11 6	0 2 11	0 19 2	0 2 5	285	3,408	4.536	—	—	—	76
1 11 2½	0 1 3	1 1 11	0 6 1	359	5,406	3.388	90	4,670	4,658	77
Not calculated		0 11 4	0 2 2	470	7,361	6.564	76	5,365	5,423	78
0 17 6	0 1 3	0 17 2	0 1 6	596	15,331	14.679	487	3,796	3,878	79
0 11 5½	Nil	0 11 5½	Nil	135	Nil	5.661	666	2,346	2,360	80
0 17 2	0 1 4	1 1 5	0 5 9½	468	3,624	18.118	145	2,985	3,227	81
0 19 3	0 1 0	0 17 1	0 6 1	474	6,764	28.487	3	5,784	4,163	82
1 6 0	0 1 6	1 1 1½	0 5 3	1,345	10,137	12.409	Nil	15,213	15,425	83
Not	stated	1 2 3	0 5 9	Not	stated	9.167	188	1,756	1,818	84

CONSUMPTION.

1 0 0	0 3 6	0 19 11	0 2 1	256	8,385	19.868	Nil	2,339	2,553	86
1 0 0	0 4 0	1 10 10	0 5 9	187	5,706	26.737	Nil	3,135	3,806	87
1 1 6	—	0 18 4	—	259	Nil	4.137	701	1,420	1,989	88
1 15 10	Not stated	1 15 6	—	474	37	9.975	1,740	6,978	7,898	89
1 10 0	0 2 9	1 8 8	0 3 5½	786	14,575	13.260	Nil	9,682	10,302	90
1 13 4	0 3 0	1 8 0½	0 6 4	962	11,957	9.532	Nil	18,860	21,676	91

DENTAL.

—	0 0 9½	—	0 0 9½	—	9,350	44.940	20	414	358	92
—	0 0 8½	—	0 0 8½	—	30,986	31.585	38	1,097	1,129	93

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
EPILEPSY,						
94	National Hospital for Diseases of Heart & Paralysis	20	12	87	2,221	50
95	Hospital for Epilepsy, Paralysis, &c.	30	30	65	665	174
96	National Hospital for Paralysed and Epileptic ...	110	80	520	2,250	45
FEVER AND						
97	Sunderland Corporation Hosp. for Infectious Diseases	30	—	42	—	—
98	Salford, Wilton Fever Hospital	80	20	Not obtainable	—	33
99	Liverpool, Netherfield House Institution	100	Cannot say	161	Nil	—
100	London Fever Hospital	200	66	635	Nil	40
101	Dublin, Cork Street Fever	200	115	2,151	Nil	19
LOCK.						
102	Male	21	15	206	3,243	24
103	Female	188	78	563	Nil	34
LYING-IN.						
104	General Lying-in Hospital	20	Closed	Nil	846	Nil
105	British Lying-in Hospital	20	9	115	400	21
106	City of London Lying-in Hospital	35	Closed	Nil	1,018	—
107	Queen Charlotte's Lying-in Hospital	60	30	592	583	17
OPHTHALMIC.						
108	Central London	6	3	71	5,479	13
109	Edinburgh Eye Infirmary	6	2	9	1,061	No
110	Royal South London	14	10	147	5,136	22
111	Plymouth Royal Eye Infirmary	{ No record publishd. in Report as to No. of beds, &c. }		175	951	—
112	Western Ophthalmic Hospital	20	3	46	1,608	20
113	Royal Westminster	50	40	370	7,159	28
114	Royal London	100	85	1,340	18,960	19
115	Liverpool Eye and Ear Infirmary	40	23	473	8,532	30
ORTHOPŒDIC.						
116	National Orthopœdic	25	25	85	943	101
117	Royal ditto	50	42	120	1,652	132
SKIN.						
118	Hospital for Diseases of the Skin	9	5	24	8,612	Not stated
119	St. John's Hospital	15	6	60	2,955	38

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out-Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					

PARALYSIS, ETC.

£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
0 10 6	0 2 0	1 3 8	0 16 10	73	1,907	26·619	67	1,778	1,955	94
0 18 0	0 3 1	0 18 3½	1 4 1	62	621	13·970	887	1,864	2,114	95
1 4 6	0 6 0	1 2 9	0 18 4	507	2,427	18·506	292	6,109	5,886	96

INFECTIOUS DISEASES.

Expenses	borne by	Corporation.	No	details	—	—	45	409	409	97
1 5 6	Not obtainable	—	—	—	—	—	456	Not obtbl.	5,417	98
Cannot say	Not obtainable	232	Nil	3·573	811	2,201	2,838	99		
1 8 0	Nil	1 16 6	Nil	666	Nil	6·945	1,208	5,134	7,201	100
1 3 11		1 4 4	Nil	1,251	Nil	3·699	Nil	5,543	5,137	101

LOCK.

1 12 2	0 1 0	1 14 2	0 4 1	188	3,057	15·576	405	1,621	1,714	102
1 11 0	Nil	1 9 11	Nil	463	Nil	25·607	1,205	5,437	5,243	103

LYING-IN.

Nil	0 18 1	—	0 10 3	257	849	11·017	Nil	2,208	2,400	104
2 18 10	0 13 0	2 13 3	0 19 11	152	645	13·392	Nil	3,487	3,566	105
—	Not stated	—	0 6 9	407	821	8·458	Nil	2,513	3,043	106
1 8 6	0 5 1	1 4 2	1 10 3	491	606	15·461	Nil	4,373	4,654	107

OPHTHALMIC.

0 11 0	0 1 6	2 4 4½	0 1 0	73	5,491	21·739	111	520	616	108
particulars given		Not obtainable		9	1,037	15·789	—	173	166	109
1 4 0	0 2 6	1 7 5½	0 1 9	121	5,002	26·658	Nil	1,022	993	110
No return	—	Not obtainable		—	—	8·536	{ £100 wrong in the addition of printed balance sheet }			111
0 9 0	0 1 11¾	1 11 5½	0 3 4½	35	1,640	29·303	141	622	631	112
0 18 8½	0 0 3½	0 18 5	0 1 11	328	8,194	9·961	Nil	2,013	2,844	113
0 12 0	0 0 8	0 19 1	0 1 9	1,350	19,500	10·359	Nil	6,716	7,586	114
Not stated	Not stated	0 19 5	0 0 11	Not stated	Not stated	2 014	603	1,812	2,330	115

ORTHOPÆDIC.

0 16 11	0 4 10	0 13 7	0 9 2	89	945	22·403	399	1,062	1,202	116
0 10 0	0 10 0	0 12 10	0 10 11	107	1,552	25·592	396	2,351	2,385	117

SKIN.

1 10 9	0 2 7	3 9 0	0 1 7½	21	8,590	16·026	750	2,106	1,892	118
2 2 5	0 5 4	1 18 5	0 5 9½	347	2,483	32·451	231	1,090	1,151	119

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
WOMEN.						
120	Chelsea Hospital for Women	8	7	67	2,097	39
121	St. Mary's, Bournemouth	11	—	—	—	—
122	Hospital for Women and Children	12	9	62	1,790	55
123	Erith House Institution	26	26	29	—	327
124	New Hospital for Women	26	22	235	2,552	31
125	Hastings, Invalid Gentlewomen	27	—	72	—	—
126	Samaritan Free Hospital	52	48	438	5,616	35
127	Royal Infirmary for Children and Women	58	38	384	7,292	37
128	Hospital for Women	61	42	418	3,706	34

MISCELLANEOUS.

129	Central London Throat and Ear	12	6	58	4,148	22
130	St. Peter's Hospital for Stone	16	10	153	14,068	24
131	London Temperance Hospital	17	15	130	1,272	42
132	Establishment for Gentlewomen	25	14	124	Nil	45
133	Invalid Asylum, Stoke Newington	30	20	129	Nil	50
134	St. Mark's Hospital for Fistula	28	28	204	2,083	50
135	Cancer Hospital	63	52	323	677	46
136	London Homœopathic	70	41	552	6,417	27
137	Royal Sea Bathing Infirmary, Margate	250	163	647	43	90

CONVALESCENT

138	Beechwood Convalescent Home	4	3	No further particulars obtainable	—	—
139	Hazlewood Convalescent Home, Ryde	4	4	500	—	3
140	Bristol and Clifton Convalescent Home	6	5	—	—	—
141	Worthing Convalescent Home	8	8	—	—	—
142	Boxgrove Convalescent Home, Reading	9	8	56	—	52
143	Limpsfield Convalescent Home	12	Not stated	44	Not stated	—
144	Scarborough Convalescent Home	15	13	86	—	55
145	Aberdeen Convalescent Home	16	7	173	Nil	15
146	Mrs. Kitto's Convalescent Home	16	10	171	Nil	22
147	Brighton Convalescent Home	18	18	—	—	—
148	Crole Wyndham Convalescent Home	20	6	—	—	—
149	St. Agatha's, Beckenham	20	11	58	Nil	69
150	Moretonhampstead Convalescent Home	22	15	133	—	41
151	St. Mary Magdalene's... ..	23	17	61	Nil	101
152	Hastings, St. Mary's	27	No further particulars obtainable	—	—	—
153	Suffolk Convalescent Home	30	16	146	Nil	40
154	King's College Hospital Convalescent Home	30	20	109	—	35
155	St. Andrew's, Folkestone	31	27	391	—	25
156	Herbert Convalescent Home	32	32	No further particulars obtainable	—	—
157	Hanwell Convalescent Home... ..	34	22	159	Nil	52

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out-Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					

WOMEN.

£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
2 3 6	0 1 9	1 14 10	0 6 0	64	2,285	55·070	352	1,770	1,315	120
—	—	0 15 8	—	—	—	2·459	388	642	625	121
1 3 4	0 2 1½	1 1 9	0 2 7	53	1,640	3·357	209	697	708	122
0 15 9½	—	0 15 10	—	Not stated	—	1·614	786	1,107	1,070	123
1 14 6	0 2 9	1 7 3	0 7 9	207	2,215	6·523	280	2,091	2,059	124
—	—	—	—	—	—	1·101	437	834	820	125
1 10 0	0 2 6	1 6 8	0 7 11	416	5,444	27·393	Nil	6,205	6,050	126
1 0 0	0 0 10¼	0 19 10	0 1 8	338	7,099	12·920	140	3,101	3,133	127
1 15 8	0 0 8½	1 12 6	0 11 7½	382	3,509	15·772	1,545	6,619	6,155	128

MISCELLANEOUS.

0 12 0	Not stated	1 15 8	0 1 9	56	4,329	25·324	533	1,554	1,257	129
2 14 0	0 1 2	2 9 4	0 1 4½	141	12,956	19·003	488	1,949	2,173	130
1 13 4	0 4 5	1 10 0	0 6 4½	128	1,245	10·498	166	1,800	1,684	131
3 3 3	Nil	3 3 3	Nil	116	Nil	3·882	792	2,953	3,002	132
0 19 9	Nil	0 19 10	Nil	139	Nil	5·351	258	939	945	133
1 4 9¼	0 3 5½	1 1 1½	0 6 0	207	2,148	24·262	Nil	3,109	3,155	134
* 1 8 7	1 6 6	1 19 6	4 6 0	304	825	24·586	Nil	14,357	14,345	135
0 14 6	Not stated	1 4 2	0 4 9	515	6,147	23·403	280	4,285	4,834	136
0 10 1	0 3 0	0 14 8½	0 3 0	649	49	11·255	1,919	11,342	11,575	137

* Approximate only.

INSTITUTIONS.

—	—	Not obtainable	—	—	—	—	—	—	—	138
—	—	Not obtainable	Not	stated	—	9·560	968	1,818	1,845	139
—	—	Not obtainable	—	—	—	—	—	180	180	140
—	—	Not obtainable	—	—	—	—	—	900	900	141
0 11 6	—	0 11 6 Nil	—	—	—	4·347	69	240	240	142
—	—	No particulars	90	—	—	1·826	23	230	223	143
Not stated	—	0 12 10 Nil	73	—	—	5·787	243	446	457	144
Not stated	Nil	1 0 11 Nil	Not stated	Nil	—	1·301	8	413	389	145
0 13 0	Nil	0 12 10 Nil	155	—	—	1·653	5	366	369	146
—	—	Not obtainable	—	—	—	—	—	550	—	147
—	—	—	—	—	—	—	—	—	—	148
1 2 1¾	Nil	1 2 2 Nil	Not	obtainable	—	4·801	135	552	633	149
0 6 6	—	0 6 6 —	—	—	{ No manage- ment expenses }	—	64	329	297	150
0 15 3	Nil	0 15 8 Nil	134	Nil		2·757	190	713	559	151
—	—	Not obtainable	—	—	—	—	—	834	820	152
Not stated	Nil	0 12 6 Nil	Not	stated	—	6·530	128	469	522	153
Six mon ths' return	only	—	—	—	—	—	49	2,772	2,769	154
0 18 4	—	0 18 4 Nil	Not	stated	—	1·909	724	1,283	1,281	155
—	—	Not obtainable	—	—	—	—	—	900	830	156
0 7 0	Nil	0 6 8 Nil	164	Nil	—	·693	276	423	435	157

No.	NAME OF INSTITUTION	No. of Beds	Average No. of Beds Occupied Daily Last Year	No. of Patients Last Year 1878		Average No. of Days each Patient was Resident
				In-Patients	Out-Patients	
158	Lowestoft Convalescent Home	35	Not stated	132	Nil	Not
159	Corstorphine Convalescent Home, Edinburgh ...	50	37	660	Nil	20
160	Cromwell House	52	48	—	—	—
161	Seaford Seaside Convalescent Home	56	37	547	Nil	28
162	Cumberland and Westmoreland Convalescent Inst.	60	50	504	—	47
163	Saltburn	60	—	—	—	—
164	Meltham Mills, Yorkshire	66	36	—	—	—
165	Glasgow Convalescent Home... ..	67	67	1,325	Nil	19
166	Blackwall Convalescent Home, Worcester	75	43	—	—	—
167	Saltcoats Convalescent Home, Ayr	76	—	1,241	—	22
168	Mrs. Gladstone's Convalescent Home	78	71	1,252	—	18
169	A. Morley's Convalescent Home	80	57	573	Nil	25
170	London and Brighton Convalescent Home (Mrs. Marshman)	90	50	1,409	Nil	21
171	Mrs. Rusher's London and Dover Convalescent Home	90	54	1,030	Nil	19
172	Throne Convalescent and Children's	92	35	112	Nil	39
173	St. Andrew's Convalescent Home, Clewer	95	71	656	—	39
174	Coatham Convalescent Home	100	—	577	No further	particulars
175	Newcastle Convalescent Home	150	Not stated	1,086	Nil	Not stated
176	Newcastle Prudhoe Convalescent Home	150	—	—	—	—
177	West of Scotland Convalescent Home	170	150	1,938	Nil	28
178	Southport Convalescent Home	224	120	876	Nil	50
179	Metropolitan Convalescent Home, Walton-on-Thames	300	222	—	—	—
180	Metropolitan Convalescent Institution	450	225	3,434	Nil	24
181	Convalescent Cottage, Epping	6	5½	124	—	16
182	Tunbridge Wells Convalescent for Children, Framp Forest	Not	stated	86	Nil	Not
183	Liverpool Convalescent Institution	—	—	500	—	No further
184	Kilman Convalescent	Not	stated	998	Nil	No further
185	All Saints' Convalescent Hospital, Eastbourne (1879)	300	189	2,466	Nil	28

1. *The Cost per Patient.*—It may be desirable to explain how the cost of each In-Patient and of each Out-Patient has been arrived at. It was necessary to draw a hard and fast line, and to obtain an identical basis, so as to include the same items in each instance. The returns obtained give in detail the cost of Maintenance under sub-heads of Provisions, including Wines &c.; Drugs and Surgical Appliances; Domestic Expenses, including Bedding, Linen, Washing, Gas, &c.; Salaries, Wages, Pensions, Nursing, Gratuities, &c. (except as below); Rents, Rates, Taxes, and Insurance; Repairs (ordinary); Furniture and Building Improvements; New Buildings not provided for by a special fund; Miscellaneous, including Grants to Medical College, Pupils' Prizes, Petty Expenses, Burials, &c. (except as below). Of Management under sub-heads:—Salaries to Secretary, Office Clerks, and Collector, including poundage and other payments; Printing, Advertising, Stationery, Postage, and Law Charges; Incidental Expenses connected with Management. In calculating the cost of each In-Patient the following items have been taken:—Provisions &c.; *Half* the Drugs and Surgical Appliances; Domestic Expenses; Salaries and Wages connected with Maintenance. In calculating the cost of each Out-Patient all remaining expenses are included, except the cost of Furniture and Building Improvements. This is the plan adopted by the Metropolitan Hospital Sunday Fund Council.

Cost per Head, as stated by Hospital Authorities		Approximate Cost per Head, worked out by Mr. Burdett, and Checked by Accountant		Last Three Years' Average		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS for Three Years	Average Gross Annual INCOME	Average Gross Annual EXPENDITURE	No.
In-Patients, per Week	Out-Patients	In-Patients, per Week	Out-Patients	In-Patients	Out-Patients					
£ s. d.	£ s. d.	£ s. d.	£ s. d.			£	£	£	£	
obtainable	—	Not obtainable	—	—	Nil	3·314	127	697	717	158
0 13 11	Nil	0 13 11	Nil	Not stated	Nil	1·307	38	4,491	4,100	159
—	—	Not obtainable	—	—	—	—	—	1,600	1,600	160
Not stated	Nil	0 19 10	Nil	515	Nil	17·055	451	4,089	4,677	161
0 4 2	—	0 4 2	Nil	441	—	4·761	194	933	1,003	162
—	—	Not obtainable	—	—	—	—	—	—	995	163
—	—	Not obtainable	—	—	—	—	—	1,035	980	164
0 10 0	Nil	0 11 2	Nil	1,187	Nil	5·351	Nil	2,266	2,008	165
—	—	Not obtainable	—	—	—	—	—	1,650	1,600	166
Not stated	—	0 6 5	Nil	1,081	—	5·037	—	1,323	1,251	167
0 9 8	—	0 11 3	—	1,225	—	5·804	Nil	1,844	1,987	168
Not stated	Nil	2 6 3	Nil	Not stated	—	5·413	136	4,509	4,732	169
0 5 6	Nil	0 10 8	Nil	1,274	Nil	3·035	1,350	2,048	1,935	170
0 9 1	Nil	0 9 2	Nil	1,036	Nil	1·463	838	1,337	1,179	171
2 3 6	Not stated	2 3 6	—	Not stated	—	2·440	4	1,267	1,345	172
0 16 5 ³ / ₄	—	0 18 5	—	633	—	1·680	852	3,606	3,389	173
obtainable	—	0 18 5	—	—	—	2·129	Nil	1,917	1,247	174
Nct stated	Nil	0 18 5	—	Not obtnbl.	Nil	3·260	19	2,697	3,357	175
—	—	—	—	—	—	—	—	—	—	176
Not stated	Nil	0 19 0	Nil	Not stated	Nil	13·163	11	4,686	7,359	177
0 12 3	Nil	0 12 3	Nil	891	Nil	3·828	3,303	4,009	4,046	178
—	—	—	—	—	—	—	—	6,000	6,000	179
0 12 10	Nil	—	—	3,369	Nil	7·413	113	8,683	9,092	180
1 1 9 ¹ / ₂	—	1 1 9 ¹ / ₂	—	Not	stated	10·967	55	310	344	181
obtainable	—	Not obtainable	—	149	—	9·316	101	352	352	182
particulars obtainable	—	Not obtainable	—	—	—	2·526	661	2,567	2,354	183
particulars obtainable	—	Not obtainable	—	—	—	22·869	Not stated	945	1,182	184
0 10 0	Nil	0 10 5	Nil	2,367	Nil	1·199	864	5,522	5,316	185

2. *Legacies*—Those who desire to make use of the figures in this table, by way of comparison or otherwise, should bear in mind that *Legacies* are included in the column headed 'Average Gross Annual Income,' and that *Invested Legacies* are included in the column headed 'Average Gross Annual Expenditure.'

3. *Management* includes—Printing, Advertising, Stationery, Postages, Secretary's and Clerk's Salaries, Collector's Poundage, Law and other incidental charges connected with Management.

4. *Maintenance* includes—Provisions, Drugs, Household, Rent, Wages, and other charges for maintaining Patients.

DISPEN

(METROPOLITAN

PROVIDENT.

No.		NAME OF DISPENSARY	Number of Patients Last Year 1878		
			Home Visits	New Cases	Midwifery
1	Metropolitan	Royal Pimlico Provident Dispensary	1,175	4,061	Nil
2	"	S.S. Paul and Barnabas Provident Dispensary ...	1,256	2,688	6
3	"	Paddington Provident Dispensary	1,461	5,635	152
4	"	Westbourne Park Provident Dispensary and Maternity	2,267	763	39
5	"	St. George's (Hanover Square) Provident Dispensary..	3,085	3,935	17
6	"	St. John's Wood and Portland Town Prov. Dispensary	Not stated	3,603	119
7	"	Islington and North London Provident Dispensary ...	3,200	4,500	42
8	"	Battersea Provident Dispensary	4,496	3,057	89
9	"	Kilburn Provident Medical Institution... ..	3,780	1,490	Nil
10	Provincial...	Leamington Provident Dispensary	7,112	Not stated	111
11	Metropolitan	Camberwell Provident Dispensary	17,664	11,716	238
12	Provincial...	Devonport Provident Dispensary, Royal Albert Hosp.	Not recorded		No midwifery
13	"	Stony Stratford Provident Dispensary	No	information	
14	"	Brighton, Hove, and Preston Provident Dispensary ...	No	information	
15	"	Gloucester Provident Dispensary	No	information	
16	"	Coventry Provident Dispensary	Not stated	4,711	116
17	Metropolitan	Provident Medical Institution	2,044	3,427	12

GENERAL.

1	Metropolitan	Bloomsbury Dispensary	Not stated	4,963	Nil
2	"	Brixton, &c., Dispensary... ..	2,187	3,273	Nil
3	Provincial...	Birmingham General Dispensary	—	19,166	—
4	"	Carlisle Dispensary	No record	2,965	Nil
5	Metropolitan	Chelsea, Brompton, and Belgrave Dispensary...	4,300	5,453	188
6	"	City Dispensary	1,000	16,301	Nil
7	"	Clapham General Dispensary	677	1,410	Nil
8	Provincial...	Dudley Dispensary	3,079	4,516	Nil
9	Metropolitan	Eastern Dispensary	3,076	3,818	138
10	"	Farringdon General Dispensary	1,987	3,301	50
11	"	Finsbury Dispensary	3,065	10,654	Nil
12	Provincial...	Gateshead Dispensary	9,028	Cannot find	Nil
13	Metropolitan	Gipsy Hill and Upper Norwood Dispensary (Providnt.)	3,650	Nil	72
14	"	Holloway and North Islington Dispensary	7,296	8,539	Nil
15	Provincial...	Hull and Sculcoates Dispensary	Not stated	5,585	Nil
16	Metropolitan	Islington Dispensary	4,377	13,373	Nil
17	"	Kensington Dispensary	7,694	6,300	Nil
18	"	Kilburn, Maida Vale, and St. John's Wood Dispensary	6,721	1,621	Nil

S A R I E S.

AND PROVINCIAL).

PROVIDENT.

Approximated Cost, as stated by Dispensary Authorities		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS during the last three years	Average Gross Annual INCOME during the last three years	Average Gross Annual EXPENDITURE during the last three years	No.
Each Midwifery Case	Each other Case					
£ s. d.	£ s. d.	£	£	£	£	
Nil	0 3 1	13.066	410	1,017	961	1
0 10 0	0 4 0 $\frac{3}{4}$	5.168	131	481	529	2
1 2 0	0 1 4	3.104	428	643	631	3
0 10 0	0 1 1	16.339	157	338	356	4
0 5 0	0 3 2 $\frac{1}{2}$	11.032	189	793	786	5
1 1 0	0 2 1 $\frac{3}{4}$	14.695	298	605	600	6
0 10 6	0 0 6	16.842	247	440	444	7
0 11 1	0 3 7	6.003	396	565	565	8
Nil	0 5 3	9.874	463	631	612	9
Not stated	Not stated	12.032	596	822	690	10
Not stated	Not stated	2.837	859	1,328	1,341	11
attended	0 1 4 $\frac{1}{2}$	7.343	583	687	687	12
No information	No information	9.697	445	587	509	13
No information	No information	16.431	486	887	941	14
0 15 0	Not stated	6.797	427	791	422	15
0 10 6	Not stated	6.504	1,363	1,417	1,579	16
Not stated	0 10 6	37.830	118	505	521	17

GENERAL.

Nil	Not stated	10.835	Nil	709	706	1
Nil	Not stated	11.166	Nil	501	473	2
Not stated	0 4 5 $\frac{1}{2}$	7.240	Nil	5,360	5,291	3
Nil	0 2 7 $\frac{1}{2}$	10.319	Nil	421	449	4
0 5 0	0 0 11 $\frac{1}{4}$	11.472	Nil	857	882	5
Nil	0 1 2 $\frac{1}{2}$	18.828	Nil	1,686	1,744	6
Nil	0 4 1	11.565	Nil	347	395	7
Nil	0 3 1 $\frac{1}{2}$	9.982	Nil	1,593	1,443	8
Not stated	Not stated	11.984	Nil	604	609	9
0 5 0	0 2 11	4.900	168	583	558	10
Nil	0 1 2 $\frac{1}{2}$	7.843	217	935	660	11
Nil	Not stated	9.428	Nil	1,259	383	12
0 6 8	Not stated	4.587	168	221	228	13
Nil	0 1 1	5.556	316	989	870	14
Nil	Not stated	6.132	Nil	1,034	1,050	15
Nil	0 1 5	7.335	487	975	995	16
Nil	Not stated	13.177	2	591	627	17
Nil	0 5 1	12.200	Nil	564	515	18

No.		NAME OF DISPENSARY	Number of Patients Last Year 1878		
			Home Visits	New Cases	Midwifery
19	Provincial ...	Leeds Public Dispensary	3,157	19,060	Nil
20	Metropolitan	London Dispensary	195	1,430	Nil
21	"	Infirmery for Consumption	1,500	210	Nil
22	"	Metropolitan Dispensary	3,200	8,681	106
23	Provincial ...	Newcastle Dispensary	Not stated		Nil
24	"	Northampton Victoria Dispensary	31,429	Not stated	515
25	Metropolitan	North-West London Free Dispensary	Not stated	3,202	Nil
26	"	Notting Hill Dispensary and Maternity (Provident)	1,545	Not stated	33
27	"	Portland Town Free Dispensary	322	2,435	9
28	Provincial ...	Oxford Medical Dispensary	—	—	—
29	Metropolitan	Public Dispensary	538	3,776	Nil
30	"	Queen Adelaide Dispensary	906	3,122	Nil
31	"	Royal General Dispensary	1,682	3,728	Nil
32	"	Royal Kent Dispensary	Not stated	10,204	694
33	"	Royal Maternity Charity	Nil	Nil	3,133
34	"	Royal South London Dispensary	1,183	5,740	Nil
35	"	St. George's and St. James's Dispensary	3,492	7,902	Nil
36	"	St. Marylebone General Dispensary	Not stated	2,750	115
37	"	St. Pancras and Northern Dispensary	4,000	4,040	90
38	Provincial...	Southampton Dispensary	Not stated	2,216	Nil
39	Metropolitan	South Lambeth, Stockwell, &c., Dispensary	978	2,715	Nil
40	"	Stamford Hill, &c., Dispensary	7,997	3,331	Nil
41	"	Tower Hamlets Dispensary	192	1,877	83
42	"	Western Dispensary (partly Provident)	5,657	5,698	487
43	"	Western General Dispensary	1,249	15,863	173
44	"	West Ham, Stratford, &c., Dispensary... ..	3,455	6,464	Nil
45	"	Westminster General Dispensary	992	10,947	Nil
46	Provincial ...	Worcester Dispensary, &c., Provident	Cannot supply this	information	

Approximate Cost, as stated by Dispensary Authorities		Percentage of Cost of MANAGEMENT to that of MAINTENANCE	Average Amount of PATIENTS' PAYMENTS during the last three years	Average Gross Annual INCOME during the last three years	Average Gross Annual EXPENDITURE during the last three years	No
Each Midwifery Case	Each other Case					
£ s. d.	£ s. d.	£	£	£	£	
Nil	Not stated	11.421	11	2,130	1,503	19
Nil	0 6 3	9.512	Nil	506	523	20
Nil	Not stated	23.317	Nil	504	439	21
0 2 6	0 1 5	9.310	119	704	634	22
Nil	Not stated	7.233	37	2,110	1,985	23
0 10 0	Not stated	6.324	2,365	2,773	2,593	24
Nil	0 1 0	18.120	9	172	176	25
0 10 0	0 6 8 ½	6.224	215	509	502	26
0 10 6	Not stated	7.360	Nil	218	248	27
—	—	—	—	—	—	28
Nil	0 3 3½	10.488	Nil	732	777	29
Nil	Not stated	13.089	Nil	513	499	30
Nil	0 1 4½	13.400	90	852	804	31
0 6 3	0 3 9	12.518	Nil	2,083	2,010	32
0 8 9	Nil	30.334	Nil	1,532	1,522	33
Nil	0 2 10½	16.821	Nil	965	882	34
Nil	0 1 4½	10.416	Nil	598	637	35
0 5 0	0 4 0	16.666	112	715	658	36
0 5 0	0 2 6	10.080	6	550	546	37
Nil	0 3 0	16.541	Nil	789	681	38
Nil	0 4 0½	7.807	227	692	649	39
Nil	0 3 5½	8.587	Nil	663	674	40
0 4 2	0 9 1	7.565	Nil	444	455	41
0 5 7	0 2 0	15.974	169	734	726	42
0 5 0	0 1 6½	13.752	Nil	1,238	1,249	43
Nil	0 2 1½	13.058	Nil	715	657	44
Nil	0 0 10	14.383	28	500	501	45
Cannot supply	this information	13.565	419	1,307	1,663	46

TABLE giving Particulars as to the NURSING

HOSPITALS	No. of Beds	Average Daily No. Occupied	Number of			Annual Remuneration,
			Sisters	Nurses	Pro- bationers	SISTERS
Seamen's Hospital	243	179	5	10	^a 7	£30 to £35. Full Board. Uniform. Washing.
Bartholomew's	680	600	26	52	^b 26	£60; after five years' service, £71.10s.; after ten years' service, £78. Two dresses. No board.
Guy's	560	500	20	72	36	£50. Partial board. Dresses ...
London	780	590	20	92	40	Day, £30. 4s. to £38. 5s., according to size of wards, increasing £1 annually for four years. Night, £45 to £50. Two Dresses and Board, but no washing.
St. George's	353	299	15	51	10	£32; increasing £1 a year to £40. Board. Uniform.
Middlesex	300	260	9	42	20	£3. Full board. Dresses ...
St. Mary's	192	170	8	15	6	£30; increasing £2 a year to £40. Board. Dresses. Partial Wash- ing.
Westminster	200	140	7	14	16	£28. Board. Washing. No uni- form.
King's College	205	175	7	20	25	Full board. Dresses
Charing Cross University College	— —	— —	— —	— —	— —	— —
St. Thomas's	573	340	14	^c 36	30	£35; increasing to £50. Partial board. Uniform.
Average	408 ³ / ₅	325 ³ / ₁₀	13 ¹ / ₁₀	40 ² / ₅	21 ³ / ₅	

(a) Two in addition from Mrs. Ranyard's Home, who remain three months. Patients are able to do much for themselves.

(b) 26 Ward Assistants in addition to Probationers.

(c) 12 are Nightingale Nurses.

at the Chief METROPOLITAN HOSPITALS.

Board, &c.	Proportion of			Systems of Nursing
	Sisters to Patients 1 to	Nurses to Patients 1 to	Probationers to Patients 1 to	
NURSES				
£12 to £25. Full board. Uniform. Washing.	36	18	25½	Trained as Probationers for two years at the Hospital. None but Probationers engaged from outside. Regular system of training. Matron under control of Resident Medical Officer, subject to Committee of Management.
£20; after two years, £22; after four years, £24. Dresses. Board. 1s. 6d. a week for laundry.	23	11½	23	Matron engaged by Governors and Treasurer, under whose control she is. Nurses trained within Hospital, on definite plan.
£20. Board. Dresses.	25	7	14	Matron independent of Medical staff entirely; owns allegiance to Treasurer alone, who is supreme in all matters of nursing. No satisfactory system at present.*
Day, £21. 16s; Night, £23. 16s., with Board, and material for two Print Uniform Dresses, but without washing. Probationer Nurses are retained for two years from the expiration of their trial month. They receive £12 for the first year, and £20 the second, with material for two Print Uniform Dresses and Caps, but no washing.	42	10½ 8	42	Matron engaged by Committee of Management, but under the control of the House-Governor. The Medical Staff are not represented on the Committee of Management.
£20; increasing £1 a year to £25. Night Nurses, £22; increasing £1 a year to £28.	20	6	30	Matron under control of Committee, but Nursing Committee, upon which the Medical Staff are largely represented, has the control of the nursing.
£20 to £24. Full board. Dresses. No washing.	29½	6	13	Matron engaged by and under control of Committee of Management. Nursing chiefly managed by Medical Committee.
£20; increasing to £25 in three years. Board. Dresses. Partial washing.	21	11	28	Matron engaged by the Committee of Management, but each Honorary Medical Officer has absolute control over the Nurses in his wards.
£18; increasing to £25. Board. Washing. No uniform.	20	10	9	Matron engaged by Committee, who work in conjunction with Lady Stanley's Nursing Home. At least five members of Honorary staff are on Managing Committee.
£22. Full board. Dresses. Washing.	25	9	7	Entirely under the management of St. John's House. Medical Staff have little, if any, voice in the matter.
—	—	—	—	{ Under Sisterhoods also. Do. do.
£23; increasing to £25. Partial board. Uniform.	24½	9½	11	Matron engaged by Governors and Treasurer; is also Matron of the Nightingale Nursing Home, from which all the Nurses are drafted and trained.
Average	1 to 26½	1 to 9½	1 to 20½	

* It is reported that a new system, giving the staff entire control over the nursing, has been approved by the Governors.

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