

Report of Sub-Committee on Out-Patients.

Contributors

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REPORT

OF

SUB-COMMITTEE

ON

OUT-PATIENTS.

ALCOCK, R.

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LONDON :

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REPORT.

The Sub-Committee appointed on the 22nd day of July, 1873, "to take into consideration the alleged and generally recognised abuses in the administration of Out-Patient Relief, and report on the best means of providing a practical remedy," having presented a Preliminary Report, dated the 20th of August last, now submit a further and final Report on the matters referred to them.

The immediate cause of the appointment of this Sub-Committee was a memorial addressed, on the 1st of July last, to the Chairman of the Weekly Board by the Assistant Physicians of the Hospital. In this document the Assistant Physicians express their "desire to draw the attention of the Committee to the large and increasing number of Out-Patients now attending at this Hospital," and proceed to point out that "it is practically impossible, during the time the Physicians can devote to the purpose, to give medical advice to more than 15 new patients on the same day." "At present," they observe, "the average attendance of such patients is nearly 30 per diem; and the result is, that each individual has to be seen very hurriedly, and the business of the Out-Patient room consists of little else than a rapid distribution of drugs. There is no time for minute questioning or general advice;" and they deem it "their duty to state that the numbers at present are so large, that it is quite impossible to give separate study to individual cases of illness; so that, in the great majority of instances, *the advice given is very imperfect, and the medicine very useless.*"

Having thus signalled the existence of serious evils, the Assistant Physicians express their belief, "that the increase in the number of Out-Patients is due to the fact that the neighbouring Hospitals institute inquiries in the case of every person applying for relief as an Out-Patient, while the Westminster Hospital (where no inquiries whatever are made) receives the overflow from other institutions, consisting of applicants who, for some reason or other, are deemed elsewhere unsuitable objects for charitable relief."

Upon this strong representation from the Assistant Phy-

sicians, the House Committee determined that a Sub-Committee should proceed at once to inquire into the whole matter. A subsequent letter, dated the 12th of July, from Mr. Davy, the Senior Assistant Surgeon—since elected a Surgeon of the Hospital—was received, generally endorsing and confirming the statements of the Assistant Physicians, and showing that the evils enumerated were not confined to the Medical side of the Out-Patient department.

Mr. Davy points out that, “with a limited staff, the numerical test is a very fallacious gauge of good service rendered, and that it is far better to really benefit the few than superficially examine the many.” He also draws attention to the fact that, apart from these considerations, the “Out Patients’ rooms are not adapted for receiving a mass of poor applicants.”

In view of these urgent appeals from the Medical Staff of the Hospital, the first object of your Sub-Committee was to take such action in the direction indicated by them as might, provisionally at least, mitigate the pressure of excessive numbers and overcrowding, while more permanent measures were under consideration.

The preliminary Report was framed to meet this end, by the limitation of new cases to 15 per diem on the Medical and Surgical side respectively, and the acceptance of the proffered assistance of the Inquiry Agent of the Charity Organization District Committee, if necessary. These provisional recommendations having been approved by the House Committee, it was resolved by your Sub-Committee, before proceeding to any further action for the remedy of abuses, to institute careful inquiries under the heads hereinafter specified, keeping in view the end and scope of the paragraph which, at their recommendation, had been inserted in the Annual Report of 1872 to the following effect:—

“The Committee deem it necessary to state, that their attention having been specially called to the increasing number of Out-Patients, and many very serious evils attending the indiscriminate administration of relief in the Out-Patient department of the Metropolitan Hospitals to applicants, whatever their circumstances or condition, they are convinced of the necessity for a change in this direction both in the interest of the poor and of the public. With this object they have nominated a carefully-selected Sub-Committee to take into consideration any such existing abuses of charity, and report on the best means of applying, if possible in concert with other Institutions, an effective remedy. When this report shall have been received and approved by the House Committee, it is in contemplation to make its purport known to the Governors and Subscribers, together with the practical measures which may be proposed, in the hope of securing both the active co-operation, and the public sanction of those most directly interested in the Hospital and its charitable work.”

The enquiries determined upon were divided as follows:—

- 1st. The objects contemplated by the Founders of the Hospital, and recorded in Minutes made at the time.
- 2nd. The nature and extent of any existing abuses in the Out-Patient Department.
- 3rd. The practice of other Hospitals, as also of Dispensaries, in adjoining districts.
- 4th. The practical measures best adapted to supply a remedy for any ascertained abuses, if possible in concert with other Hospitals in contiguous districts.

While these enquiries were being prosecuted, a further Report from the Assistant Physicians, in accordance with a requisition of the House Committee of the 23rd of July, was referred to them (copy annexed, No. 1), shewing the working of the provisional measure of limiting the number of new cases to be seen daily in the Out-Patients' rooms,—those having Governors' letters and cases of urgency being excepted. In this latter report it is stated that one effect of the limitation has been to "increase the number of applicants who come provided with Governors' letters." They also state that "the persons so selected are mostly suffering from chronic illness, or from the results of poor or intemperate living, and the proportion of serious cases is comparatively small," and further add that it is expected, "when the present system becomes more generally known among the pauper community, most of the applicants will be holders of these letters, and we shall thus revert to a system of relief through private recommendation which is now, as we believe, abandoned by all the general Hospitals in London." With regard to Governors' letters, they further observe, "it is obvious that unless some limitation is placed upon these, the present measures will be entirely nugatory. These recommendations, it is well known, are very easily obtained, and the making application for them forms a ready and convenient cover for common begging. As a matter of fact, these patients are not of the class for whom hospital relief is chiefly intended."

This Report concludes with words of serious import, to which your Committee would draw especial attention, "considering that our Out-Patient department, unlike many other hospitals, is open every day in the week, we believe that in undertaking to give rational advice and directions to 15 new patients daily, the hospital fully meets all legitimate requirements, while we would submit that the labour and time required for this work is as much as we can conscientiously undertake, or can fairly be required at our hands."

With these data before them, the Sub-Committee have now to submit the result of the enquiries instituted under the heads above specified.

1. *The objects contemplated by the Founders of the Hospital as recorded in Minutes made at the time.*

Upon reference to the original Minutes of the Founders of the Westminster Hospital, Mr. Hoare and others, your Committee find that in 1719 the object of the Charity was to afford "*Medical and Surgical Relief to poor sick and infirm persons inhabiting the City of Westminster and elsewhere;*" and these terms are recited in the Act of Incorporation, 6 Gulielmi IV, cap. xx (19th May, 1836). In the first Report published after the establishment of the "Infirmery," as it was then styled, this charitable object was still further defined and enlarged in the following terms;—"Whereas a charitable proposal was published in December last for *relieving the sick and needy*, by providing them with Lodging with proper Food and Physic, and Nurses to attend them during their sickness, and by procuring them the advice and assistance of Physicians or Surgeons as their necessities should require." The "poor sick," and the "sick and needy," are always referred to as the objects of the Charity, whether as In-Patients or Out-Patients.

It seems only necessary to remark with reference to these extracts that they show the original intention of the founders of the Hospital was to limit its benefits to those who were poor, in the sense of being needy and unable otherwise to obtain the medical care and assistance they required. At this early date a large number of the poor, who are now otherwise provided for, were in a great degree dependent upon such Medical treatment as they could obtain at Public Hospitals. The tendency of all modern Poor Law legislation has been by making more ample provision for the poor sick and infirm, to further limit the proper objects of the charity, within the meaning and intent of the founders of this and other Hospitals, to the poor not adequately provided for by the Poor Law.

The Hospital being in effect established for the relief of the sick poor, it follows that only those unable to pay for the medical advice their cases require, excepting always accidents and sudden emergencies, can be considered as legitimately coming within the range of the charity.

2. *The nature and extent of any existing abuses in the Out-Patient Department.*

The evidence furnished by the Assistant Physicians and Surgeons and others on this head, in the opinion of the Subcommittee, fully established the following facts and general conclusions.

1. Abuses no doubt exist from attendance of persons able to pay; but in the opinion of the Assistant Physicians,—who however consider it no part of their business to scrutinise the worldly condition of applicants,—the extent of this abuse has been over-estimated.
2. The numbers and overcrowding of the accommodation, beyond the power of the establishment to do justice to the patients, or themselves, has not been exaggerated;

especially in the Physicians' Department. From 120 to 140 per day is far beyond the number which can be properly attended to. From three to four hours would be required at the rate of two minutes for each patient; or dividing the number between two Medical Officers, not less than two hours.

3. A considerable number of the applicants for Outdoor relief, both Medical and Surgical, are not cases fitted to derive benefit from any treatment as Out-Patients, and therefore should not be received. Many require warm clothing, light and nourishing food, entire rest, and avoidance of exposure, more than medicine. Such Patients are not to be benefited by the mere ordering of medicine unaccompanied by the other essential conditions. Many infantile cases also, with or without contagious disease, ought either to be In-Patients, or treated at home, as they might be, if on the books of a Provident Dispensary, or of the Poor Law Dispensary of their district.

3. *The practice of other Hospitals, as also of Dispensaries.*

At *Charing Cross Hospital* there is no limitation of the number of new cases by any fixed rule; nor is there any scrutiny as to the circumstances of the patients, other than such as the attending Medical Officers may in their discretion exercise. The limited accommodation tends to curtail the total number attending any one day. The printed report of last year, shows the total number of Out-Patients treated to have been 15,928 and In-Patients 1,362, and of these combined, 13,313 were admitted without letters of recommendation; notwithstanding the rule that none but accidents or urgent cases shall be admitted without such letters. The number of new cases daily seen has not been accurately ascertained, but it is roughly estimated that 30 Out-Patients are seen every day except Sunday. The Staff employed in this service consists of three Assistant Physicians, and three Assistant Surgeons, besides a Physician for the treatment of diseases of the skin, and a Surgeon Dentist further assisted by a Resident Medical, Surgical, and Obstetrical Officer as at the Westminster. No salary is paid to the Assistant Physicians and Surgeons.

In reference to the alleged abuse of Hospital Charity by Out-Patients, the annual report states that, "The Council have had their attention called to the alleged abuse by Out-Patients of the Medical Charities of the Metropolis, with a view to ascertain if it would be desirable to make any alteration in the Out-Patients' department of this Hospital. The subject was referred to the Medical Committee who reported, that after fully considering the matter, they were of opinion that the extent of abuse was not so great as had been supposed. The Committee, therefore, did not

recommend any alteration in the system of admitting Out-Patients."

At *St. Thomas'* there is no rule limiting the number of new cases to be admitted in one day among the Out-Patients. The Governors have the privilege of recommending by letter without limit, and there is no refusal of treatment to those who apply without letters. There is no scrutiny or discriminative element in operation, as to the means or worldly circumstances of the applicants, but the Medical Officers are understood themselves to make a selection at their own discretion, and practically to limit the number of new cases to be seen in one day.

There is no printed Annual Report, but the number of Out-Patients seen in the course of the year are estimated at from fifty to sixty thousand, giving an average of 175 per diem, excluding Sundays. There are six Medical and Surgical attendants, one of each attending every day, besides the Medical Officers for special diseases—Ophthalmic, Skin Diseases, Obstetric cases—and a Dentist. To the six Assistant Physicians and Surgeons a salary of £100 per annum is paid. The accommodation is on a large scale, and the crowding complained of in other hospitals would seem sufficiently provided against. It is reported that the Medical Officers are often in attendance from 1 to 4 or 5 o'clock p.m.

At *St. George's* considerable changes have been made within the last year or two with a view to remedy evils similar to those complained of here. There is now a limitation in the absolute number of new cases admitted in any one day; and also a discriminating element at work. The Assistant Secretary receives all applications for admission to the Out-Patients' waiting-room; and when in doubt as to their circumstances, the case is referred to the Secretary. If he be not satisfied on the subject of their inability to pay for Medical advice, he is authorised to call in the assistance of the Inquiry officer of the Charity Organisation District Committee for further investigation. The Governors having relinquished their privilege of giving letters of recommendation for Out-Patients, no practical difficulty appears to be experienced in limiting the number absolutely.

It is stated by the Secretary, and his report is confirmed by the members of the Medical staff engaged in the Out-Patient department, that the system works well upon the whole—with little friction or difficulty—and answers the end in view, of preventing overcrowding and securing the elimination of the two classes deemed to be unfit, namely, those who are able to pay for medical treatment, and those in the pauper class otherwise provided for by the Poor Law Dispensaries. Whether the scrutiny goes far enough, and does or does not satisfactorily answer the end, your Committee understand are questions which have raised some discussion in the Board-room, but without leading to any alteration in the system actually adopted by the Managing Committee.

As to the *Dispensaries*, there are several of these giving gratuitous advice, and two, comparatively lately, have been re-organised on the Provident principle. The *Royal Pimlico* in Buckingham Palace Road, and the *St. Paul and Barnabas* in Ebury Street. Both seem to be in excellent working order, flourishing, and apparently giving satisfaction to the subscribing members. In some respects the relief they afford is better than any which the Hospitals can afford, because attendance is given at home when the cases require it. The *Western Dispensary*, which is nearest to the Hospital, has hitherto been a free Dispensary, giving advice gratis; but it is reported to be in contemplation to re-organise it on the Provident principle, as better adapted to meet the wants of the surrounding population, with a due regard to their means and their true interests.

4. *The best means of applying, if possible, in concert with such other Institutions (Hospitals and Dispensaries), an effective remedy for ascertained abuses in the Out-Patient Department.*

The best means of applying a remedy, and the changes required at this Hospital to give effect to a better system, have engaged the most serious attention of your Sub-Committee.

The first step to be taken in this direction, and necessarily preliminary to any effective system of limitation in the number of applicants as Out-Patients, would appear to be a clear classification of eligible cases; and next, the appointment of a well-qualified registering officer, to exercise both judgment and discretion in discriminating between those who are eligible and those who are not, reducing itself very much to those able to pay and those who, without being in receipt of parish relief, cannot pay for such medical advice as their cases require. The St. George's Hospital Committee find the services of their Assistant Secretary, in registering all applicants, and putting a few questions, and of his superior the Secretary in cases of doubt, with a discretionary power in the latter to claim the assistance of the Charity Organization Society, when it is thought necessary to institute some further inquiry, is sufficient. And it appears to answer the end in view, so far as any persistent or flagrant abuse of Charity is concerned. When once fully in operation, it seems to be very nearly a self-acting process, and to do the work of elimination without contention. In other words, when it is once known that scrutiny is insisted upon, those applicants who can be shown to be in a condition to pay for advice, cease, as a rule, to make any effort to be admitted.

The only difficulty that has been suggested lies in the application of a rule to exclude all who are able to pay for advice, either at the rate of charge usual among the Medical Practitioners of the district, or the Provident Dispensaries. The mere receipt of a certain amount of wages or income is not always sufficient to determine the fact. Some even in the position of Clerks, the superior and better paid class of Servants, or the small Shop-

keepers may be in such distress or difficulty—temporarily if not permanently—as to render them real objects of Charity. This is said advisedly, and notwithstanding that improvidence may have had no small share in bringing them to this condition. Some from the long continuance, and others from the grave nature of their maladies, need the highest Medical or Surgical skill, not to be obtained with any certainty, by persons in straitened circumstances except at the London Hospitals. Your Committee conceive that this difficulty is to be met in a spirit of Charity, and that the Secretary should be instructed to act accordingly, when doubtful cases are referred to him by the Registrar. The Governors, as a body, would undoubtedly rather prefer, if error be unavoidable in some cases, that it should be on the side of Charity. The better to secure this end the annexed instructions (A) have been drawn up for the guidance of the Registrar and Secretary.

It being understood that all casualties and accidents shall be admitted without question, and at all times as hitherto, there are in fact but two classes to be excluded in reference to worldly condition,—those able to pay for the advice they require, and those in receipt of parish relief; and these, as far as possible your Committee think should be carefully eliminated. It is not a new rule that is needed, however, to effect this, or the introduction of a novel element, so much as the more strict application of a principle laid down from the beginning by the Founders of the Hospital.

Under these conditions, the doors being open to all eligible patients, your Committee believe that the Governors will not hesitate to relinquish the exercise of any existing privilege of giving Out-Patients' letters of recommendation. Admission being in effect secured to *all fit objects of charity*, without any recommendation other than their need, there will no longer be any necessity for such letters, or any recommendation, to obtain the benefit of the best advice the Charity can command.

To sum up. The measures required are three only:—

1. The voluntary surrender of the privilege of giving Out-Patients' letters by Governors and Subscribers; and for this purpose the general consent of these must be first asked and obtained.

2. The exclusion of all who can afford to pay for medical advice and medicines,—and all who are in receipt of parish relief, and therefore already provided for by the institution of Poor Law Dispensaries. For the better ordering of the service your Committee recommend that the notice annexed in the Appendix B should be put up in some conspicuous place for all to read at the entrance of the Hospital.

3. The strict observance of the above rule by a Registrar of Out-Patients, to be appointed by the House Committee for that special duty, and to be held responsible for its faithful performance, with specific instructions as drawn up in the appendix A. They would further recommend that the different

coloured cards for men and women used at St. George's should be adopted, and the Registering admission paper given to each patient should be modified in the way marked in the annex, No. C.

The exceptional cases already referred to,—of persons in reduced circumstances who are in need of higher skill than their means will enable them to secure, and also the proportionally large number which are not fit cases for out-door relief, and cannot derive benefit from medicine or advice alone—should be specially considered by the attending medical officers, as the only competent authority to give any decision.

It is believed that with these measures any arbitrary limitation of numbers as to new cases will be unnecessary, while the existence of three provident Dispensaries in the surrounding district will adequately supply the means (even to those of the working classes who are in the receipt of inferior wages) of obtaining advice and medicine in sickness. The small amount these require from their subscribers to secure prompt and continuous treatment from properly qualified medical men, with the additional advantage of attendance at their own homes when their cases are such as to make it necessary, is within the means of all but the absolutely destitute. The funds of the Hospital will then no longer be misapplied by supplying relief to those who are not in need of charity. The medical staff will cease to be pressed beyond their power to meet the demands made upon them, and enabled to give that care and attention to the cases which is essential. The quantity of advice applied for, may be largely diminished, but the quality will be improved, to the manifest advantage of the patients, and the medical staff.

The Report is signed by RUTHERFORD ALCOCK,

Chairman of Sub-Committee.

22nd December, 1873.

*I am, Sir, a member of
the Medical Profession.*

NOTICE.

APPENDIX A.

The Registrar of Out-Patients is strictly enjoined not to place on the Register Book any patient who, he has reason to believe, is able to pay for advice, or in receipt of Parish relief.

If he sees any reason to doubt as to either of these conditions, he must refer the applicant to the Secretary.

The Secretary will then either satisfy himself as to the eligibility or non-eligibility of the applicant under the above rule; or, if he deem further investigation necessary, give a provisional card of admission pending enquiry, and refer the case to the District Committee of the Charity Organization Society in James Street for investigation, and, upon receiving the report, decide according to the information received. If a question arise as to the professional aspect of the case, he will then refer the applicant to the Medical Officer of the day, giving a card to that effect to be presented, headed "For Special Consideration," and signed by himself.

APPENDIX B.

The Hospital being established for the relief of the sick *poor*, only those persons who are unable to pay for advice, and are not in receipt of Parish relief, can be admitted as Out-Patients, except in cases of accident, requiring immediate attention.