

—will prove, as I believe, attractive to the great mass of our congregations, when the fopperies of ecclesiastical dress, the mummeries of sacerdotal imposition, and the sensuous attractions of dramatic music, shall have faded into well-deserved oblivion.

Finally, let one and all, whether in the desk, the pulpit, or the pew, endeavour to make the services of the sanctuary as edifying as possible. By the earnestness of our prayers, by the intensity of our praise, by the fervour of our thanksgiving, by the intelligence and spirituality of our "Psalms, and Hymns, and Spiritual Songs," let all strive to "worship God in spirit and in truth."

Thus, while we worship, shall our souls be filled with joy, and be blessed by the presence of Him "whose we are, and whom we serve." And thus shall we realise the blessed fact that we "dwell in God, and God in us."

CHARLES D. BELL.

ART. VI.—HOSPITALS.

PART I.

OF late years an infinite variety of charities have endeavoured to gain the support of the English public. We may read with pleasure the statements which show that although in this nineteenth century the prosperity and wealth of England have advanced by gigantic strides, we have increased our charitable gifts in a similar ratio, and cheerfully pay a tax of several millions a year to support the good objects around us. But from most of our various societies and institutions having, directly or indirectly, a religious object in view, there are not many which all classes and creeds can agree in forwarding.

Hospitals stand almost alone in being a work of charity of such a Catholic nature that Jew and Gentile, rich and poor, Englishman and Foreigner, Churchman and Nonconformist may assist in the management, and may participate in the bounty.

But the work of eleemosynary healing is done in various ways and by the help of different agencies.

Of these the general hospitals do the great proportion, and are looked upon as the centres of medical skill, and as the institutions where the study of disease may be carried out with every means at hand for the physician or physiologist to investigate the secrets of Nature. The work done by a general hospital is to take under its care all who suffer from disease or accident, so far as its space and means allow, and so long as

they be fit persons from both a social and a medical point of view—to provide medical skill, a trained staff of nurses, suitable food, a supply of good drugs and instruments, and healthy wards. With these duties must be dovetailed the task of using the patients and their ailments as subjects for education and training.

The wards occupy most of the space of a hospital, and they look quiet, orderly, and comfortable. Yet a hospital is often the scene of sad and painful sights. Especially is this the case in the room—suitably placed near the front entrance—for the reception of accidents and severe medical cases. Many have drawn their last breath in this room, when sufficient strength is not left to allow of their being taken into the wards. Another department not to be visited by those who would avoid a ghastly sight is the *post-mortem* room. This (while always discreetly kept out of sight) is of huge importance if properly worked. Not only is it valuable in a scientific point of view, but it acts as the detective department of the hospital. Here all secrets are disclosed, the doctor's surmises are proved or disproved, and the treatment the hospital has given may be criticised. Knowledge, too, is here gained for the benefit of living patients, and with the prospect of a *post-mortem* examination, the house-physician is anxious to show that he has fully and carefully examined his patient for all possible enlightenment.

There are parts of the building which will be interesting especially to a non-professional visitor, such as the kitchen, the steam laundry, the nurses' dining and sleeping rooms, and the vast stores of linen needed for so large a population.

Such is a very faint outline of some of the work done in a general hospital. When the scheme is efficiently worked, who can wonder that the poor are grateful for its benefits. And yet in times not long gone by, it was not so. An idea was then strongly rooted in the public mind that in-patients were used and abused as a vehicle of instruction to students, and that the bodies of those who died were handed over to the demonstrator of anatomy.

There is a very real charity which may be done by a general hospital at a trifling cost, and which is combined with useful instruction to the students of its school. It is the maternity department. By its connection with the hospital, women are treated at their own homes, without expense to themselves, and with the knowledge that if the least difficulty occurs, the advice of a highly-skilled obstetric physician is at once available. And while noticing this department I am glad to take the opportunity of observing how valuable in their distinct and yet similar work are other societies: such as the Surgical Aid, for supplying instruments and artificial limbs to the poor; the Rupture Societies; the dispensaries, who do much the same work as

the out-patient department of hospitals, but, of course, without their power of taking in any cases which may require in-door treatment; the nursing institutions, which supply trained nurses to the sick poor, especially to those whose cases are too chronic to be suitable for hospital; and, finally, maternity charities, for treating women at their own homes. All these, while not doing, are assisting in doing, the work of hospitals.

I cannot leave the subject of general hospitals without reference to an important work which they all should (and mostly do) have in connection with them, called the Samaritan Society. One would have thought that this name implied the work done at the hospital, which is always ready to treat a man who is "half dead," rather than the kindness shown to those who have already been well-treated and nearly cured. But whatever its name, the society undertakes that no patient leaves in real distress, and if required sends him to a convalescent home for complete restoration to health. These convalescent homes are an economy to any hospital that can afford to support one. It may be readily understood that each patient there costs much less than in a hospital worked at high pressure, containing every needful appliance and arrangement for severe and bedridden cases, who can do but little to help the nurses.

Special hospitals have of late years come greatly into fashion. Faults are often found with them, and with reason, for the system of having hospitals for a single ailment is carried much too far, and harm is done by the existence of so many of a special nature. A long list of such hospitals occurs at once to one's mind. We have orthopædic hospitals for club foot, hospitals for hip disease, hospitals for stone in the bladder, hospitals for diseases of the chest, hospitals for diseases of the throat and ear, ophthalmic hospitals, and hospitals for epilepsy. Having gone the whole length of the body, one would think this was all; but the promoters of specials will not leave the general hospitals any work they can help. There are also lying-in hospitals, and others for cancer, for the skin, for fistula, for the teeth, for women, for children, for heart disease, and even for so unattractive a complaint as ulcerous legs. Besides these, we find hospitals for Frenchmen, for Germans, and for seamen. How is it that the patients in these hospitals are thought to be better treated than in the general hospital? The answer in too many cases is, that to be known as the physician or surgeon at a hospital leads to both a practice and a name; and then a special hospital is often started by a man whose ambition is greater than his practice. The commencement is frequently a dispensary, which gradually grows until it has sufficient strength to expand into a hospital. Then a few fashionable names are secured, and care is taken to draw statistics showing how many thousands there are who are found to

be suffering from the disease in question, refraining, of course, from any hint of the fact that the general hospitals are ready to take this class of cases, that the lack of a school makes their treatment more expensive, and less useful in an educational point of view, and that no surgeons are superior in skill to those found at the old-fashioned general hospital. And they are supported by the habit of Englishmen of thinking this sub-division attractive; and by the consequence of this, that they receive a large amount of support. In London the specials now greatly preponderate. To fifteen general hospitals there are fifty-one specials—nearly all, by the way, in the West-end. No one who understands the subject can honestly believe that patients there are more skilfully, or even more suitably, treated than in a general hospital. "Moreover, this splitting up of specialities with a more than Egyptian minuteness has a tendency to destroy that unity of disease which the philosophic mind should always keep in view." The specials, besides, have no school, and so much opportunity for instruction is thrown away. So clearly is this latter the case, that at least one of the general hospitals in London offers certain facilities of admission to those suffering from some of the diseases treated by special hospitals, in order that its own students may not be without instruction in such complaints. But the number of diseases treated by special hospitals has grown from the one or two which are really essential. And some are essential. For instance, the fever hospitals must exist, although there are general hospitals which have a department for infectious cases. Patients with brain disease, also, whether they be lunatics or imbeciles, should be treated in a separate institution. With regard to ophthalmic hospitals, their oculists are usually the same men as the surgeons of the neighbouring general hospital, and, although the disease may be as easily and as well treated in the latter, yet it is held by some that so all-important an organ as the eye should have its separate institution. If a special hospital were ever required, it would seem to be needed by the Jews. They require separate food, a separate butcher, a different Sunday, and separate wards. Reasonable, indeed, it would be that they should have a special hospital, supported by their own wealth. Yet all their customs and religious observances are duly attended to by the general hospitals.

I believe that if a central body existed which controlled all the hospitals, many of the specials would be found unnecessary, and their disappearance would save the large amount of income they draw to the disadvantage of the more useful ones, and would also save much expense by reducing the multiplicity of small staffs, who act in some rivalry instead of in cordial co-operation with one another.

The country hospital or infirmary is much like a London general hospital, only on a smaller scale. It is usually in a country town of some size, and is a matter of interest to all the townsfolk. The principal practitioners of the town are the medical men of the hospital; and as the local firms and manufacturers are ever ready to help its exchequer, the managers do a vast amount of real charity without great anxiety or difficulty. The little village hospitals, too, which have sprung up largely of late years are an admirable conception. They have the advantage of being so small that every patient is known to the acting superintendent and at his discretion is made to pay, or is excused paying, something towards his cost, according to his means and to the state in which his family is left through his absence.

Our attention is often called when abroad to the hospitals of other countries, and often, if from their mere size only, they are well worthy of inspection. Some, such as at Vienna and Milan, are on an enormous scale, containing as many as 2800 or even 3500 beds. They are mostly supplied with funds by the great sums they have received and do receive as legacies. The hospital at Boston, in America, is divided into classes. There are free beds, including a large number which are endowed, the donors having to some extent the right of selecting the patients. There are also beds, the occupants of which pay \$1 a day, but less, or even nothing, if the governor thinks fit. And also a few very comfortable private rooms are kept for those willing to pay \$5 or \$6 a day. On the day I saw it there were 110 free patients out of a total of 136; and, in the year previous, 1427 patients had been admitted, of which 970 were free. They spend \$63,000 a year, and each patient costs nearly \$10 a week. A similar plan is adopted at the hospital at the Hague, in Holland, except that in it none are admitted free, except, of course, those whose employers pay the charge. There are in it no less than five classes of patients, who pay respectively per diem 15, 7·50, 3, 1·50, and 1·20 francs.

In Paris a plan is in practice which seems to me to be well worthy of attention by all hospital managers. All the hospitals are under the control of the *Assistance Publique*, and are obliged to take all their stores, drugs, food, wine, instruments, &c., from one central store, from which they are supplied at reasonable prices. Could one bring this about in London, a large saving in cost would be made, while in many articles a superior quality would be secured to that now provided. By the same central system it is arranged that all medical students are able to walk any and all the hospitals, and gain every experience that is to be learnt. With us medical education is conducted in a different manner. Any hospital whose staff desire to use their beds as a vehicle of medical instruction do so, if they have the sanction of the

governors of the hospital. The principle on which it is founded usually is that the staff receive the fees from the students, and, of course, manage the school at their own expense. A building for its use is usually supplied by the governors in return for the undoubted advantage thus gained by the hospital. A school is beneficial because it attracts a higher—or rather the highest possible—rank of medical men, who unite treatment of in-patients with lectures to the students. It is a pecuniary gain because, were the school not in existence, the numerous appointments to resident posts in the hospital (*i.e.*, the house-physicians, house-surgeons, &c.), must be highly paid instead of there fortunately being keen competition for them. The relations between the hospital and the school vary at different hospitals. In some the treasurer or principal official has entire control over the school, in others the school is entirely under the management of the medical staff, with the important exceptions that the governors have in their own hands the selection of members of the staff (who are also the lecturers at the school), and have the complete ownership of the buildings, while in other cases the governors and the staff are united in the management.

Only second in importance to the medical treatment is the nursing of the patients. It is satisfactory, therefore, to find that nothing in hospital management has improved so much as this. A higher class of women are now engaged than formerly. While in former days the nurses were women of a low class, they now are appointed to undertake an office which is almost looked upon as a science. Ladies are now usually placed as superintendents of the nurses of three or four wards, containing from thirty to sixty patients. Trained in nursing, and having probably undertaken this calling from a real taste for and love of the work, they are found to be most useful in their care for the patients and their overlooking of the nurses. A proper training both of the nurses and of the ladies, usually called sisters for distinction, fits them for their duties, and a good superintendence equally ensures comfort and enforces discipline. The nurses will be found better trained where the lady superintendent holds classes for the efficient instruction of her probationers—and this plan is in some large hospitals expanded into lectures given by medical men on such subjects as physiology, anatomy, and dressing, while certificates given after each examination give a practical result to their study. It follows that this department is the origin of one part of the great good done by hospitals. A constant succession of women well trained in a subject which comes almost naturally to them go out from the hospital to those who lie ill at home, whether among the well-to-do or the poor, or to use their skill in their domestic life. To those unacquainted with the subject, it may be thought that the duty of a hospital nurse must of necessity

be very hard, and no doubt none but strong women should be selected, but I doubt if the work is as hard as is often required of a nurse employed in illness in a private house. For in this case, where the illness is severe, the work involves night as well as day duty, and the nurse has upon her a heavier responsibility, owing to her not having, as in hospital, a resident physician or surgeon always within call. In a hospital the hours of commencing and of going off duty are regular and exact, and counting both day and night nurses, and including the head nurses, there will generally be found as few on the average as four patients under each nurse. But although training is essential, it may be said of a nurse, *Nascitur, non fit*. No superintendence or authority can make a good nurse out of an unsuitable disposition. Her duties are undefinable, and yet multifarious. Her theoretical knowledge will be constantly put to the test. Besides which she must be ready to make a bed, fetch anything that may be wanted, from a dinner or some medicine to a glass of water for a thirsty patient, to cut up food for a patient with paralysis or a broken spine, and last, but not least, never show partiality among her patients, or lose her good temper. In short, her office is such that she must be trusted, and therefore trustworthy.

The department for out-patients is and always ought to be a branch of a hospital. It is rarely properly understood by the public, and is often blamed undeservedly. Yet it fulfils a duty of unbounded importance, and in it a vast amount of good is done, while it is an economy, as I shall endeavour to show, if properly managed. This department is naturally linked with the rest of the establishment of a hospital. The out-patients use the same store of drugs, dressings, &c., as the in-patients, and are seen by members of the same staff. The mode of admission to the out-patient department varies greatly. A large proportion of the patients are admitted by letters given by the governors and subscribers. It is found that this plan practically works well, and that the patients could hardly be better chosen from the ranks of those who are poor, and in need of superior medical advice. The governors value their privileges, and not only is it found that great care is exercised in the distribution of the tickets, but their great value to those who come in contact with the poor induces many to subscribe. The staff of the hospital use this department for a most legitimate purpose—namely, to keep those who have been in-patients under proper care for a time, if they are of opinion that they need no longer occupy a bed. By this means valuable beds are vacated for the benefit of other sufferers, while the man is enabled to return to his work, or the mother to her children, without losing the advice and help which he or she gains by a weekly walk to the physician or surgeon in the out-patient department. The economy here is

obvious—instead of a cost to the hospital of 22s. a week, the patient is treated once a week at a cost of say 7d. to 9d. a visit. And it is still more marked in out-patients who suffer from such complaints as diabetes, heart disease, and many forms of surgical ailments, for they are well able to pay the visit to the hospital, and receive almost as decided good as if they were inmates of the wards. Some patients are seen in this department as rarely as once every two or three or even six months, and thus receive all the advantages of skilled advice by a general supervision. The multitude of minor accidents, usually known under the head of “casualties,” supply many of the out-patients. Every hospital, especially those near to factories or docks, has thousands of these casualties annually. Most of them are sent away after the house surgeon has dressed the wound, or a bandage has been applied; but there are many who, though not injured enough to be taken into the accident ward, should be under care for a few days. Here, then, again we find the necessity of the department in question. The patient has perhaps a splinter of wood in his arm, or has had one of his fingers reduced by half-an-inch by a machine. After the first dressing in the receiving-room, which is, of course, always open and ready by day and by night, he continues under the care of one of the out-patient surgeons as long as may be deemed needful. All this work affords an excellent field for experience to the students, when combined with the instruction given by the physician or surgeon as he takes each case. They, of course, find among the in-patients by far the best opportunities of gaining information, but the out-patient department allows of knowledge being gained of rapid diagnosis, and of treating minor forms of disease. But the importance of the out-patient department is not fully explained without showing that it is the best means of choosing the in-patients. The governors may be relied on to choose the out-patients, and from these the medical men select those suitable to be occupants of the wards. By this means some of those who attend when only feeling a little “out of sorts” are found to their surprise to have some serious disorder requiring immediate and careful treatment. Complaints, however, are made against this department. It is said that the foul air from the out-patient rooms finds its way into the wards, and thus harm is done instead of good. This, however, could only arise from very faulty arrangements, and should be easily remediable. It is also said that the out-patients have to waste many hours in the waiting-hall before they see the doctor. This is, I fear, true at some institutions, but most untrue at others, and where it is the case, a reduction of the numbers who attend, or an increase in the out-patient staff, is a much required reform. As to the length of time bestowed on each patient’s case, there is much variety at different hospitals. At

the London Hospital in Whitechapel I had it taken out lately, and found that on the day when the numbers and the time were taken, each patient occupied on the average $5\frac{1}{2}$ minutes of the physician's time. More could hardly be expected if a guinea were paid for each visit, and it must be borne in mind that the visit is shortened by the assistance given by the students, but a little lengthened also by the clinical instruction given on the patients. A committee of representatives of thirteen of the London hospitals met in 1878 and 1879, and has drawn up a most valuable Report on the out-patient arrangements at the London hospitals. The Report shows, with other information, that—

In the year 1877, 539,311 out-patients were received into the thirteen hospitals referred to, of which number less than a half (238,303) were furnished with cards or letters, entitling the holders to attend for a continuous period, shorter or longer, according to the custom of the respective hospitals, while 301,008 persons were summarily dealt with on their first application, and in hospital language are known as casualties. It is important to note, that in the endowed hospitals, which contribute more than a half of the total number of out-patients, and in at least three of the subscription hospitals, the practice is followed of reckoning as fresh cases such as have their cards renewed periodically, to enable them to continue their attendance; while at several hospitals the casualties are registered afresh each time the patients attend. There is no accurate means of determining to what extent these practices would effect the general total of out-patients given above; but on a rough calculation, it would probably be found to diminish it by about a third.

Of this number it must be remembered that very many are not out-patients in the ordinary sense of the term; some are maternity cases, treated at their own homes, as I have already described; or dental cases, who have come in to have an aching tooth extracted; or a casualty of so trivial a nature that five minutes' treatment by the house-surgeon does all that is wanted. The out-patient departments of our hospitals undoubtedly need modifications to suit modern changes, but they are slowly mending, and do not, except in rare cases, deserve the severe strictures made upon them by those who would improve them off the face of the earth.

The question of payment by patients, the finances of hospitals, and the importance of unity of action must be discussed in the next Number.

J. H. BUXTON.