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A table of contents for *The Churchman* can be found here:

https://biblicalstudies.org.uk/articles_churchman_os.php

the Convocations of the clergy provincial consultative gatherings of the clergy, possessing the full confidence of the clergy, and entitled, by their deliberative wisdom, to the respectful regard of the nation. Then, and only then, it may further be permitted to hope that from the various diocesan conferences, when fully established, there will arise one Central representative Conference of such a character in some respects as shadowed forth by the second resolution of Convocation already quoted, a body authorized to deal with all legislative questions, and whose recommendations, as being the matured wisdom of all Churchmen, lay and cleric, and being safeguarded by the veto of Convocation, would commend themselves to the Legislature of the country. The elements of this solution of our difficulties are now gathered together, and the process of crystallization is already in operation. The work will be one of years, but it is to this work, and not to the undue exaltation of Convocation by increasing its legislative powers as a clerical body, or of practical destruction of our ancient provincial synods by the infusion of the lay element, that the Evangelical section of our Church should heartily devote itself, whilst, at the same time, arousing itself to secure that which, through its own apathy, it does not possess, viz., a fair share of representation in that body which claims to be "the true Church of England by representation."

JOHN W. BARDSLEY.

ART. II.—HOSPITALS.

PART II.

WHETHER the out-patients should pay is a much disputed point. It is said that the giving of advice and medicine gratis has a pauperizing effect, and that a charge of from 4*d.* to 6*d.* a visit would be easily forthcoming, while the expenses of the department would be reduced. It is an almost unanswerable argument that our hospitals are, as a rule, poor, with a few notable exceptions, and that those who are benefited should provide a small sum towards its funds is but just. At the same time, it must be acknowledged that the objections to this alteration are grave, and that our great hospitals are right in proceeding very slowly along a course which has so many disadvantages as well as advantages to be considered. For, in the first place, it is an undoubted fact that our hospitals were firmly established on the foundation of being charities, and the requiring of payment from the recipients of the bounty involves to some extent an overthrow of that foundation; and a still

stronger point is, that a payment being required from out-patients, a competition would by that means arise between each hospital and the general practitioners in its neighbourhood, the unwelcome and very evil result being that the local doctors would be no longer on friendly terms with the hospital. I think it is very possible that the adoption of payment in this department would, in many cases, increase the numbers attending. There is a class just above the working class who have pride enough to prevent their accepting charity, but who would feel, when once they may tender a payment, that they have a right to come and to receive the advice of the consulting physician or surgeon instead of their own local doctor. A check would still be placed upon this, in those cases where admission is by governors' letters, which are usually given carefully, and to persons who are sociably suitable. A plan is in force at some country hospitals, by which the patient receives his treatment gratis, but has to pay for the medicine. This is so likely to end in the medicine being procured at inferior drug shops, or perhaps not being procured at all, in order to save a few pence, that its success would be very doubtful. The department is as important as ever, but not so indispensable as it was formerly, because legislation has affected it. For the dispensaries under the Poor Law are now located all over London, at which both advice and drugs may be had, and the use of which is unconnected with the stigma of pauperism.

It is just now the fashion to sing the praises of provident dispensaries, as though their universal adoption would be the commencement of every conceivable good reform and the destruction of all that is wrong in hospital management. No one can doubt but that the essence of the plan is good. It must be right that men should subscribe monthly to a provident dispensary, and in return have a right to the physician's services at the dispensary, or, if need be, at their own homes. Any plan which helps to promote provident habits and independence in the labouring classes is of course good, and worthy of encouragement. But will it prove the universal heal-all which its advocates claim for it? The report drawn up by the representatives of the principal Hospitals of London—to which I alluded in the last number—refers to the fact that there are many who are wholly unable to pay the fee of a consultant whose advice they obtain at a hospital, although they could afford to pay 1s. or 2s. 6d. for a visit from their local practitioner, or to obtain his services by subscribing to a provident dispensary. And it must be remembered that the moving habits of the population of some districts would be a bar to out-patient departments being turned into provident dispensaries, a step which many would like to see accomplished. It would

certainly bring great hardship upon a very large number who are now greatly benefited, and would involve the hospitals in a great deal of office work. I think, however, that great good would be done by making the provident dispensaries in the neighbourhood of a general hospital subordinate to it, although this will not be possible until a central control is placed over all medical charities in London and in each town. This would give the dispensaries a means of sending those patients who should be warded, into the hospital, and might perhaps be used by the school of the hospital for their advanced students to commence practice. But there are provident dispensaries and provident dispensaries : many are genuine and good, but many are in reality merely chemists' shops, where advice and medicine may be had for a trivial sum, and which find it pay to be known under the title, owing to the present popular feeling in their favour.

But although I wish to see our hospitals charging a small fee to the out-patients, I am convinced that the change must begin with that department only. The case is wholly different as regards the in-patient department ; this must be dealt with in another manner. I believe that the ground upon which we must work must be that of making out-patients pay something (save in exceptional cases), and, if the in-patients are no longer to be admitted gratis, confining the use of the wards (except those reserved for accidents) to those who are members of provident dispensaries in relationship to the hospital. For out-patients are usually earning their living and can spare their sixpence, but in-patients, in multitudes of cases, do not come into hospital until all their savings have been spent on the heavy costs of illness, and have left their wives and children unprovided for. If, therefore, their money is to be taken it must be by some system of insurance, paid regularly to what might be called the provident fund of the hospital, or to one of the provident dispensaries in alliance with it. For if the hospitals are to require payment for each case, a different class will fill the wards. We shall find the labouring people to whom we now do such great charity elbowed out by people rather superior in the social scale. Here will be a calamity for the poor, and an almost equally important consequence will be, that as the poor patients are reduced, so the prosperity of the school will diminish, for it is very doubtful whether those who claim medical treatment as a right will consent to a group of students being instructed by an elaborate discourse on the obstinate sluggishness of one's liver, or the increasing danger from a cancer. It may, indeed, be counted as a part payment which is now made by in-patients that they allow themselves to be used as vehicles of instruction. Still, they do actually provide,

I believe, in most hospitals, an expensive part of their diet; tea, sugar and butter, are usually required to be brought in by friends on visiting days, and the hospital is thus saved this cost. Yet it is often found that they cannot pay even this expense, and the other patients in the ward (or sometimes outside generosity) have to make up the deficiency. The difficulty of providing payment is shown by the fact of funds being raised to support patients' relatives, who are suffering from the absence of the bread-winner, whose wages are too often stopped while unable to work.

The scheme of admitting paying patients was determined upon by the committee of St. Thomas's Hospital in the autumn of 1878, but upon the "respectful but decided protest" of the staff was annulled. In their letter of protest against its being carried out without previous conference between the governors and themselves, they state certain reasons against the plan. They maintain that in a hospital for the reception of paying patients, the medical attendants ought to be paid, and paid adequately, but that the objections to the medical staff receiving payment are insuperable, for if they took 2s. 6d. or 5s. per visit they would be unfairly competing with the general practitioners, and if they claimed consulting fees, it would appear, and with good reason, that the department was established for their special benefit. Amongst other reasons they also state their conviction that the patients would be very unsuitable for hospital treatment, for, instead of being acutely ill, "they will certainly comprise an excessive number of old cases of dyspepsia, and other chronic or incurable cases, and if the physicians or surgeons have much to do with their selection, the department may be worked more or less in connection with their private practice."

Another scheme was only three months ago submitted by the same hospital for the approval of the Charity Commissioners. The first part of this scheme included the establishment of paying wards set aside for the purpose, having a medical officer in charge, with a salary out of the patients' payments. The second part contemplates admission at lower rates to the ordinary wards, on a scale calculated to pay only the cost of maintenance.

A very valuable report was lately drawn up of the social condition, and ability to pay, of all the patients who entered the London Hospital for a selected twenty-four days last summer. It was done by an unbiassed officer and with extreme care. During this period 402 patients were taken in, and the general result of the inquiry was in his opinion that of that number ten ought to make donations in return for their maintenance, and that only four were in his opinion able to pay, and that of these,

two were accidents, and were therefore brought in, whatever their social status might be. He ascribes the inability of very many patients to pay to such causes as "that the greater proportion of the patients are males who are the only support of their families," and "that before seeking the aid of the hospital, patients have tried (in spite of their disease) to support their families, whilst only working at a great disadvantage, and impoverishing themselves by pawning clothes and selling furniture;" and he adds that "in cases where savings had been laid by, they had been expended on doctors and nursing at home," and "in very many cases patients and their relations found it a very heavy tax to provide the tea, sugar and butter." But he adds that "a general sentiment of gratitude was expressed for the benefits derived, and the kindness experienced by the patients during their residence." The fact is that the subject is enveloped in difficulties. If those of our patients who can afford it are to pay, how are we to decide which they should be? If, when we discharge a patient, he cannot pay all his debt, are we to complete his cure by putting him in the County Court? At some hospitals a third of the beds are occupied by accident cases: can we, when a man is brought severely injured to the gate, wait to inquire whether he consents to pay a certain sum per week? And are we to refuse a man who brings his wife as a last alternative to our wards, because he has spent all his savings on a local practitioner? Probably if an alteration in the system is to be made, it must be by a system of voluntary selection. There will have to be two sets of hospitals—the one requiring payment, and affording superior advantages, and the other free as now. The movement in favour of home hospitals will probably help in this direction. It is better to establish pay hospitals than to change, and so probably spoil, the old ones. The idea of the supporters of the home hospitals movement is to raise sufficient money to start the homes, with the expectation of their being afterwards self-supporting. Having many strong supporters, it will probably meet with the success it deserves.

Many who are ignorant of the subject blame hospital managers for not charging the patients a small sum. They hardly know whether it is in-patients or out-patients whose money they want, or any of the *pros* and *cons* in each case. I have endeavoured to point out a few of the difficulties in the way of making our wards into pay wards, and to show also that there are not the same arguments against requiring a few pence for each out-patient's visit, but I feel sure that of all our many charities none are less liable to abuse than those which afford treatment during sickness.

The financial condition of hospitals is one of the points.

requiring most vigilance on the part of managers. Two of the London hospitals are in the happy position of having such large endowments that they never ask for aid from the public, while St. Thomas's, which used to be in fully the same position, has spent its money so freely that it is unable to use several of its wards. But most hospitals are poor—some very poor. It is curious to notice how they have a tendency to establish themselves in rich, as opposed to working neighbourhoods, so that those which have most real need of funds from being amongst the labouring classes, are often least helped by the wealthy, owing to their being out of their sight, and consequently, to a great extent, out of mind. There are sixty-six hospitals in London, and if a line be drawn north and south through Blackfriars Bridge, fifteen will be found to the east of it, and fifty-one to the west. The rich traders and merchants used to live in great numbers within reach of the hospitals of East London, but now that they live either in the country or in the West-end, these hospitals suffer severely. Thus difficulties in the way of collecting money are constantly increasing, and all the more that it is found so easy for little special hospitals, which I have already described, to draw the money of the charitable to the detriment of the more valuable ones. Those who give too often know nothing of the merits of the various charities, and will often refuse a donation on account of no charge being required of patients, when the difficulties in the way of the adoption of payment are almost insuperable, or perhaps on account of the death-rate being high, whereas this may in reality show the usefulness of that hospital **where it exists**. For if the pressure on its space be heavy, and the managers use it with an honest view of being as useful as possible, it follows that the beds are reserved for only the "very urgent" cases, and upon these there necessarily follows a high death-rate. If a central authority existed, it would stop all such attempts to look well at the expense of straightforward usefulness.

The Hospital Sunday Funds, first established in some provincial towns, and afterwards in London, are an admirable institution. The whole of wealthy London subscribes only £25,000 a year towards this fund, but it is to be hoped that it will largely increase. The Hospital Saturday Fund is to collect the subscriptions of working men, and to divide them in a similar manner. Our labouring classes are generally very ready to give their sixpences and shillings to hospitals. No less a sum than £1,908 was subscribed last year (1879) to the London Hospital in Whitechapel, by working men, it being paid to the fund called the People's Subscription Fund, some of which consisted of collections of even £30 or £40 (sent annually) by the workmen of certain East-end firms. But the difficulty of raising the

funds necessary for carrying on the hospitals is becoming very serious. Some have been obliged to part with a portion of their investments, but an end must sooner or later come to this method of keeping their heads above water. It is to be hoped that the subject of hospital finance will be thoroughly organized on a good, well planned scheme, before the collapse of one important institution brings it, when perhaps too late, prominently before the public. It is true that recent legislation has put more of the cost of treatment of the sick poor on to the rates. There are now Poor Law dispensaries distributed about each district of London. And there are the enormous sick asylums. These are an outcome of the workhouse infirmaries, but take the sick poor from more than one union. Those which have been already built are cleverly contrived, and admirably suited to the needs of a hospital. One was opened at Holloway last July, which was built at a cost of £80,000 for 620 patients. One at Bromley was erected a few years ago for £100 a bed, while a large hospital built at about the same time cost ten times as much. The sick asylums are, of course, for a class different from that taken in by the hospitals. They only take persons sent by the relieving officer, and the patients rarely suffer from acute diseases like those in a hospital, and therefore need but little medical or surgical treatment. In the wards will be found numbers of cases of such disease as rheumatism and bronchitis, and the sad spectacle of whole wards full of young men suffering from consumption. Under the head of disease, senectus is often put down as that from which many are suffering. The general organization in these pauper hospitals is very perfect, and only properly trained nurses are found in the wards. The one improvement which seems needed is that these hospitals should undertake the treatment of accidents and of casualties, by which I mean those minor accidents which are treated by the surgeon and dismissed. Everything that may be needed, including the services of a resident surgeon, are ready, and when it is remembered how important to the saving of life it is to have the hospital within reach, it seems not unreasonable to have this small additional cost put on to the rates, in order to effect such great charity. The Metropolitan Asylums Board now undertake at the cost of the ratepayers those of the very poor who are suffering from small-pox or scarlet fever, and have erected hospitals in the suburbs of London for these cases. They also undertake the charge of imbeciles, and the great care and kindness with which they are treated is well known.

Thus local taxation provides much of the cost of the medical treatment of the very poor, though not of the class treated by the hospitals. How are our hospitals to be kept up in future is a most difficult question, but the answer to it may possibly be

that by a great expansion of the sick asylum system, we shall give our poor the chance of going to them, with no alternative but that of attending a hospital where payment is required. A change such as this would involve great questions, such as the result to the medical schools, &c.

But I cannot leave the subject of finance without stating how great a loss to the hospitals is their lack of co-operation. It is impossible to estimate the harm as well as the waste which is brought about by the lack of any unity among them. Instead of a common interest in the work of treating the sick poor, each of our 66 hospitals in London thinks only for itself, and does its work in the way which is right in its own eyes. The many expensive advertisements of hospitals which appear daily in the *Times* show how each one thinks, or pretends to think, itself the only one really deserving of support. Each one looks upon the others as rivals. And besides the unity of action which a central control would bring about, the saving of expense would, I am convinced, be enormous.

Last year an influential committee was formed of the treasurers and chairmen of the various London hospitals, together with some members of Parliament and others, the Right Hon. J. Stansfeld, M.P., being the chairman. After many meetings and much discussion, the following conclusions were arrived at:—

1. That the hospital accommodation of London is imperfectly distributed, and, in many districts, altogether inadequate.

2. That the want of organisation and co-operation among the medical institutions of the metropolis materially lessens their usefulness.

3. That the present system of indiscriminate relief injuriously affects the independence and self-reliance of those who are able to meet, in some degree at least, the cost of medical and surgical treatment.

4. That the funds at present available, either for proper maintenance of nearly all the existing institutions, or for the extension of relief to districts hitherto unprovided for, are very insufficient.

With these four resolutions, and a Paper clearly explaining each one of them, a deputation, headed by the Right Hon. W. E. Forster, M.P., had an interview with the Home Secretary, on June 20th, 1879. With regard to the first, it was found that of the 15 general hospitals, 10 are within a radius of a mile and a half from Charing Cross, and contain no less than 3,486 beds out of a total of 4,579 for the whole metropolis. Of the other five, the Great Northern Hospital, with only 33 beds, has to meet the requirements of a population estimated at 908,000; two, the London, with 790 beds, and the Metropolitan Free, with 20 beds, are alone available for the riverside

and manufacturing population of the East-end, numbering about 1,041,000, while the extreme west and south are scarcely better supplied. There is also no machinery for meeting the requirements caused by the annual growth of London.

The second resolution may be easily shown. We hospital managers need controlling. Under present arrangements, our hospitals are under the charge of irresponsible committees, from whose action there is no appeal. If they choose to be extravagant, there is no inspection which they have to fear. If they build, a site may be bought not so much with a view to the wants of the poor, as to its being not out of sight of the wealthy, or at a spot chosen to suit the special views or the convenience of the founders. On St. Thomas's being moved to the West-end, and a large sum of money spent on its site, and on the building, the *British Medical Journal* said:—

When we consider these contrasts and all they imply (the lack of hospitals in the poor parts of London, and their abundance in richer neighbourhoods), have we no right to complain of the emigration of one of the oldest and richest of our endowed hospitals to an ostentatious and costly site on the Albert Embankment? When we find that, of the medical charities congregated in the over-supplied districts we have named, so large a proportion have sprung up within the last twenty years, can we be expected to do honour to the discrimination which has been employed in the selection of their sites?

The advantages of central control, and therefore unity of action, are so obvious, that it is not worth while pursuing the subject, it being noted also that by this means the right system would be brought about of each large general hospital having its satellites of fever hospitals, special hospitals, convalescent homes, and dispensaries.

The third and fourth heads have already been discussed. If the present indiscriminate relief is to be altered for the better, an authority compelling all hospitals to act in concert would be indispensable to a successful result.

The establishment of any central controlling body or board would probably be followed by systematic Government inspection. Except the dislike which Englishmen seem to have of interference, there is no valid reason against the same kind of inspection as is carried out in our schools. Hospitals are, as public institutions, equally essential with schools. With hospitals it should be as with schools, that a Government grant should be made according to efficiency and economy as an addition to its usual means of support. It is to be hoped that this aid will be offered while they are possessed of more capital than they will be a few years hence. Government has already dealt with the question of medical relief, both in the establishment of the sick asylums and the Poor Law dispensaries, and

also in the Poor Law Act of 1879, by which guardians are authorized to subscribe to hospitals, or institutions for blind, for deaf and dumb, and for providing nurses for the benefit of those who need the treatment to be had at these hospitals or institutions.

No field for religious work is so favourable to ministers as that in hospital wards. They find there people in that state of ill-health, or with the prospect of approaching death, which makes them glad to receive advice and consolation, while the quiet which reigns in the wards, and the absence of occupation, all conduce to a readiness to give attention, and a thankfulness for the kindness shown. Committees almost always supply funds necessary for the maintenance of a chaplain, or a scripture-reader, or both, while the Roman Catholics and Jews are cared for by priests of their own faith. Christianity is sympathy in its highest development, and sympathy is the *raison d'être* of such magnificent charities as our hospitals are, while their supporters and managers believe it to be a work which "is twice blest. It blesseth him that gives, and him that takes."

J. H. BUXTON.

ART. III.—BURTON'S REIGN OF QUEEN ANNE.

The Reign of Queen Anne. By JOHN HILL BURTON, D.C.L.
3 vols. Wm. Blackwood and Sons.

SLOWLY but gradually the history of our country is being rewritten. The labours of the historian are no longer limited to a reference of second-hand authorities or to a bird's-eye view of an extensive period. With the throwing open to the public of the State papers of the country, and the disclosures made by the Historical Manuscripts Commission, a curiosity has been excited to trace the stream of history to its fountain-head. And since it was impossible for men, busy amid ancient documents and volumes of important MSS., to take a wide survey of the past, each writer began to occupy himself with a special period and to deal with it in a thorough and exhaustive fashion. Before the distinctive labours of these modern historians, the works of the old-fashioned school—the school of Kemble, Rapin, Hume, and of our old friend Mrs. Markham—were found to be grossly inaccurate and compiled from sources not to be relied upon. Gradually books which had been recognised as authorities in the days of our youth became thrown aside as feeble and unsound, and their places