REMARKS ON COTTAGE HOSPITALS.*

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THE science of our profession continually advances. Since the last meeting of this District of the Metropolitan Counties Branch of the Association, the International Medical Congress has been held in our metropolis, and the members of our profession may justly be proud of its success; distinguished physicians and surgeons have been associated in the interchange of thought, in the expression of mutual good feeling, in the diffusion of knowledge, and in the furtherance of medical science. Medical knowledge has risen to a higher standard. It has been like the sea with the advancing tide: one wave after another may seem to rise only to recede; but the whole result is seen in the water reaching a higher level. Advance has been made, and with that advance the power for good has been increased. And, whatever branch of professional science may be regarded, it will be found that the communication of ideas and the interchange of thought has produced corresponding vigour; mistakes have been rectified, and fresh incentives have been given to push on still further the investigations of our predecessors. A mass of wealth has been accumulated, and each one has been invited to carry away as much as he can appropriate, resting assured that it will bear a goodly interest. A brilliant light has been brought to bear upon the fog of ignorance, and has dispelled some of its gloom. A more lofty eminence has been reached, from which a wider range of sight may be obtained. A rich harvest has been gathered in, and everyone may glean full ears; and, if he will sow, he will surely have fresh fruit in which he may rejoice. In the coming session, there is every prospect that good may be realised from the impetus given to professional science. It ought to be so. Medical men can never rest satisfied with present attainments. It is a characteristic of our profession, that it must diffuse its benefits to those around; hence hospitals are promoted, dispensaries are established, and all classes of the community are benefited. I am informed that there is some thought of forming a new hospital in the district in which we have met to-day. Hospitals abound, but there is room for others. They are of different kinds and varied sizes, from the immense establishments numbering hundreds of patients, to the small cottage hospital of six to twenty beds. For many years I have had experience of the large wards of a hospital richly endowed, and numbering its patients by many hundreds; but I have also seen the small cottage hospitals, and have known the inestimable benefits derived from them.

Cottage Hospitals, which a few years since were unknown, now number several hundreds throughout the country. The village hospital has been found to be of inestimable help to many of our profession in the treatment of the sick and especially of accidents, and a countless boon to the sufferer.

In referring to these village, or *cottage* hospitals, I am glad to learn that another Branch of this Association has shown its appreciation of the merit that is due to a most respected member of our profession who has been instrumental in founding and in advocating these benevolent institutions—Mr. Albert Napper of Cranleigh—and have resolved that a testimonial shall be given to him. I trust that many will unite in it, and that the testimonial may be worthy of its object.

The value of these small hospitals can scarcely be calculated; and have been well described by Mr. Burdett in his excellent work. Let me mention some of the advantages accruing from them, especially in a medical aspect.

1. I would refer to *their proximity*. In the country, it is sometimes impossible to remove the patient, who may have suffered from severe accident; and in other instances, although possible, the journey may be most disastrous. I will not speak of severe or compound fractures to limbs, and other injuries; but especially of some medical cases, where the shaking and jolting necessarily produced by a journey would take away the chance of recovery. Thus, in a person suddenly affected with perforation of the stomach, if there be *any* chance, it rests in the

patient maintaining absolute rest and quietness; and, in any acute peritoneal affection, shaking is most injurious. So, again, in acute diseases of the cæcum, and its appendix; and it is painful to think of the suffering produced by the shaking and jolting endured by a patient affected with rheumatic fever. Again, some patients have diseases where time for treatment is measured by minutes, and where delay is death. In tracheotomy, unless the operation be performed at once, there is often no opportunity; and a cottage hospital may be the means of preserving life. I have not referred to the importance, in the cottage hospital, of removing disease from the home of a family, where proper care could not be taken to prevent its spread, and proper nursing could not be carried out. Cases of enteric fever might be saved by good nursing, which the crowded home renders impossible.

2. *Disease may be better treated*.—The small ward of a cottage hospital is often more suitable for the treatment of *acute* disease than the more roomy but more draughty ward of a large hospital. Let us take some of the acute diseases which are common amongst us. A case of acute inflammation of the lungs requires rest, and a warm but pure atmosphere; the large ward of some of our hospitals is most unsuitable for such a patient. Take, for instance, one of the wards of Guy's, with its fifty beds, and divided into its four sections. It is absolutely necessary to ventilate the ward; so that often, windows are opened top and bottom (it may be for half an hour or an hour at a time), and cold currents of air are produced. The patient in the next bed may have erysipelas or fever, or there may be a bad bed-sore, and fresh air is essential. It is true, that the physician may order a head to be placed over the bed, and direct the windows to be closed in the neighbourhood, allowing only an inch or so at the top for purification; too often, however, his back is no sooner turned, than the windows are again opened, and the patient is chilled. Warm air means rest to inflamed pulmonary apparatus; and it would be as reasonable to compel a patient with a broken limb to get up and walk as to compel a patient with inflamed bronchi and lungs to breathe a cold atmosphere. These remarks apply equally to cases of acute bronchitis. In private practice, the bronchitis-kettle may be used; but, in a ward of twenty or forty patients, such means cannot be employed. In acute renal disease, the chance of a patient is much greater in a small and suitable ward than in a large one; and, in the large wards of Guy's, I have often been thwarted and disappointed in the treatment of these cases. A patient may be kept in bed, and diaphoretic medicines given; but a cold air mars and stops the remedial treatment. In acute rheumatism, the same remarks hold good. The large ward requires cleansing, the floor must be washed; and what physician has not deplored, when he has paid his visit, to find that the floor round the bed is newly washed, and his patient lies in a damp atmosphere? The ward must be cleansed; and he is powerless. I speak of the hospital where I had more than thirty years' experience. In a small ward, there is not the same necessity for such indiscriminate washings, or at least different arrangements can be made. How often have I found nearly every patient, especially those recently admitted, affected with colds and sore-throats; and many of the poor patients bitterly complain of the cold chilling draughts. To a patient affected with phthisis, this chill means a renewal of congestion, a fresh attack of bronchitis, and an aggravation of the symptoms of disease.

3. *The Spread of Diseases* can be better prevented in small hospitals. The large wards of some hospitals are often very injurious. Smaller wards can be better ventilated. One great defect of our large hospital wards is, that there is no opportunity of classifying disease. A physician has all his cases placed together side by side—fever and pneumonia, bronchitis and erysipelas, brain-diseases and simple functional maladies of all kinds, rheumatism and cases where sloughy sores may be produced. I again have my old hospital and its wards before me. In the new wards of Guy's, there are fifty beds; in others, forty. Four rows of beds are placed in the ward; and the central rows are back to back, with partial separation of walls and arches. Cases of all kinds are placed in these adjoining beds, and the effects are sometimes most disastrous. The ventilation is imperfect over the central rows of beds. Some years ago, a case of typhus fever was inadvertently admitted into my ward at Guy's; and, unfortunately, it spread from bed to bed, till, in a few weeks, or rather days, the central rows of beds were all attacked, and nearly all the patients thus affected died. Heart-diseases, diabetes, patients affected with all kinds of maladies, were thus cut down—the effect of a large and ill-ventilated ward. They would better have been in the small ward of a cottage hospital. When these new wards were built many years ago, the medical officers were not considered any more than at present; they had no voice, and their opinion was not asked. Men who knew nothing of the requirements of disease, but were empowered by Act of Parliament to govern the hospital, did not deign to seek the guidance of the physicians and surgeons; they

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governed and they built; and they have made wards most unsuitable for the treatment of disease. The previous Treasurer, Mr. Harrison, knew more of the needs of the patients; and a number of small rooms or wards were used, and were of great value to the physicians, like half-a-dozen cottage hospitals. These have been swept away; and, although, in the wards last built, a small room is arranged at the end of the ward, it is of little avail for ordinary patients. My late colleague, Dr. Addison, protested against the construction of the wards; Dr. Barlow, finding one day that a portion of the hospital property was let for a hop warehouse, asked whether "it was the new wards"; and the late Sir James Simpson, when I was taking him into the new wards of the hospital, and pointing out the four rows of beds, said with scorn, "They would not build their stables so". Thus large wards are often injurious to patients. There are draughts, and patients take cold; contagion is more likely to spread; effluvia distress those around them; and, if this be obviated by increasing the current of air, acute diseases of other kinds cannot be properly treated. Another disadvantage which we do not find in the small wards of a cottage hospital, as compared with the large wards of a general hospital, is, that one patient is more likely to disturb another. In a large ward of forty or fifty beds, one delirious patient will distract the whole ward. The loud voice, the midnight moan, or wild shriek, resounds from bed to bed; and the night is passed without sleep. The delirious fever patient, or one affected with acute brain-disease, is most trying to other patients; and a small ward is more suitable for such cases. Again, I have often found that patients with epilepsy, or with chorea, injuriously affect each other. The sight of another patient may determine a fresh attack in others disposed to similar disease. It is quite true that many of these injurious effects would be obviated by selection of cases, or rather by their classification. Whilst speaking thus, I should be very sorry to advocate special hospitals, for I think that they are injurious both to the doctors and to the patients. To see others affected with the same disease has a most depressing effect on the condition of patients; so much so that, when Dr. Bright, in investigating renal disease many years ago, had the clinical ward filled with these cases, the patients became so dejected, that the plan was discontinued, and was never resumed in my long period of service at Guy's Hospital. The mind of the physician runs on in the same groove if all his cases are the same malady, and he is less likely to investigate his cases thoroughly. The case is, as it were, diagnosed before it is admitted under his care, and the mind is apt to become warped. Other advantages of the small ward of a cottage hospital are, that there is less noise; patients are more quiet; the surroundings are more home-like; they are often more comfortable: and, while they would willingly pay for attendance in a small ward, they cannot endure the bustle of a large one, however nicely it may be managed.

The greatest advantage of a cottage hospital is, I believe, that many patients, especially those affected with the acute diseases to which I have alluded, have a better chance of recovery. So thoroughly have I often felt the truth of this remark, that I have been disposed to recommend that patients should go to their own homes, and forego the better nursing of the hospital, to secure warmth and quietness. Mr. Burdett, in his tables of patients treated in forty cottage hospitals, gives some interesting results. In one hundred cases of acute rheumatism, ninety-nine were cured or relieved, and only one died. In twenty-seven cases of pneumonia, only one was fatal; and so of other acute diseases. He writes: "It cannot be doubted that the cottage hospital not only saves many lives, and relieves the patient from much suffering, by placing a hospital within easy reach in severe cases of accident, but it serves as a feeder for the general hospital." I might add, also, that the cottage hospital is equally beneficial in severe medical cases; for a great many medical cases die a few hours after admission into hospital, the patients being so ill that they ought not to have been removed, and the fatigue of a long ride has hastened death.

A cottage hospital, properly built and conducted, with good drainage and efficient nurses, is a most valuable institution; and I should like to see many established in the outskirts of London. It has been said truly, by Mr. Burdett, that nearly all the large hospitals are centrally placed; therefore, there is the greater need to establish a circle of smaller ones around that centre. It might be supposed that the expense of cottage hospitals would be proportionately greater than that of larger institutions; but Mr. Burdett has shown that, when properly managed, this disadvantage is removed. There is a greater readiness amongst patients to pay something for their attendance, and the contributions from the wealthy in the neighbourhood are often more readily obtained than for distant hospitals; it is well also to encourage the self-respect that is produced by the payment for medical relief, and to encourage self-reliance.

Small cottage hospitals are less suitable, it is true, for clinical study

and scientific observation; and a medical school, such as is connected with each of our large hospitals, is not only a benefit for the training of medical men, but the students are a comfort and a help to the patients themselves. It is a great mistake to suppose that students distress the patients; on the contrary, their kindness and attention are of the greatest service, and promote restoration to health and strength.

The large general hospitals will ever be the centres of medical education, and it will be found that, in them, the best medical and surgical skill is placed at the service of the patients; but their existence does not preclude the establishment of other and smaller hospitals near at hand, and maintained, in a great measure, by the direct help of those who receive benefit from them.

It is not necessary to add, that good management and right construction are essential to a hospital, whatever its size, if it is to be of value; and, as to the management and government, the medical and the nursing arrangements should be under the absolute control of the medical staff, as far as regards medical treatment. To set aside the repeated request of the whole of the medical staff of a hospital, in order to carry out any nursing scheme which the staff consider detrimental to their patients and find annoying to themselves, is to exalt unduly a subordinate agency which is only of value as long as it is kept in its proper place. Mr. Burdett says, as to the management of nurses by ladies, some "may be disposed to interfere in the medical arrangements, but this must be immediately checked by the medical officers; and such ladies must be given to understand that they have to limit themselves strictly to domestic arrangements"..... "If any such tendency be quickly nipped in the bud, there will probably be no difficulty in the matter". (Page 187.) I trust that any new workers will take warning from the experience of the past at Guy's Hospital.

It may be asked: Is there need for any cottage hospitals in the suburban districts of London? I think there is ample room, and that they would often be found of great service. It is true that half an hour by rail will take a patient from Greenwich or Sydenham to Guy's or St. Thomas's Hospital; but, what is the number of their beds for the tens of thousands of the South of London? Their beds are fewer than they might be. I think that Guy's, with its reduced numbers, has only about one hundred and seventy-five strictly medical beds, and about twenty-five for diseases of women—St. Thomas's about the same number, or less; and the surgical beds are rather more numerous. I do not need to allude to special hospitals or the infirmaries of the workhouses; but, even if the large hospitals were twice their present size, there are reasons for the formation of cottage hospitals in outlying districts; and patients would, in them, often have a better chance of recovery. The funds required for them ought not to interfere with the necessary supplies of other most valuable institutions. To cripple other hospitals in any way would be most unfortunate. But that need not be; and the provident dispensary might have the cottage hospital as a neighbour and a help, although separate in its management and work. I trust that cottage hospitals will be multiplied greatly; and that this great metropolis may have the benefit, not only of the large general hospitals, as the centre of medical training and scientific advancement in our profession, but of numerous cottage hospitals, as places where disease can be effectively treated by the medical men in the immediate neighbourhood; and that these small hospitals may be made almost, if not entirely, to support themselves.

LAST week, an election took place for a medical officer to Termonfeckin Dispensary, Dundalk Union. There were two candidates, Messrs. Callan and McArdle, the former being elected by a majority of votes.

BEQUESTS AND DONATIONS.—Miss Louisa Barton, of Camden Road, has bequeathed £300 to the National Hospital for the Paralyzed and the Epileptic.—The Corporation of the City of London have given two hundred guineas to the West London Hospital.—The Right Hon. John Parker, P.C., of Onslow Square, has bequeathed £200 to the Sheffield General Infirmary.—The East London Hospital for Children has received £105, the proceeds of an entertainment by the H Division of Police.—A member of the Court of Common Council has given a second fifty guineas to the Surgical Aid Society.—St. John's Hospital for Skin Diseases has received £51 18s. from Mr. G. H. Cook, being the result of a performance by the Nelson Dramatic Club on the 19th ult.—Miss M. McKellar and Miss L. McKellar have each given £50 to the National Hospital for Consumption, Ventnor.—Mr. J. H. Matthews has given thirty guineas to the Middlesex Hospital.—The Victoria Hospital for Sick Children has received £34 1s. 11d. from the churchwardens of St. Mary Abbots, Kensington, the amount of the offertory collection in aid of the hospital.—The Belfast Royal Hospital has received £250, being the amount of a bequest by the late Mr. A. J. Macrory.