THE MEMORIAL TO WILLIAM HARVEY.

BY

SIR JOHN ROSE BRADFORD, K.C.M.G.,
M.D., F.R.S.,

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS.

HEMPSTEAD CHURCH BEFORE 1882.

THE appeal that will very shortly be issued, and of which a preliminary announcement was made in the columns of the *British Medical Journal* of December 7th, 1929 (p. 1072), will give the medical profession a unique opportunity of providing a suitable memorial of a striking character to one of the greatest of men.

The medical profession is obviously peculiarly qualified to appreciate the magnitude of Harvey's work, because Harvey not only laid the foundations of medicine as a science, and indicated with the utmost clearness the path that should be followed by his successors if real progress was to be made, but he accomplished much more than this owing to his wide range of vision and the far-reaching character of his work. It may be truly asserted that Harvey's method not only marked the birth of physiology, but that it was, and still is, largely responsible for the progress and development of the biological sciences as a whole. Harvey's method and discoveries were what are spoken of as fundamental, and the method of Harvey is in daily use by all investigators at the present time, whatever their special aims may be. The fundamental nature of his method and discoveries makes his work much more readily appreciable by those who study the natural sciences than by the world at large;

and hence the great public, although they may recognize that Harvey discovered the circulation of the blood, can scarcely be expected to realize the true magnitude and quality of his patient and unremitting investigations. It is perhaps peculiarly fitting, therefore, that those who know—that is, the medical profession—should rebuild a tower that will be visible to all. It may be that in years to come the tower of this ancient church of Hempstead, in Essex, will be known as the Harvey Tower, and this tower will not only commemorate Harvey and his work, but it will also be a token of the esteem and admiration with which Harvey's work is regarded by those best qualified to judge its real value.

Some worthy memorials of Harvey are in existence—several notable portraits, a statue, etc. From these we get some information as to the man himself; but the present proposal is for something somewhat different. It is rather that a great profession should try to express in a suitable form its sense of the greatness of Harvey. Surely a tower to the memory of William Harvey, in the church in which his mortal remains lie entombed in the Harvey Chapel, must commend itself to many as singularly appropriate.

The success of such an appeal as that of the Harvey Memorial Committee will be assured if individual members of our profession will take a personal interest in furthering the scheme, and realize that the occasion is exceptional, in that the collapse and ruin of this church tower has given the medical profession the opportunity of providing a lasting memorial not unworthy of the great man and of the profession of medicine, to which he was so greatly attached.

Donations towards the rebuilding of Hempstead Church tower should be made payable to the Harvey Memorial Fund, and may be sent to Dr. Arnold Stott (58, Harley Street, W.1), who is acting as joint honorary secretary with the Vicar of Hempstead.

A HOSPITAL SURVEY OF GREAT BRITAIN.

GROWING STRENGTH OF THE VOLUNTARY PRINCIPLE.

THAT "Whitaker" of the hospital world, *The Voluntary Hospitals of Great Britain*,¹ appears for the tenth year with numerous tables and analyses showing the position in England and Wales (outside London) and in Scotland in 1928. So effective is the survey that out of a total of 792 voluntary hospitals information has been secured from 759, representing a total of just upon 50,000 available beds. A really wonderful position is disclosed with regard to finance, especially when the fact is taken into account that continued heavy taxation must necessarily to some extent restrain benevolence, and, moreover, that hospitals have to meet increasing demands owing to the progress of medical knowledge and the introduction of new methods of treatment. The sum of £9,604,541 was raised during the year, and £8,190,844 was expended on maintenance and development, leaving a larger credit balance than in any of the previous four years for which figures are given. The totals would be more impressive if the figures for London—the domain of King Edward's Hospital Fund—were included. This is provincial achievement.

Services rendered by Hospitals.

The services which these hospitals rendered to the public are indicated in the simplest way by the statement that the new in-patients during the year numbered 775,425, and the new out-patients over three million, a figure which should be multiplied by at least three to give the

total of attendances. This is above the average annual increase. In 616 hospitals the number of surgical operations performed under a general anaesthetic during the year was 582,310. Only 118 institutions give details of the work of their x-ray departments, but in these the number of radiographs taken was 416,130, the number of screen examinations was 33,477, and 93,940 x-ray treatments were given. In 100 hospitals giving particulars of their massage work, the total number of treatments during the year was 1,064,583. The statistics for the 14 hospitals in England and Wales (again excluding London) associated with medical schools are separately shown. The number of available beds in these is 5,152, the average number occupied daily is 4,681; new in-patients total to 97,814, an increase of 12,500 on the figure for 1924; out-patients number 636,500, an increase of 90,000 over the same period, and surgical operations 108,609.

Hospital Income and Expenditure Dissected.

Dissected figures are more instructive than these big resounding totals. In 661 hospitals which furnish complete returns the income per available bed was £150, and the expenditure £130. The following table compares the sources of income for maintenance of hospitals per bed in England and Wales and in Scotland, calculated to the nearest pound.

	England and Wales.	Scotland.
	£	£
Subscriptions	16	18
Donations, entertainments, etc.	21	18
Workmen's contributions and contributory schemes	39	22
Congregational collections	4	3
Patients' payments	20	10
Public services	9	6
Interest from investments	19	31
Other receipts	1	2
Extraordinary income	19	26

¹ Published by the Central Bureau of Hospital Information, under the auspices of the British Hospitals Association and the Joint Council of the Order of St. John and the British Red Cross Society. Price 1s. net; 1s. 6d. post free.