THE VOLUNTARY HOSPITAL SYSTEM.*

BY

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I HAVE chosen the subject of the Voluntary Hospital System because the maintenance of our hospitals is one of the most pressing social questions of the hour, and one which vitally concerns, not only the medical profession but the whole body of the community. No one who concerns himself at all with social matters can fail to be interested in the future of the hospitals.

The title "*Voluntary Hospitals*" has come gradually into use without any very exact definition of its meaning having been laid down. It has come to be applied generally to those hospitals which are supported by voluntary contributions as opposed to those on the one hand in which the patients pay for the treatment they receive, and those, on the other, which are supported by State or local government funds. It does not necessarily mean that all the work done in them is unpaid work, or that there are no patients in them who do not contribute to their maintenance.

The origin of these hospitals is largely lost in the mist of history, but with few exceptions they sprang up through the country during the latter end of the eighteenth or beginning of the nineteenth centuries by the benevolence of charitably disposed persons to provide that medical care and treatment which the necessitous poor could not provide for themselves in their own homes. With them came to be associated, in the larger centres, the medical schools in which medical students, no longer content with the training they could get by apprenticeship to older practitioners, could obtain organized instruction and practical experience under trained teachers of high repute. It became the recognized custom for a medical student during part of his curriculum to "walk," as it was called, one of the larger hospitals. Gradually as the State assumed control of medical education certain of these hospitals became the sole recognized places for the provision of the more professional parts of a student's training.

The control of the hospitals was vested in a body of governors, who were subscribers of a certain sum annually or donors of a lump sum, who themselves appointed a committee of their number to carry on the management. In those hospitals where any of the subscriptions come from the working class it has become usual to have representative governors for these subscribers and a definite representation of them on the board of management.

In the by-laws of most of these institutions there was originally a clause to the effect that only the necessitous poor were eligible for treatment. In our own Derbyshire Royal Infirmary, by a recent revision of the rules, it has been thought well to omit this clause. Since the foundation of the hospitals times have changed.

The advances of medical science have introduced many complicated and expensive forms of treatment, which can only be carried out in an institution fitted with costly apparatus, controlled by specially trained doctors, nurses, and assistants. Moreover, specialism in medicine has advanced to such a degree that a large number of diseases can now only be satisfactorily dealt with by the co-operation of several men who have made a special study of different branches of the work. Thus a surgeon, before undertaking a grave operation, often requires the assistance of a physician to elucidate certain medical aspects of the case, a radiologist to make certain x-ray examinations, and a pathologist to carry out special tests as to the working of the organs to be dealt with. This co-operation of medical men, or "team work," as it has come to be called, is of course available in a fully equipped general hospital, but elsewhere can only be obtained by running about to a number of specialists, an expensive business, only within the reach of those who are well off.

Further, surgical technique has become so complicated that a surgeon is very unwilling to perform serious operations except under the best possible hygienic surroundings and in rooms specially designed for the purpose, and with the help of assistants who are accustomed to his particular methods. This means that most operations are now performed either in the hospitals or in nursing homes, which from administra-

tive expenses are within the reach only of the comparatively well-to-do.

It has become necessary, therefore, for the large bulk of the community and not only the necessitous poor to find a refuge for the relief of their graver ailments in the voluntary hospitals. At the same time changes have been taking place in the social outlook which affect the hospital question in various ways. It has gradually been recognized that the State has large responsibilities to its citizens. First, in the matter of education, then in sanitation and preventive medicine, and finally in the provision of medical care and support for the workers in ordinary sickness, the State has felt it to be its duty to take control and ensure that adequate provision is made for the needs of the community. The State has already made itself responsible to some extent for the treatment of infectious cases, for tuberculosis, for venereal disease, for school children, expectant mothers, and infant babies. These departments of medicine have been taken over by the State one after the other until, for the mass of the community, comparatively little besides the medical, surgical, and special treatment provided by the voluntary hospitals remains outside the control of the State or local authorities.

Another concurrent change is the altered eye with which the mass of the people regard so-called charity. The industrial class no longer wish to be the objects of charity from another class, and yet are forced to take advantage of the institutions which were started and long maintained by that class. The result is that the voluntary hospitals are no longer maintained by the rich as a charity to the poor, and all members of the community are now taking their share in the work. But since the money is given as a free-will offering and without any definite right to benefits conferred on the subscribers, the voluntary and charitable nature of the system remains. Naturally and rightly, with their increased share in providing the funds, the industrial classes have obtained a greatly increased representation in the management of the hospitals.

That the voluntary hospitals have done their work well and that they have become more and more popular with the public that use them is, I think, incontestable. They have fulfilled their function with credit to themselves and with benefit to the community. It is no failure on their part that has brought about the present financial difficulties, under which a large proportion of the hospitals in the kingdom are now working with an annual deficit. They are only suffering with the rest of the world from the tightness of money and increased cost of living produced by the war. It is a crisis which is likely to break some of them or seriously curtail their capacity for usefulness unless active steps are taken to restore their financial stability.

The easiest way, though difficult enough under the present conditions of high taxation, would be to obtain the necessary funds from the revenues of the State or local authorities. In doing this we should only be following the trend of the times. It has already been done in education and in several departments of medicine.

Arguments for and against State Control.

My chief object in bringing this subject before you is to discuss whether such a method would be for the good of the community.

To begin I will refer to the possible advantages of such a remedy.

1. In taking over the responsibility of providing hospital treatment for all those who need it, the State would be compelled by public opinion to provide full accommodation in the hospitals for all who demand it. This cannot be said to exist at present, though by careful use of the beds we manage to carry on without any great hardship to the individual.

2. The hospitals themselves, relieved of the present burden of financial anxiety, would be able to devote themselves more whole-heartedly to their administrative work. The responsibility for finding the money would fall on the broad back of the Chancellor of the Exchequer. The hospitals would only be concerned in seeing how much they could get out of him.

3. It might be thought that under unified State control it would be possible to co-ordinate the various medical services into a homogeneous whole and do away with a certain amount of overlapping, rivalry, and waste. To the orderly mind of the professional administrator and to the political reformer this might seem somewhat of an advantage, though I shall hope to show later that it is not all gain.

* An address delivered to the Derby Rotary Club.

4. The financial burden would be distributed fairly throughout the whole community, and not rest on the shoulders of the generous, though the degree of fairness would no doubt be viewed differently by individuals just as it is now in other forms of taxation.

5. It would no doubt be said by some, though I cannot altogether agree, that under State control a higher standard of efficiency could be obtained by a system of inspection similar to that obtaining in education.

Now for the opposite side of the picture:

1. The practice of medicine is a combination of an art and a science. It is based on scientific knowledge, and in recent years science has perhaps become the predominant partner, but it is still largely an art. A large amount of medical treatment is based not on exact scientific lines in which the correct treatment follows the correct diagnosis as a matter of routine in the way that an omelette is produced by the proper mixture and treatment of certain ingredients. It is largely a personal factor. The best doctor is one who, with a good knowledge of the recognized scientific facts, by his individuality and intuition is able to apply his scientific knowledge so as best to suit his own capacity and the characteristics of the patient. It is not a rule-of-thumb business which can be controlled by acts and regulations, but a skilful handicraft working largely empirically with a just regard to the qualities of both doctor and patient. We might conceive of a time when all medicine would be reduced to a dead level of science, but that time has certainly not arrived yet. The human body, its constituents and its vital processes, are in many ways too complicated for our present knowledge. We still must work largely in the dark. This is what I mean by the art as opposed to the science of medicine. Now art is a shy bird. It lives on freedom. It cannot endure being fettered by rule and harassed by control. It soon begins to wilt in captivity. Whenever arts have been bound by rule they have deteriorated. Whether it be in painting, poetry, music, or architecture, all progress stops when individual freedom is checked; and so it is with medicine. State medicine will never be progressive medicine. It is individualism and freedom that have brought about progress. With State control in medicine, as in every other department that the State has touched, a system of bureaucratic control, both financial and professional, will inevitably be introduced. People will not work honestly for the State unless they are watched. The State does not expect it. With inspection freedom and individual enterprise will to a large extent disappear and progress in medicine will cease, just as it disappeared years ago under the control of the Church. I know this is an argument against all State control in medicine, and you may say I am preaching a retrograde movement, but it is not wholly so. Most of those branches of medicine which the State has hitherto taken over are those in which control is least harmful and in which there are special reasons, such as the public safety, why they should be controlled; but it would be particularly harmful in those institutions which have led the way in the new developments of the science and art of medicine as the voluntary hospitals have done.

2. State medicine is extravagant medicine. Even an M.P. does not work for the State for nothing, and very few State workers will do more than they are obliged for their money—they get no thanks if they do. Not only must every worker be paid, but an army of paid administrators, inspectors, and financial controllers must at once be superimposed on the workers to see that they do their work and do not spend too much money. How does this compare with the present management of the voluntary hospitals? No one will, I think, deny that at present they are run very economically, and yet there is no stint either in the domestic or medical department. At the Derbyshire Royal Infirmary the staff have never, in my time of over twenty years, been refused any means of treatment or apparatus which they have asked for; but the staff, because they have had the financial interests of the institution at heart, have been careful and reasonable in their requests. From my experience of State military hospitals I am afraid that under State control the medical staff is not likely to be much interested in the economical working of the institution. Then, in the voluntary hospitals, the vast proportion of the medical work has been done for nothing. Under the State this certainly would not be so. Medical men could not be expected to do State work for nothing. Through their Medical Association they have already stated that they will not do so. The payment of the medical staffs must involve a great increase to the expense of running the hospitals under State control.

3. A cut-and-dried scheme of State hospital medical benefit designed to prevent overlapping, by which patients would be obliged to go into the institution provided for them in the area in which they live, would do away with that wholesome spirit of competition which does so much to stimulate

the flagging energy and interest. You will remember that one of the chief points which was fought for at the time of the inception of the Insurance Act was free choice of doctor, and there is no doubt that this is a most important factor in keeping the medical man up to the mark professionally. If it is true of the individual medical man, it is equally true of the medical institution and its staff. If the limit of area of the Derbyshire Royal Infirmary was absolutely fixed and there was no competition between Derby, Nottingham, Burton, Sheffield, and Manchester, or even between the various hospitals in Derby itself, an important item which works for efficiency would be lost. It is perhaps an admission of human frailty that this is so, but it remains a fact that without competition human effort flags and the quality of work deteriorates.

4. There is what I call the Argument of Sentiment. This is a prosaic world and we are supposed to be a prosaic people, but sentiment still occupies a large part of our lives, and especially so in matters of health and sickness. The craving for sympathy is inherent in the human race, and is never more present than in times of illness. There is no doubt about its efficacy in mitigating the pain and misery that sickness causes, nor about the help that human sympathy gives in the actual cure of physical and mental disorders. Anyone who has seen the craving of a wounded man in a far-off land to get back to England and his friends, and the glow of hopefulness that lights up his whole being when he knows that he has been marked for transfer to the United Kingdom, could not fail to be convinced of the real curative power that sentiment has with the sick. There is no doubt that the voluntary system in our hospitals fosters this spirit of sympathy in the community. Those who give voluntarily, whether it be of their wealth or of their time and thought, cannot fail to have their sympathies drawn towards those for whose benefit they are giving, and an atmosphere will be produced in which there will be a blessing both for him that gives and for him that takes. Into this atmosphere, with its spirit of kindness and charity, the sick will enter trustfully and without dread, and from it they come forth filled with a spirit of gratitude. I am not saying that in State institutions kindness and sympathy are not to be found, but I am convinced that it cannot be the same thing in them with human nature as it is. With the voluntary system there comes, too, the pride of possession to those who support the hospital. The voluntary donor feels a personal interest in it and likes to see it popular and efficient. He rejoices to see his hospital a credit to his town and county. This feeling reacts on the staff and is distinctly stimulating. One cannot help comparing the pride and affection with which our voluntary hospitals are regarded by a large section of the community with the atmosphere of business-like apathy which surrounds hospitals supported by taxation as they are in foreign countries.

Can the Voluntary System Survive?

These are, to my mind, unanswerable arguments in favour of a voluntary basis of maintenance for our hospitals, but of course they count for nothing if the goodwill and generosity of the community is insufficient to provide and maintain sufficient accommodation to meet the needs of those who require treatment. If the necessary funds are not forthcoming from voluntary sources they must be found by taxation. The work cannot stand still; hospital treatment has come to be a vital part of the life of the nation, and must be carried on in its interests. But it will be a bad day if the fountain spring of charity ceases to flow in sufficient volume to maintain and distribute its full measure of the healing fluid. If force has to be added to maintain the pressure, like all forced pressure it will be wasteful, extravagant, and harsh in its action.

The question is, therefore, whether it will be possible in the future to maintain these great and growing services on a voluntary basis. Have we reached the limit of what can be got by the free-will offerings of the people, or must the residue be extracted forcibly by legislation? In my opinion the answer to this question must be met by another question. Do the people of this country really want the voluntary system to continue? Do they realize the advantages of it from the point of view of what they get by it and what they have to pay, and that under the State they will have to pay more for an inferior article?

If they fully realize this and set about an effort to maintain the present system it can be done. In some places, in spite of bad trade and high cost of living, it is being done now, and these places are just such manufacturing centres as our own, with a large working-class population who believe in their hospital and have made up their minds that it shall go on.

At the end of 1921 the Derbyshire Royal Infirmary had a deficit of £7,000 on the year's working expenses, besides a considerable amount due on the extensive building scheme just completed. At

the end of last year not only was there no deficit on the year's working, but practically the whole of the previous year's deficit had been wiped out, and only a comparatively small sum was still due on the building fund. And how had this been done? Trade was bad; taxes were as high as ever. It was the working men's contribution. They decided that the voluntary hospitals were necessary to them and they found the extra money. It was found with enthusiasm. With the increasing subscriptions the interest in the institution has spread widely.

It is evident that here, at any rate, the voluntary system is popular with the industrial classes. But though the maintenance of the hospitals on a voluntary system is now assured in most large industrial areas, it is not so everywhere, and a system of this kind must stand or fall by its weakest members.

It may be worth while to consider the views of some of the various groups in the State concerned with the question of the voluntary hospitals.

The Cave Committee's Report.

The Minister of Health appointed a committee in January, 1921, under the chairmanship of Lord Cave, to consider the financial position of the voluntary hospitals, and to make recommendations as to any action which should be taken to assist them. They reported in May of that year that in the hospitals of London there was a deficiency of £468,413, and in those of the rest of England and Wales of over £280,000; that since 1913 the income of these hospitals had risen by 67 per cent., but that their expenditure (chiefly due to increased cost of provisions, medical requisites, and wages) had increased by 138 per cent. They recommended that to set the hospitals on their legs the Treasury should, as a temporary measure, make a grant of £1,000,000. They stated that they were convinced that the voluntary system is worth saving, and that if it is worth saving any proposal for continuous rate or State aid should be rejected.

They also recommended the setting up of a Central Hospitals Commission under the Ministry of Health with local area committees under it to co-ordinate the work of the hospitals and to distribute any big central funds that might be forthcoming. They suggested various ways in which further funds might be made available, such as voluntary contributory schemes by workmen and employers, and various ways in which economies might be effected.

On the report of this committee the then Minister, Dr. Addison, expressed his agreement as to the importance of maintaining the voluntary system and set up the suggested Hospital Commission and its local committees, but with regard to the grant the Cave Committee had recommended, the Government followed the example of the unjust steward of the parable even to the exact proportion and sat down quickly and voted £500,000 instead of £1,000,000, making it a condition of grant to any hospital that an equal amount of new subscriptions should be found from other sources.

The Labour Party's Hospital Policy.

The Labour party, through their Advisory Committee on Public Health, have issued a programme of their policy with regard to the hospitals. Their proposals envisage a complete public medical service which shall include hospital treatment. They say, "No public medical service can be efficient that does not provide an adequate number of beds for those requiring institutional treatment, that the accommodation should be very ample." They estimate the present accommodation at 521,194 beds; and in their opinion think there should be 107,906 more. We all know that the present number of beds is insufficient, but such an increase would, in my opinion, be extravagant.

One of their points is that the hospitals are understaffed and that this is the cause of the overcrowding of out-patient departments and the long waiting lists for in-patients, and that the understaffing is due to the monopoly value of the appointments. There is, I think, an element of truth in this contention, but it is more or less inevitable with an unpaid staff.

They say that the one and only salvation for the hospitals of the country is State control and management, but almost in the same breath they testify to the magnificent work which has been done hitherto in the voluntary hospitals, and (as if not having the courage of their opinions of the necessity for State control) they recommend that the voluntary hospitals should be given the option of being taken over by health authorities or receiving grants from public funds conditional on efficiency and representation of the local authorities on the boards, but leaving to the boards complete control.

There is evidently a doubt in the minds of the promulgators of these proposals whether the bulk of the working population would not resent having their voluntary hospitals, which have grown into their affection, and which are in a very real

way under their control at present, taken from them and handed over to an unsympathetic bureaucracy. Perhaps, too, they are not really convinced that State control is the best system.

I hope this question of hospitals will never become a matter of politics. In the general tendency for nationalization of the big public services, I sincerely hope this vital service will be kept outside. It is not a question of popular control. In the hospitals to a large extent we have this already. The beneficiaries are already largely represented on the boards, and will be to a greater extent as the working class come to furnish a larger proportion of the cost. Under the State, the real controllers will be the Chancellor of the Exchequer and the officials of the Ministry of Health, who have little knowledge of local circumstances and scant sympathy with local requirements.

The Medical Profession and the Voluntary System.

Now as to the opinion of the medical profession, two large representative meetings of the members of the staffs of the hospitals from all over the country were practically unanimously in favour of the voluntary system, and the voice of the general body of the medical profession as represented by the British Medical Association is equally unanimous. This cannot be for any motive of financial gain, for if the hospitals were handed over to the State the members of the staffs would certainly have to be paid. It is because they know that it would be bad for the hospitals, and because they as individuals would lose their freedom of action and thought without which their whole work would be cramped and stultified.

Before concluding I feel that I must say a few words about the relations of the medical profession to the voluntary system. For long years practically the whole of the responsible medical work at the voluntary hospitals has been a free gift by the medical profession to the public, and the demands on the time of the members of the honorary staff have been steadily growing. It may surprise some of you to know that the average number of hours a surgeon on the staff of the Derbyshire Royal Infirmary has to devote to his work there is just about twenty hours a week, apart from any work that he may put in on committees of management. In the twenty years I have been on the staff the surgical work has practically doubled, and it is now work which can, in my opinion, only be undertaken by one who devotes himself specially to surgery. This demand makes a very big hole in one's working week and leaves no very big proportion in which to earn one's living. There are, of course, compensations. In the early stages it gives one the opportunity to learn special work by practical experience, and as one goes on to keep one's hand in. It also gives some advantage in the way of professional prestige and what was referred to in the Labour party programme as monopoly value. But it is a fairly big price to pay for these assets, involving a great amount of physical and mental stress which I doubt if many of us would be willing to give were it not that the work is intensely interesting and performed in the happiest of surroundings, free from petty controls and in an atmosphere of kindly feeling and good fellowship.

The reason why the medical profession is wedded to the voluntary system—although it would probably be better off financially under a State system—is because it knows that under the latter it would be subjected to all the irksome pettiness of bureaucratic officials who, to justify their existence, would be obliged to interfere whether they liked it or no, without benefiting the patient one single jot.

Under the voluntary hospital system as now administered there is not unnaturally a certain amount of feeling among some members of the staff that to some extent their services are being exploited—that a considerable section of the community are getting our services free who are able, and even quite willing, to pay something for those services. There is a dread, too, that with the increasing proportion of the community who get their treatment free the number left may not be sufficient to provide a living for the increasing number of doctors required to do the increased free work. These factors naturally keep consulting fees high and produce a system by which the well-to-do are taxed to pay for those who are not so well off. At a time when the hospitals are struggling for existence it is hard to devise a scheme by which the burden can be more evenly distributed.

The medical staffs have, however, been obliged to lay down that they shall receive a proportion of any funds received by

the hospitals for the treatment undertaken by the hospitals on behalf of public authorities, such as the Ministry of Pensions, the Ministry of Health, and the local health authorities. Further, it has been found necessary to give remuneration for some of the less well paid specialties, such as anaesthetics and x-ray work, in order to obtain the services of suitable men. In the future it may be necessary to extend this principle to some of the junior physicians and surgeons if the right class of men are to be obtained. But this will not, in my opinion, alter the voluntary nature of the bulk of the service which we have so much at heart.

I have not gone in any detail into the ways in which sufficient funds may be got to keep the voluntary system alive. I have contented myself with giving an exposition of the faith that is in me with the hope that it may stimulate public interest in the voluntary system and put off the day when these great institutions are handed over to bureaucratic control.

PARENTS' PAYMENTS FOR MEDICAL TREATMENT OF SCHOOL CHILDREN.

THE Board of Education has issued to local education authorities a circular (1300 of March 16th, 1923) explaining its requirements in respect of parents' payments for treatment received by their children through the School Medical Service. The imposition of these charges is obligatory under the Education Acts, and "it is not open to a local education authority, in exercising their statutory powers, to adopt arrangements, or to the Board to approve arrangements, which make no provision for obtaining payment or for discriminating between cases in which parents are able or unable to make payment."

The provision contemplated by the Board as meeting the "reasonable requirements of the Act" includes the adoption of an income limit, below which treatment shall be rendered free, and of a scale of charges for the several forms of treatment provided by the authority—both the income limit and the scale to be adjusted in accordance with local conditions. As an example of the arrangements considered satisfactory a scheme is quoted providing for free treatment in the case of a family of two parents and three children where the total weekly income, after deduction of rent, does not exceed 50s. When this income is exceeded, minor ailments may be treated free for the first fortnight, and subsequently at a charge of 1s. for three or 2s. for six months' treatment. Operative treatment of tonsils and adenoids may be offered at 5s. to 7s. 6d., spectacles charged at cost price, and dental treatment at 6d. an attendance or 1s. for the full treatment. Where wide variety of income exists it is suggested that some corresponding variation should be made in the charges, and it is expressly provided that the income scale adopted in respect of medical treatment should be less severe than that for the provision of free meals, and that investigation into the circumstances of parents should be confined to doubtful cases and as simple as possible. Finally, the Board is prepared to accept, at least for the present, schemes which provide free treatment for minor ailments, subject to the provision of satisfactory arrangements for payment for other types of treatment. In areas where no charge has hitherto been made, and it "is not easy to bring a complete scheme into force at a moment's notice," the Board will accept for the current year any scheme which marks a "reasonable advance" upon previous practice. The circular does not touch upon the vexed question of the definition of minor ailments.

The position indicated by this circular is of considerable interest. The statutory obligation to impose some charge upon all parents able to make any payment dates from 1909, whereas the obligation to provide such treatment, as opposed to the permission to do so, dates only from August 1st, 1919. Apparently what is termed in the circular "the clear intention of Parliament" in connexion with these payments has been to a great extent ignored, both by local and central authorities, over a period of some fourteen years. This being so, we may well inquire what the intention of Parliament really was, why it has been ignored, how far

the present policy is calculated to give it effect, and what will be the probable result of its enforcement.

It is perhaps fair to assume that in providing for payments by parents Parliament had in view one or all of three objects—to restrict treatment to the necessitous, to relieve the pressure on the public purse, and to provide for the case of parents who, unable to meet the full cost of treatment, may wish to contribute towards it according to their capacity. The explanation of the present activity lies, presumably, in the prevailing policy of retrenchment, and in the extension of facilities for treatment to children in secondary schools, many of whom are in more favourable economic circumstances. The experience of a local authority which has endeavoured during the last twelve months to give effect to the policy now laid down by the Board will serve to illustrate both the cause of past neglect of the obligation and the success likely to attend the attempt to make it effective. According to the report of the school medical officer for 1922, the authority, in adopting a scale of charges,

"had in mind two dangers attaching to a rigorous requirement of payment for treatment given: firstly, that such action would serve as a deterrent to obtaining treatment for an ailment in its early stages, and hence would tend to rob the School Medical Service of its main function—the prevention of disease by its early detection and treatment; and secondly, the fact that the sums recovered might not pay for the cost of collection."

The authority calculated that, assuming all parents to be capable of payment on the prescribed scale (a condition which does not, in fact, obtain), the maximum amount recoverable for the year would be about £250, whilst the expense involved in any system of inquiry as to income in individual cases would amount to about £80. Accordingly the adoption of an income scale was rejected in favour of an arrangement by which head teachers inform the school medical officer of all cases in which, in their opinion, the scale payments cannot be met. In all other cases parents receive a request for the amount due under the scale in respect of every child treated. Under this scheme the total amount received by the authority during nine months was £18 4s.

If this experience is typical (and the absence from the reports of school medical officers and those of the Board of Education and its chief medical officer of any indication of the total sum recovered each year in respect of treatment in areas where scales are actually in force is significant in this connexion) it would seem that the present policy is not calculated to meet the first end in view—namely, relief of the rates, with a corresponding decrease in the amount of the Treasury grant. On the other hand, the nature of the charges suggested demonstrates that there is no intention of using them as a means of inducing parents able to obtain necessary treatment privately to do so rather than utilize a service primarily intended for the necessitous. As regards those who may wish to pay according to their means, the object in view might perhaps be more simply attained by a system of voluntary contributions. Moreover, there is a distinct danger that parents actually making the scale payments may imagine that they are paying for the service rendered. It is to guard against this danger that some authorities have adopted an expedient referred to in the Board's circular—namely, the exhibition of a table showing the actual cost to the authority of each service rendered, with a box in which parents may place some contribution towards the difference between that cost and the scale charge. The plan seems rather clumsy, but, provided that in reckoning the cost of each service adequate allowance is made for establishment and administrative charges, it may be of some use.

In view of the difficulty of the whole position it may be asked whether the intention of Parliament in connexion with these payments is, after all, so clear as the Board suggests, and whether the present policy is indeed calculated to give it effect. If the answer to these questions is proved by the experience of the next twelve months to be in the negative, it may be hoped that some amendment of the law will relieve the Board of the thankless task of trying to enforce a policy which would seem not to work well in practice.