Remarks

ON

THE PLACE OF THE HOSPITAL IN
A CIVILIZED COMMUNITY.MADE IN OPENING A DISCUSSION AT A MEETING OF THE
SUNDERLAND DIVISION OF THE BRITISH MEDICAL
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BY

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ALL around us we see the clearest indications that great dissatisfaction exists with regard to the means at present available in this country to meet the requirements of considerable sections of the community who are in need of medical assistance. This dissatisfaction is expressed with almost equal strength on behalf of the public, large numbers of whom are said to fail to obtain the help they ought to have, and on behalf of the medical profession, many of whom are stated to be overworked and underpaid. The two-sided nature of the complaint may perhaps be regarded as a hopeful sign by those who have faith in the possibility of ultimate improvement. The wrongs of a small class, such as a section of the medical profession, would be difficult to right if the community as a whole was unable to recognize that wider interests were involved, nor would the public easily secure the reforms which it regarded as desirable in its own behalf if it were faced with the apathy or resistance of an entirely satisfied profession. Whether the prospects are hopeful or not for a speedy and thorough removal of these unsatisfactory conditions, there are sure signs of impending changes in many directions. The great interest aroused all over the country by the reports of the Poor Law Commission and by the attempts of the authors of its two main sections to secure public sympathy with their particular views, is already compelling many changes such as can be effected by departmental regulation, and must shortly result in extensive legislative action. The present Government's promised scheme for insurance against sickness and invalidity will profoundly alter the conditions under which vast numbers of the working classes will find themselves when in need of medical aid. If one may judge from previous experience, the probability is that in accordance with the spirit of our people, such changes as are made will be effected in this or that direction as urgent necessity demands, or as some point of little resistance allows, with no very clear idea of fitting the various items into an effective and harmonious whole. This prospect makes it all the more desirable that sections of the community who have special knowledge and experience of various departments of work connected with health questions should lose no time in evolving for themselves a clear conception both of the general problem before the nation and of the relation of this general problem to its component parts, and of these several parts to each other. The medical profession must not only make up its mind as to the direction in which it desires reform to be guided in order that its own independence and power for good work shall be maintained, but it must take steps to make clear to the public the practicability and sanity of its proposals.

Many sides of this broad question are now under the consideration of the British Medical Association and are dealt with in the exhaustive report recently issued to Divisions on the organization of medical attendance on the provident or insurance principle. To-day I propose to consider the small part only of the question indicated by the title of our discussion—"The Place of the Hospital in a Civilized Community." If we desire to reach an agreement on this question we must clearly not differ very widely as to our general views of the aims of our civilization and the functions of a hospital. I do not think I shall have much difficulty in securing your acquiescence in four propositions with regard to the hopes and duties of a modern civilized community which are relevant to our present inquiry.

PROPOSITION I. *That no community can regard itself as civilized which does not recognize a common duty to render medical assistance to those of its members whose condition of health makes such assistance necessary and whose economic position does not enable them to secure it.*

To agree with this proposition we need not be prompted by identical motives. To some the chief motive will be sympathy with suffering, to others the prevention of race degeneracy, and to others again the maintenance of the economic fitness of the present workers of the nation. With such a variety of motives impelling us there is little fear that this proposition will be unacceptable save to an insignificant number of quite peculiar individuals.

PROPOSITION II. *That it is undesirable for any civilized community, as at present organized, to provide without cost medical assistance for all its members regardless of their economic position.*

The words "as at present organized" are introduced in order to enable this proposition to be acceptable to any of our friends with advanced collectivist views. I would ask such to recognize that we are dealing with things as they are, and not as they may be in the distant future.

PROPOSITION III. *That every civilized community should encourage its members to make provision by some method of mutual insurance against those insurable risks which without such assistance they are unable to meet.*

As a general principle this is not likely to be denied to-day. There are few, if any, who agree with the view of the considerable number of our forefathers who regarded life insurance as an immoral means of cheating Providence. To accept this principle does not commit us to approval of Pluvius policies for holiday makers or other extravagances of insurance not far removed from gambling, nor does it indicate sympathy with the proposal that the State should actively take part in the business of insurance. I ask your acquiescence merely in this general principle, and shall of course later apply it to the concrete and reasonable example of the provision by methods of mutual insurance against the costs of medical assistance.

PROPOSITION IV. *That in every civilized community specialization of effort is essential to effective performance.*

This proposition will be recognized as having a strict relation to my subject. Please note that this does not say the greater the specialization the more effective the performance. The great principle that one can have too much of a good thing applies in civilized communities as well as in those not yet weaned from cannibalism. We in the medical profession are not likely to fail to recognize the possible evils of excessive specialism. For the purposes of my argument I find it necessary to emphasize the fact that specialization means not only that certain individuals or institutions are recognized by the community as being set apart to do certain things, but that they are also recognized as being set apart not to do other things. To use a dentist to shoe horses is as great a neglect of our principle as to use a blacksmith to pull out teeth. The dentist may be able to shoe a horse and shoe it well. From the point of view of the community, however, it is an extravagant disregard of an important principle. It is a principle which must be considered in defining the proper work of an institution as well as of an individual. Later I shall hope to show that this principle is disregarded in our modern method of using hospitals, and to indicate the necessity of paying strict attention to it if we are to succeed in assigning a proper place to these institutions.

I must now ask you to allow me to leave these four propositions for a time and to submit to you certain considerations with regard to the fundamental ideas underlying the true functions of a hospital. It must at the outset be recognized that there are several distinct aspects of hospital work, none of which can be neglected if we are properly to understand how best to use and develop these institutions. These various aspects may be briefly defined as the charitable, the economic, and the scientific. So closely intertwined have these different functions become that it is difficult to isolate them from each other. But I wish to emphasize what I believe to be the fact—that even if we could imagine a civilized community from which all poverty and need of charity were eliminated, so that every one could obtain by adequate payment all that he required in the way of medical assistance, a hospital would still be as necessary an institution as a road or a train or a school. No intelligent community would be

willing to forego the common advantage that accrues from the growth and dissemination of medical knowledge in a place where men of science meet to assist each other in the observation and treatment of disease; no community, even if composed entirely of millionaires, would disregard the convenience, the economy, and efficiency secured by bringing together under one roof the complicated accommodation and appliances for investigating, nursing, and treating patients suffering from certain diseases. Whether we have regard to the economical and efficient treatment of the individual patient or to the advancement of medical science the hospital appears to be an essential factor in the accoutrement of the profession in its fight in the cause of health, apart altogether from any consideration of the poverty of patients. On the other hand, it must be acknowledged that the original development of the hospital was entirely from the point of view of its function as a charitable institution. Poverty of a very dire character could alone induce a patient to risk the discomfort and dangers of the hospital, even as late as the middle of the last century. The hospital as the most efficient instrument of professional treatment for certain diseases is a comparatively modern institution. It is to a large extent the product of that scientific progress in medicine of which it is now so efficient a handmaid. Without the invention of the microscope and our resulting knowledge of diseases of bacillary origin and the aseptic methods of surgery the hospital might still have remained the resort only of those who lacked a bed to be ill or to die in. But for the extraordinary advances that have been made in medicine and surgery in the last generation the hospital problem of to-day might have been the solution of the simple question of the Charity Organization Society—"What evidence has this man shown of thrift?" The more clearly we adopt the conception of a hospital as a place where certain special professional services can best be rendered to certain patients specially needing these services the more difficult does it become to consider it as merely a charitable institution strictly reserved for those below a certain level in the social or economic scale. The question has gradually become not "Is this patient poor enough to be admitted to the hospital?" but "Is he ill enough, or is his illness of the kind to require the special services which the hospital is organized to render?" The charitable function of the hospital remains, but it must needs become a very carefully discriminating charity, a charity which must consider not only the economic condition of the patient but the exact nature of the medical services he requires.

We have now reached the point when I think we may ask ourselves, Do we intend that the hospital whose place in a civilized community we are trying to define shall continue to develop along its three parallel lines of charitable, economic, and scientific effort?

For my part I hope that you will so decide. This is the direction of least resistance; it is an evolutionary and not a revolutionary movement, and it keeps our institutions in harmony with traditions of the past of which, as a nation, we are justly proud. But we must move on, and move on quickly. The pressing need of forward movement on the scientific line has, in my opinion, never been better stated than by Professor Osler in a recent address, which some of you probably heard him deliver, before the Northumberland and Durham Medical Society under the title of "The Hospital Unit in University Work." I had the pleasure of reading the address in the *Lancet* for January 28th last, and would cordially recommend it to the notice of all interested in hospital administration. I will merely quote a few lines. "Speaking from a comparatively wide experience of hospitals," says Professor Osler—and no living man I fancy has a wider—"I say unhesitatingly that the average level of comfort and care is nowhere so high as in this country, and in no small measure is this a tribute to the character and training of the women connected with them. But there are very glaring defects, foremost among which is the absence of proper laboratory accommodation in pathology, bacteriology, clinical chemistry, and microscopy." The first sentence gives us just that sense of pride and satisfaction with ourselves which it is hoped will encourage us to take to heart the scathing criticisms to which the speaker later on submits our obvious failure to make the hospital the perfect weapon it ought to be in the

hands of the profession in their combat against disease. With what Professor Osler says in this address about certain of the present arrangements being "antiquated and in every way ill adapted to modern conditions," I thoroughly agree. I sympathize, too, with nearly all of the suggestions that he makes for improvement, and with his final conclusion, as to the feasibility and necessity of reform, I concur. "It can be done: in fact, it has to be done if British medicine is to adjust itself to the new conditions, and so maintain its splendid traditions." Professor Osler believes an important step in enabling the hospital to develop itself along the scientific line is to secure more intimate economic relation between the hospital and the university. This may be so, but it could of course have an effect on only a very limited number of hospitals, and would entail much interference with vested interests. I look more hopefully to the effects of altered relations on the part of the hospital with the whole community—changes which are entirely within the power of the hospitals themselves to make, and which involve no complicated financial or administrative negotiations with other institutions. The highest development of the hospital along the charitable, the economic, and the scientific line will only be possible when the hospital recognizes, and takes, its proper place in the civilized community. The modern hospital has indeed almost entirely failed not only to recognize that it has a proper place in a civilized community, but even that there is any civilized community for it to have a place in. I hardly think I can justly be accused of exaggeration when I say that many of our hospitals take as little regard of the existence of surrounding agencies for the treatment of disease as a medical mission in Central Africa would take of the native medicine man. They would seem to be entirely oblivious of the fact that in this country there is one of the most extensive systems of Poor Law medical relief in the world; that millions of workmen have contracted for medical attendance through the friendly societies; that for other moderately poor people similar help is given by means of provident dispensaries, whilst private medical practitioners are prepared to sell their services to needy people at fees which are beyond the reach of comparatively few.

Something may possibly be said for the point of view of the medical missionary, who regards the competing medicine man as a negligible quantity. But surely it is the first duty of the governors and medical staff of a hospital in a civilized community to consider in what way their institution can best supplement and not replace the efforts of the many legally qualified medical men working in various capacities amongst the surrounding population. If it is recognized that it is a proper and reasonable thing for the community to set up a Poor Law medical service, if we believe that poor people ought to be encouraged to join clubs and friendly societies and other provident agencies, if we do not believe that everybody who wants to get treated for nothing should be allowed to, and if, finally, we agree that to find one's right work and stick to it is the proper policy for institutions as for men, can it be doubted that the duty of the hospital is to co-operate with and not to compete against all these other agencies? And at this point I fancy I can hear some hospital administrators protesting: "We do try to co-operate, but it is so very difficult. If we see a man who is obviously a pauper we tell him he ought to go to the relieving officer, or a wealthy man we advise to consult his own doctor, but it takes longer to get these people to go away than to treat them, and it might offend our subscribers; and, after all, they probably only go to another hospital. Indeed, we have tried to co-operate with provident dispensaries, and have even posted notices about them in our out-patient departments, but the provident dispensary doctors do not seem very anxious to send us their cases. We are always prepared to take any patients sent by private doctors if they are not too well dressed, but we find that these are generally the cases which our almoner reports as unsuitable. Some of us have, indeed, instituted a charge of 3d. for a week's supply of medicine so as to avoid all competition with the general practitioner. But we can never forget that the hospital doctors we have chosen are so very clever, while all other doctors are so terribly ignorant that we cannot bear to think of any poor people being allowed to choose their doctors for themselves." Hospital adminis-

trators who are thinking and working on these lines may be trying to find the place of the hospital, but they have not found it yet. Co-operation and competition will not run in double harness. The private doctor and the provident dispensary cannot afford to send their more difficult cases for further help to the hospital, where the patient and his friends soon learn that they might as well have gone in the first instance and saved their fees or their subscriptions to the dispensary. Co-operation between institutions to be successful must be complete. You must not run with the hare and hunt with the hounds. The wholesale merchant who opens a retail shop soon finds he loses the custom of retail dealers. The barrister who consented to receive clients directly would soon find himself neglected by solicitors.

May not the place of the hospital which we are seeking to define be stated in the following terms? The hospital should undertake to see and treat those patients only who, having already sought the assistance of a medical man—be he private practitioner, club doctor, officer of the Poor Law or of a provident medical institution—are found to require some additional special advice or treatment such as they are unable to pay for and such as is within the capacity of the hospital to supply. In other words, the hospital should be a second line of defence or reserve—a purely consultative institution. Hospitals should provide for the poorer classes of the community just that additional assistance which a member of the wealthier classes already under the care of a general practitioner is in the habit of obtaining from a consulting physician or a consulting surgeon whenever special advice or treatment becomes necessary. To be successful in providing these special services for these poor patients the hospitals must restrict themselves to this work. They must not also provide simple medical and surgical treatment for all comers who like in this way to save themselves the cost or trouble or indignity of securing treatment through other channels. They must, in fact, recognize the principle of specialization which lays down not only that a special institution should be entrusted with special duties, but also that it should relinquish other duties which can be as well, or better, done by some other organization. I hope that I have established the point—at any rate theoretically—that the ideal position of the hospital in a civilized community is to do necessary work which it is best fitted to do and to leave undone work for which others are equally well or better fitted.

I must now approach the question more from the practical side, pointing out some of the immediate benefits that would accrue from the development of hospitals on these lines, and answering some objections that have been, or are likely to be, raised. With regard to the feasibility of the arrangement I need say little. It would only be necessary for any hospital, preferably in agreement with its neighbours, but, if not, then independently, to give notice that on and after a certain date patients only would be seen or admitted who were brought or sent by a medical practitioner who had already investigated the case and was in medical charge of the patient. In the past most hospitals used to, and at the present day many still continue to, restrict their patients to those bringing recommendations from subscribers. In many cases, therefore, this reform would only entail the adoption of a different kind of restriction. Already a hospital in London is working on these lines, and finds the result satisfactory, though at present it has not persuaded others to adopt the same plan, and is therefore competing against the open-door system of many powerful neighbours.

What immediate advantages may be expected when this plan is more widely adopted? Advantages would be apparent both at the hospital and away from the hospital.

The hospital and all connected with it would be stimulated to the highest class of work. Every case would be entrusted to it because it had been recognized that some special skill in diagnosis or treatment was required. The general standard of scientific work must be of the best. It would be submitted to the criticism of, and make its appeal to, members of a profession well qualified to judge, and not to the public, who are incapable of estimating the true value of scientific medicine and surgery. The drudgery of long hours of out-patient and casualty work and of hastily examining and prescribing for large numbers of

patients suffering from trivial ailments would be removed, and the officers, now thus employed, would be set free to assist the visiting staff in unravelling the problems submitted to them by their colleagues outside the hospital. Investigations begun in the hospital could be continued by the outside practitioner in charge of the case, and ultimate results duly reported and recorded. The orderly regulation of the admission and discharge of cases could be more easily secured when each case was under professional care until the moment of admission, and would naturally on discharge return to the same care for the continuance of any necessary after-treatment or for persistent observation. The cordial co-operation of the neighbouring practitioners would replace the thinly-veiled hostility with which it is but natural that the hospital is now regarded by many of them. In fact, doing its own work, and only its own work, the hospital would constantly become a more proficient instrument, and would secure the approbation and help of those engaged in similar but not competitive occupation. Away from the hospital the advantages should be equally apparent. Freed from the competition of their most powerful rival, agencies for the primary treatment of the ordinary diseases and injuries of the sick poor might be trusted at once to improve their organization. Those defects in the Poor Law Medical Service which are at present largely hidden from public view by the promiscuous charity of the hospitals would be brought to light, and would be remedied. All forms of provident provision for medical attendance would be placed upon a better footing. The possibility of practitioners securing second opinions and operations by specialists on their poorer patients, while still remaining their patients, would add enormously to the interest of private and provident professional work amongst the labouring classes. No longer fearing the risk of losing their patients and their patients' friends by the proceeding, the reference of cases for further advice to the hospital would become extremely popular amongst doctors practising in the neighbourhood. Every interesting case thus dealt with at the hospital would provide valuable experience to the private practitioner to the obvious advantage of all his other patients. In this connexion I cannot do better than quote Professor Osler again. This time he is dealing with Organization in the Profession, and his remarks made at Nottingham are published in the *BRITISH MEDICAL JOURNAL* for February 4th last. Speaking of county hospitals as centres for the diffusion of medical knowledge he says:

The members of the staff of the hospital have the matter in their own hands, and what I wish to urge is the responsibility that each of you should feel to make his department a centre of information for the profession of the district. You who do the work would get the greatest good, as you will grow in wisdom and increase in value as sane advisers; the hospital would be benefited as its influence would be helped, as working in the open with keen eyes upon you is a great stimulus in diagnosis, and even in treatment; the general practitioner frequenting the wards and special departments will be able to maintain a circulation in his "grey cortex" active enough to counteract the benumbing influence of routine, in which way alone he may avoid the fate of the purely practical man, who, as so well characterized by Disraeli, practises the blunders of his ancestors. And, lastly, the public will be the gainers, as men keenly appreciative of the rapid progress in medicine will render a better and more intelligent service. The public in this will find a return for the ungrudging support which they give to the hospitals.

Please note that Professor Osler is speaking of a condition that ought to exist and does not. It does not concern us particularly to inquire by what means he hopes to secure it. By no possible means could it be secured to its fullest extent while the hospital maintains its present disregard of the work of others, whereas, on the other hand this splendid ideal will inevitably and almost insensibly be achieved so soon as the hospital recognizes and takes its proper place amongst other medical agencies. Truly the picture seems so alluring that one wonders that this change has been so long delayed. Perhaps we can best understand the reason for this if we consider in detail objections that will almost certainly be raised in some quarters to the general adoption of this proposal, even at this late hour. We shall certainly hear that the diminution in the number of attendances of patients at the hospital will lessen the support of subscribers. I cannot believe that subscribers,

whether wealthy philanthropists or associations of working men, are so foolish as to be unable to distinguish between quantity and quality of work, or that hospital administrators are so lacking in persuasiveness as to be unable to turn a reform of this truly beneficent character to excellent account at their annual meetings and periodic applications for subscriptions. Working men's committees will at least understand that one cannot expect to get the best work out of a chisel if one uses it also to drive screws. A much more serious danger is ahead of the hospital treasurer if he neglects to watch the trend of public opinion and move his institution with the times. The public is determined that so far as that class of person is concerned who lacks a comfortable bed to be ill in, his need shall be met by public funds if not by private philanthropic effort. Adequate accommodation of this sort will be provided by the State before very long by extension of, and removal of the pauper taint from, work-house infirmaries. Public support will indeed be difficult to obtain for voluntary hospitals when this is carried out, unless the philanthropist can be assured that his protégés will in the charity obtain something different from and better than anything he can obtain in the municipal infirmary. A hospital placed in such relation to other institutions as we have just been considering will clearly be able to offer something from a medical point of view absolutely necessary in certain cases, and altogether different from, and superior to, the State provision. Such a hospital can confidently be recommended to the philanthropist or the working man subscriber as an institution in the support of which he will not be merely relieving the rates. Those who are proud of our voluntary hospital system, and desire to see its splendid service to the sick, as well as to medical education and research, maintained and developed, may certainly be urged to support this particular movement for hospital reform.

A second objection that may be raised is that certain cases that now come direct on their own initiative to the hospital and receive there treatment of vital necessity might under the new scheme fail to reach the hospital until too late for effective aid. This is one of those arguments that cut across organization in all human affairs, and which, although specious, are entirely fallacious so far as the common good is concerned. I suppose it will be true of some cases. A patient, not feeling very well and being of an adventurous spirit, applies to the hospital, and, being thoroughly examined, is discovered to have a very early internal cancer, which is immediately removed. It is, of course, possible that this patient, under the new régime, coming first under the care of her private doctor, or the doctor of her friendly society or provident institution, might not secure such immediate and thorough examination, and might not be sent to the hospital till the disease was further advanced and had produced definite symptoms. Similar good luck may befall individual cases in all sorts of human arrangements which are nevertheless entirely against public policy when their total effect on the community is considered. The most promiscuous distribution of coins in a crowd may occasionally afford opportune relief to a thoroughly deserving and unfortunate individual. Against this accidental individual gain we have to set to the credit of the present system a mass of preventable misery, pain, and disappointment, which would be almost unbearable by those who have daily to witness it had not long custom led them to regard it as an inevitable accompaniment of poverty and illness. The hopeless chronic cases painfully trudging week after week to the out-patient departments; the feverish babies brought up time after time through the streets to the casualty department until their bronchopneumonia is sufficiently advanced to warrant admission and defy relief; the unselected crowds of patients waiting investigation and handing on to each other their unrecognized infectious diseases; mothers waiting whole days with their sick children, whilst the babies are left untended at home; the delicately nurtured but poor woman on whose account the doctor wants further advice, but who cannot face the waiting and the crowd. Under the consultative system much of this misery and unnecessary hardship could be eliminated. The agencies for primary assistance would provide domiciliary treatment for those too ill to go to and fro, and would arrange for the direct transference from the home to the ward in all cases of critical illness.

Definite appointments could be made for out-patient consultations, and at least the child with obvious whooping-cough or ringworm would not be sent to mix with others in the totally indefensible unclassified casualty department.

For the one case, of which we hear so much, which might escape the necessary hospital treatment under the new arrangement, dozens equally suitable would get it who do not get it now. The argument of those who fear that some early cancers or glaucomas may escape detection would seem to be based on the view that a patient is a better judge of when he needs specialist advice than is a medical man. Surely all the evidence is against this. Hundreds of people now seek no advice of any sort until it is far too late, and one of the greatest advantages of putting the hospital into its proper place will be that far more patients will be induced to enter into contracts with general practitioners, and will thus be encouraged to call for medical help in the early stages of illness.

The last objection with which I can deal concerns only the small number of hospitals which are also medical schools. On behalf of these institutions it is stated that the lessening of the numbers in the casualty and out-patient departments will be bad for medical education. On this point I think I can speak with authority, as I have taught in out-patient departments for nearly twenty years. I unhesitatingly affirm that in an overcrowded out-patient department nearly all the methods a student learns he would be better for not knowing. Leisurely and complete observation is essential for scientific work. The hasty and brilliant diagnosis by old hands in the out-patient department provides the worst possible example for students and young practitioners. I am confident that a little reflection will show that selected cases such as will be provided by the proposed arrangement will form much better material for teaching, whilst the lessening of the crowds of trivial and unsuitable cases will enable the teaching to be organized on a much more satisfactory basis. It may be necessary, and I am sure it would be advisable, to arrange for every student to gain systematic experience in the treatment of minor disorders by attendance at a provident dispensary. The general practitioner seeing cases at these institutions will be a better teacher of the management of chronic ulcers of the leg and other common ailments than is the operating surgeon who spends most of his working life performing laparotomies. The association of the general practitioner with the education in the medical school would form another link in binding together the hospital staff and medical men working around the hospital, which Professor Osler regards as such a desirable proceeding.

I have not chosen these three objections because I felt that I could most easily deal with them, though I hope you will agree that I have been able to answer them to a considerable extent. They have seemed to me objections which have been most frequently and stoutly advanced by champions of the existing conditions. There may be others advanced to-day. I hope, however, I have established that on the balance the advantages of the proposed change will outweigh any possible temporary disadvantages. Whether we look at the question from a practical or a theoretical point of view, the first essential step in promoting the efficient treatment of sickness amongst the poorer classes is the fixing of the proper sphere of activity of the various agencies. The hospital is one of the agencies of such supreme importance that when its place is once fixed, the task of adjusting other agencies around it should be materially lessened.

With this object in view I confidently bring this proposal before you, not as a startling and brand-new project which you may think over now and adopt in the millennium. It is the inevitable and necessary next step in the evolution of our great medical charities. Every hospital administrator would recognize this for himself if he were not so busy scraping together money and dealing with the problem of overwork that he has no time to look about him and see that in co-operation with the willing agencies outside and around his hospital lies ready to his hand the means, and the only means, of enabling him to find for his institution its proper place in the community.