To the dispensary staff the association with the hospital would, doubtless, be of professional advantage, while the status of the honorary staff would in no wise suffer.

To the managers of the hospital such a scheme would bring some material relief, as the dispensary branch of the out-patient department would become self-supporting as far as its working expenses were concerned.

It being on all hands agreed that closer association, if not actual amalgamation, between hospitals and provident dispensaries is the "consummation devoutly to be wished," it follows that efforts should be made in new directions, such as this, to achieve a result that has, so far, proved unattainable.

Such association will not be brought about so long as the hospitals regard the dispensaries merely as places to which they can refer unsatisfactory cases. Until more generous views prevail, and until the hospitals agree to combine with the dispensaries as branches of themselves, it is probable that the wished-for consummation will be indefinitely deferred.

HOME HOSPITALS FOR THE MIDDLE CLASSES.

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ONE of the most difficult problems which at the present day confronts the sociological reformer is the adequate provision for all classes of the community of efficient treatment during serious and continued sickness, or in emergencies whether of accident or of disease requiring immediate surgical operation. It will be admitted by all who are conversant with the present position of affairs that the time is ripe for some readjustment of our present resources, and for some modification of our existing hospital system. At such an epoch it may not be inopportune to consider the desirability of providing special facilities for dealing with the sick population of the large middle classes on such conditions as will preserve to them their sense of independence, and at the same time bring within their reach the best that science and art has to offer for the restoration of health and the saving of life.

The charity which has established, and now maintains, the countless hospitals scattered throughout the length and breadth of the land is regarded as one of the most striking and admirable characteristics of our national life. The science and art of medicine and surgery have developed so rapidly, while contemporaneously the popularity of hospital treatment has increased so remarkably among the poor, that the most ambitious dreams of those who saw the infancy of the voluntary hospital movement could never have imagined the important part it would come to play in the life of the nation. Unfortunately, the greatness of the success is threatening to mar further progress, and this for two principal reasons: First, because our hospitals have begun to eat into the revenues of general practitioners of medicine by entering into competition with them, chiefly through their enormous and insufficiently restricted out-patient departments; and, secondly, because the field of charity upon which they depend for their revenues has become gradually restricted to a comparatively small section of the public. Every hospital secretary will confirm the statement that the great body of the middle and working classes does comparatively little in the way of financial support, and that but for the splendid beneficence of a few among the wealthy the work which these hospitals are carrying on would be seriously curtailed, and would, in fact, have largely to be abandoned. The profession of medicine contributes ungrudgingly the gratuitous services of a large band of devoted and arduous workers. This fact is imperfectly appreciated by those who denounce the voluntary system, and who contend that equity would be better served by putting the hospitals on the rates. From some points of view, so it would. But as an initial difficulty the State would have to face the suitable remuneration of physicians, surgeons, and specialists, without whom the work of curing disease and alleviating pain could not continue.

It is needless to speculate on what scale the reward of professional services might be contemplated, but if the inadequate recompense which is doled out to the medical

officers of the Poor Law—who are overworked and handicapped by vexatious red-tape restrictions—may be taken as a criterion of what the State might regard as sufficient for the medical service of hospitals generally, it is certain that the personnel of every staff would become entirely changed. To retain as paid servants of the State those who are now the honorary servants of the hospitals would involve an expenditure which no ratepayer could contemplate with equanimity.

And yet any other arrangement would be inimical to the best interests of those for whom hospitals are provided. From another standpoint the financial problem would be a weighty one, because immediately hospitals were rate-supported they would come under the compulsion of providing accommodation for an untold number of inmates. The working of the State-paid system in Continental countries enables us to realize how, in times of prevalent sickness, the hospitals are literally besieged by a multitude of men, women, and children who claim admission as a right; and how the authorities are driven to all sorts of undesirable expedients to cope with the exigencies of every recurring visitation of disease that raises the general sick rate above its average level.

Those who practise medicine and surgery among the poor have a real and substantial grievance at the present time, and are justified in looking to the future with apprehension. Beset on one side by this increasing out-patient room competition, they are no less seriously handicapped on the other by the rapid growth of provident dispensaries, medical clubs, and other co-operative movements among the working classes, all of which have for their object to obtain medical attendance and drugs at the lowest possible rates—rates which are, in many cases, so absurdly inadequate that the men who fix and approve them would cry out against having manual labour assessed on any such starvation basis. It is not going too far to say that no more serious system of sweating exists than that which has become established in this class of medical work. It is constantly asked: If this is true, why do doctors submit to the thralldom of such a tyranny? The obvious answer is that they are driven to it by dire necessity. Medical education is more prolonged and expensive than it has ever hitherto been; the ranks of the profession are overcrowded; the enterprise of chemists is bringing within the command of the public remedies which previously could only be obtained through the prescriptions of qualified medical men; and the blatant and unrestricted pretensions of advertising quacks are appealing more than ever to the credulity of an increasing number of people whose feeble and unstable nerves clamour with unwearying insistence for narcotics, stimulants, sedatives, and, in short, a cheap and quick cure for every imaginable ailment. The doctor, like other men, must live, and therefore he has been compelled by the force of circumstances which are too strong for him to accept the means necessary to his existence often on terms which every self-respecting man resents as unfair and unjustifiable.

If ever the State is driven to take over the hospitals of the country, the main reason will be the abuse of their privileges by a class for whom they were never intended. Hospitals are in debt, it is said, because they are too freely used by the public. Those who are moderately wealthy and who have heretofore regarded it as their duty to help hospitals, and through them to assist their poorer neighbours, have naturally little sympathy with the levelling process which Socialism preaches, and can hardly be blamed for withdrawing their support from institutions founded to relieve the poor and needy, and never meant to become asylums for those able to make payment, even if inadequate payment, for medicine and medical attendance. Though the abuses which have crept in demand redress, the voluntarily supported hospitals are still admirably adapted for their original purpose. In them the truly necessitous have the best conceivable provision for their relief in times of sickness and distress. Without money and without price they can command the highest skill in every department concerned with the cure and prevention of disease. Those who are wealthy and can afford to pay for the succour that the highest scientific skill can give to ailing humanity are similarly able, either in their private dwellings or in nursing homes, to call to their assistance every aid to

mitigate the miseries of illness, and to ensure the best chance for rapid and complete cure, or, where that is impossible, for securing the alleviation of the sufferings of a sick bed or the anguish of death.

But between these two classes of society there is a third class, which constitutes the bulk of our population, for whom there is little or no provision. The middle classes, apart from the poor and necessitous, are, strictly speaking, ineligible for hospital treatment. For such persons to accept gratuitous assistance in an institution supported by the voluntary contributions of the benevolent is to throw themselves on the charity of their neighbours and to rob themselves of that independence which many dearly cherish. On the other hand, to summon to their aid the most skilful exponents of medicine and surgery is, for financial reasons, always difficult and often impossible. How many useful lives are annually sacrificed to this inequitable condition of affairs it is impossible to estimate; and it is equally beyond the scope of inquiry to ascertain how great is the multitude of families to whom a serious illness means years of subsequent impoverishment, or the heavy burden and bitter humiliation of indebtedness to friends or relatives. Human nature is common to us all, and the natural desire to avoid suffering ourselves and to spare those near and dear to us from the pains and penalties of disease is an instinct which burns with equal intensity in the breast of every good citizen irrespective of intellectual accomplishments or of financial resources. The poor and the rich have equally the power of satisfying this instinct after the best and most approved methods, whereas the great middle classes, who constitute the backbone of the nation's strength, are in too many instances left to perish, unless in their extremity they allow themselves to be driven to the alternatives of charity on the one hand or of poverty and debt on the other. For the minor ailments of everyday life they are, doubtless, as well off as their neighbours; they can afford to pay the moderate fees of the physicians and surgeons who practise in their midst, and to provide the small luxuries and invalid requirements of short and simple illnesses. But when the crisis arrives, as it must at some time or other in every family, when an acute, dangerous, and protracted disease demands special nursing, expert opinions, expensive delicacies, and the hundred and one necessities of a modern sick-room; or when a life depends upon the chances which only a major surgical operation can afford; there are no opportunities whereby, consistently with the preservation of their self-respect, they can command, as both their poorer and richer neighbours can, the skilful and most up-to-date methods of treatment and nursing.

Surely this is an inconsistency which constitutes a blot upon our social economy and a drain upon our national vitality. Comparatively little is heard about it because those who suffer belong, for the most part, to a class who submit rather than complain.

Attempts have been made by one or two large hospitals to meet this want by setting aside a certain number of beds for the reception of paying patients on moderate terms. Some authorities on hospital questions strongly urge an extension of this plan, but so far as it has been tried the measure of success attained has apparently not been such as to encourage boards of governors in giving a ready consent. There are many difficulties, from the point of view of the hospitals, of their medical and surgical staffs, and of their subscribers, as well as from that of the patients themselves, to hinder the harmonious working and hearty acceptance of any scheme whereby, with one administration, charity and paying patients are treated under the same roof. Such a system, to be workable, would involve a complete reconstitution of the present organization if it were extended to a scale at all adequate to the requirements of the situation. It will never be easy to make an institution founded on charity popular with those who consider themselves above any form of eleemosynary assistance; or to convince the poor, who are the legitimate recipients of charitable relief, that their interests are not jeopardized by the admission of patients of whom it might be suspected, because of their payments, that they received preferential treatment.

Another solution of the difficulty has been tried by the foundation of a home which is popularly spoken of as a pay hospital, and which has successfully filled a corner of the gap. Patients are only admitted on payment of

certain fees, which cover nursing, food, and accommodation. They are treated by the physician or surgeon of their choice. This is excellent so far as it goes, but it is only a nursing home on a large scale. There is no resident staff of qualified men, no laboratories, and no special facilities for any form of treatment other than that pertaining to surgical operations. The accommodation, moreover, is limited, and the fees, though comparatively moderate, are still beyond the reach of a large section of the middle-class population. Interest on capital, rent, taxes, and other establishment expenses would appear to make it impossible for the house to pay its way on lower terms.

Within recent times the widespread scourge of tuberculosis has prompted the establishment of many sanatoriums where patients of slender means are treated according to modern methods, at a cost which is not prohibitive. Notably the King's Sanatorium at Midhurst, and the London Open-Air Sanatorium at Pinewood, are movements in the direction of providing institutions where the middle classes may pay the cost of their maintenance and treatment. His Majesty and the generous philanthropists to whom the country is indebted for the foundation of these institutions, have shown a shrewd appreciation of the requirements of the day. It is true that these sanatoriums are concerned with the treatment of only one disease, but it is the most prevalent and costly in life to which humanity is subject, and in attempting to combat it in this practical way an example is afforded of how it might be possible to provide for all varieties of accident and sickness among those who are not too poor to pay something and yet are not rich enough to cope comfortably with the expenses of a long and serious illness. Why should institutions for paying patients not be established and maintained on hospital, as distinguished from nursing home, lines, in every city and town throughout the kingdom? Might not an experiment at least be worth making, by the foundation of one such establishment in London? Others would rapidly follow elsewhere if the pioneer hospital proved attractive. Were the requisite capital for building and equipment provided, the income, with moderate success, ought to prove sufficient to ensure financial prosperity.

A hospital founded on such a plan would require somewhat different treatment architecturally from the ordinary hospital, because it would be called upon to provide accommodation in accordance with a varying scale of costs. A certain proportion of the available space might be devoted to wards, where patients would be taken at the lowest rates; the rest being reserved for rooms and small suites which would be let at varying prices according to size and situation. The building should contain operation theatres, laboratories, and all conveniences for the most approved methods of treatment in every department of medicine and surgery except that concerned with infectious diseases. The administration need not differ essentially from that at present in vogue in voluntary hospitals; it might be entrusted to a medical superintendent and matron, under whom the usual staff of sisters, nurses, house-physicians, and house-surgeons would be employed. The government might be invested in a board, partly composed of lay and partly of medical members. Patients would receive all the advantages of constant supervision, of disciplined management, and of thorough investigation, both at the bedside and in the laboratory. This latter point is of special importance because laboratory researches are becoming more and more essential to accurate diagnosis. They are always troublesome and often expensive, so that frequently in private practice they are either imperfectly done or altogether omitted. The patients would be attended by their own medical advisers, and the arrangement as to fees would be a matter between patient and doctor with which the institution would not concern itself. Were it possible to establish a sliding scale of medical and surgical fees which all doctors would recognize as adequate for those who became inmates of such a hospital, the convenience and advantage to the public would be great. But, short of attaining an end so difficult of accomplishment, the members of the profession might be trusted to concede to their clients terms which would be in fair proportion to their circumstances and to the class of accommodation in the hospital which they found themselves able to afford. The staff of the hospital would carry out the instructions

of the doctors in attendance, under the supervision of the medical superintendent.

Calculated on the basis of the present cost of hospital beds, it would be easy to show how, even with such a liberal allowance for maintenance as £350 a bed, a hospital of, say, 100 beds, let at weekly rates varying from 2 to 8 guineas—and with 70 out of the 100 beds reserved for 2 and 3 guinea cases—could be made to pay its way, provided the beds were kept fairly well occupied, and provided it started with a free foundation. Its success would depend upon its popularity with the public and with the medical profession, but it would rapidly commend itself to both if it were judiciously managed and wisely administered. No scheme could pay its way on anything like the terms here suggested if it had to face the capital expenditure required for site, building, and equipment; but if this were provided and the experimental institution proved successful, there would be no lack of money to extend the principle. There would be no necessity for multiplying the initial cost, so far as that would apply to laboratory investigations, major surgical operations, and expensive methods of medical treatment in special varieties of disease. The original institution in every city might be a centre around which would cluster a system of smaller homes arranged on the cottage hospital plan, to serve the requirements of a certain area of population. These could be affiliated with the parent hospital under a system of organization whereby one set of laboratories would do the work of both the main institution and its subsidiaries, and one surgical equipment would suffice for major operations, minor surgery and emergencies only being treated in the district homes.

Successful paying hospitals would ensure to pious founders the certainty of conferring an untold blessing upon a large section of their fellow-creatures. Such a humanitarian and patriotic benefaction would, moreover, materially lighten present hospital difficulties, and would provide homes for the cure of disease which would not compete unfairly with existing vested interests, but would bring within the reach of every one the easiest and cheapest means by which the disabilities and difficulties of illness might be most skillfully combated, and the health of the sufferer most speedily re-established.

If the public health, upon which our national existence depends, is to be maintained and preserved from decadence, its interests must be safeguarded by practical measures which shall embrace all classes of the community. Our charitable hospitals only partially fulfil this requirement, and are now doing so at the cost of a growing abuse of their privileges, which will demand sooner or later—and sooner rather than later—active measures for their correction. To burden the rates with their upkeep would be a national calamity, but it is one not unlikely to happen if relief is not afforded to the demands now made upon them by the establishment of some system or other whereby the impecunious but not poverty-stricken can, when sick, be treated adequately, and on terms that come within the scope of their financial resources.

NOTES ON THE CONSTRUCTION OF COTTAGE HOSPITALS.

By H. PERCY ADAMS, F.R.I.B.A., F.R.SAN.I.

NEARLY fifty years ago the first cottage hospital was established in this country at Cranleigh, by the late Dr. Albert Napper. A Surrey cottage of ordinary type, belonging to the then Vicar of Cranleigh, Archdeacon Sapt, was assigned by him and converted into a hospital at the very moderate expense of £50. The new departure excited a good deal of interest, various books and pamphlets were published on the matter, and public attention was directed to the subject by articles in the *Builder*, a leading architectural newspaper, which foretold the extension and success of the movement in rural districts. The benefits which a country district derives from a well-managed cottage hospital are indisputable. It provides the medical practitioners in the locality with a place to which they can send cases for operation, or serious medical cases requiring special treatment and supervision not to be obtained in the homes of the poorer classes.

This is the main benefit, but two others may be mentioned: First, the fact that the existence of cottage hospitals gives the country practitioner an opportunity of

Cranleigh Hospital.

operating in cases that would otherwise often be sent long distances to the county or town hospital, which has the result of raising his professional status and increasing his

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knowledge and experience, thus benefiting not only the poorer patients, but the wealthier as well. Another advantage is that good nursing is established in the district for the benefit of all.