a Government subsidy to a reformed provident dispensary system would appear to form a sound basis for further developments. However this may be, a necessary feature in any perfect scheme is the provision for some means of securing consultative advice and specialized treatment in exceptional cases. The out-patient department of the voluntary hospital as an existing agency would appear to be well fitted for such work. A little consideration will, however, show that the out-patient department cannot properly fulfil the two-fold part of competition and co-operation with the publicly-provided service. In the interests of a satisfactory development of both systems, it is urgently to be desired that the charitable public should cease to compete with general practitioners and with the State in providing ordinary treatment for ordinary illnesses, and should restrict its activity to providing special services for difficult and complicated cases. The public can hardly be expected to see the advantage of this proposal unless it is clearly pointed out to them by the profession, and I therefore venture to submit these few points in favour of it for the consideration of my medical colleagues.

GENERAL HOSPITALS AND THE PROVIDENT SYSTEM.

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AMONG the many questions that have occupied the attention of hospital experts for the last twenty years there is not one that has proved so difficult to solve as the establishment of satisfactory relations between out-patient departments and provident dispensaries. Congresses and committees have discussed the subject over and over again, and have generally agreed that the unrestricted access to hospital out-patient departments is wrong in principle and that some sort of amalgamation with provident dispensaries should be established. It has further been agreed that the average out-patient can afford a few pence towards the cost of his medicine or his dressings, and one or two hospitals have enforced such a contribution, but the authorities of most hospitals are averse to any system of payment.

Many methods have been tried, excellent in theory but wholly unworkable in practice, and among these may be classed the system of referring patients who can afford to pay, to the local dispensaries. Such a plan has been repeatedly suggested, but it has equally often been demonstrated that the best powers of persuasion, even of the modern lady almoner, are exercised in vain. The patient will not pay a fee to a dispensary if he can get treatment at a hospital for nothing.

These plain facts are perfectly well recognized and have been before the authorities of hospitals and dispensaries for a generation, but no really workable plan has yet been found.

Until some substantial advantage can be offered to the average out-patient to induce him to join a provident dispensary he is not likely to join one.

The idea of utilizing the provident dispensaries as feeders to the out-patient departments of hospitals does not seem to have been entertained by any of the numerous committees that have tried to deal with the subject. One and all appear to have recommended reference from the hospital to the dispensary, in spite of the accumulated evidence of its futility. The time would appear to be ripe for the discussion of the opposite aspect of the question.

The idea of receiving payment has been shown to be repugnant to the managers of most hospitals, but there can be no such repugnance in the case of the provident dispensary. Hospital managers admit that the bulk of their out-patients are recruited from the same classes as those of the dispensaries, and, being willing to send their patients who can afford to pay a little to these institutions, why should they not in turn receive patients from them? By offering substantial advantages to patients so received they might gradually make it worth the while of the moderately poor in their district to join the dispensary as the surest way of obtaining satisfactory attention at the hospital. It is well known that at most of the large

general hospitals the greater number of applicants for out-door relief are not seen by the honorary medical staff at all. A limited number of selected cases are seen by them, but the remainder are examined and treated only by the junior staff. They receive a supply of physic or dressing to last a week, and are not seen again.

If, now, this work of selection and treatment were done by the officers of a provident dispensary affiliated to the hospital, the supply of cases to the out-patient staff would be unaffected, while the larger crowd of less urgent cases would receive more continuous treatment, together with the certainty that their case could be referred for consultation with the hospital staff if occasion should require it. The work of the out-patient department, as such, would not be interfered with, but the provident dispensary would become the portal to it, instead of the "open door" as at present.

Such a plan could only be introduced very gradually, and at first it would obviously need some special inducement to persuade the out-patient, who had been in the habit of obtaining his medicine for nothing, to become a subscriber to the provident dispensary. Such an inducement might take the form of priority of attention over the non-subscriber, shorter periods of waiting, etc., until the system had become established as the customary means of entry to the out-patient department.

A subscription at the rate of one penny a week, paid in health as well as in sickness, has generally been considered sufficient, but difficulties of collection of such small sums must be considerable, and it would probably be advisable to permit compounding for longer intervals.

Objection might be raised that such a method of selection by the officers of the dispensary would tend to lessen the value of their appointments to the junior officers of the hospital, who would otherwise undertake such duty. This, however, could be met by a rearrangement of the duties of the junior officers.

So radical a change as the introduction of a provident dispensary as a part of a general hospital would, at first sight, seem too revolutionary to put before well-established boards of management whose proceedings are for the most part regulated by tradition and precedent. But without going far afield the essentials of the system which is here suggested may be found to be in actual working, although under different names. The system of registration on payment of a fee entitling the subscriber to a definite period of treatment was established many years ago at the Queen's Hospital in Birmingham, while the method of selection of out-patients by an officer (actual or potential) of a local dispensary has been found to work quite smoothly in North London.

The scheme of amalgamation here suggested would thus involve, in the first instance, the establishment of a provident branch as a part of the out-patient department of every large general hospital. Poor persons, undertaking to pay a registration fee or weekly subscription throughout the year, to be entitled to priority of treatment and special privileges with respect to admission to the hospital when necessary. Only the serious or acute cases to be admitted free. The dispensary branch to be officered by local practitioners, where possible, appointed by and responsible to the hospital committee. The junior out-patient staff of the hospital to assist in the work of selection of cases to be passed on to the honorary officers of the hospital and in the treatment of the remainder. The specially-appointed officers of the dispensary to have full responsibility for the work done in their department, with or without such assistance.

The practical influence of the system of priority, aided by the persuasive powers of the almoner, might be trusted in a short time to bring about the transference of the great bulk of the out-patient applicants to the dispensary branch, and so it would become the recognized portal of entry to the hospital.

To sum up the advantages to be gained by such a transference, the patients would secure adequate investigation, as at present, but they would no longer be open to the suspicion of abusing the benefits of the charity, since they would materially contribute towards their cost, while at the same time they would secure continuity of treatment with a right of appeal to the hospital if dissatisfied. The local knowledge of the officers of the dispensary and the trained experience of the almoner should suffice to check any attempted imposition.

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