THE PLACE OF THE VOLUNTARY HOSPITALS IN RELATION TO HEALTH SERVICES.*

BY

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I ASSUME that thirty-five years of close and continuous association with one of the large voluntary hospitals, as physician and as teacher, has been considered to fit me for speaking on certain aspects of this difficult but important subject. I do not dispute the reasonableness of this view. A man must be obtuse indeed if he has nothing he wants to say, or no observations to make that are worth listening to, in connexion with a subject in which the institution where he has spent so much of his life is so closely involved.

But I must make it clear that there are many points in connexion with the thorny problems which face your association concerning which I cannot help you; nor am I so presumptuous as to try. Yet it was probably apparent to the council, in sending me this invitation, that the practice of medicine and the making of doctors are matters intimately bound up with the existence and with the fate of the voluntary hospital. Also that the exercise of these two functions imposes upon every thoughtful man and woman engaged in them the clear duty of associating himself with you in finding satisfactory solutions to the problems presented to you.

For many years I have been deeply impressed by the whole nexus of co-ordinated human effort represented by the institution which has, from long association, won not only my deep affection but also my utmost admiration and respect. The business acumen of its governing body, the administrative ability of its lay staff, the whole-hearted devotion of its multitude of loyal friends and supporters, the ample scope it affords for the pursuit of medical research and progress, the complete training ground it furnishes for the education of medical men and of nurses, and, finally, the confidence which its prestige inspires in the hearts of its patients—all these things combine to make a large voluntary hospital a unit of singular and enormous value in the social economy.

The committee of the medical council of my hospital, appointed to consider the letter from the Ministry of Health with which we are all here now so familiar, in their report, which was sent to the governing body, proudly drew attention to the fact that St. Bartholomew's Hospital is in no sense a local hospital, but rather a national institution. I would go further: I would say that St. Bartholomew's, like every one of our voluntary hospitals with attached medical schools, is an international institution. This fact was demonstrated a few weeks ago, when delegates from over forty nations collected in the great hall of Harvey's hospital to do honour to his work and to his memory. And there are voluntary hospitals for the treatment of special diseases, both in London and the other large centres of Britain, without schools, yet possessing great and wide reputations, partly because of the high standard of the work done in them, and partly because of the distinction of members of their visiting staffs.

The Boggy of State Control.

There are some who fear that the voluntary principle underlying these great institutions, and under the aegis of which so much work and progress are possible, is in danger of supersession by State control. I think this is a boggy. I find it impossible to believe that any statesman can sincerely consider such a step. Quite apart from the fact that the Minister of Health has so many irons in the fire that he is continually in danger of leaving one or two of them to get quite cold—a notoriously unpopular thing to do—and therefore has little enough room for such a large iron as this would prove to be, I credit him with too much desire for efficient medical service for the nation to wish to demolish the edifice which is, of all edifices yet built

with this purpose in view, the most efficient. That we should wish to co-ordinate the national health services seems reasonable, but to burden his bureau by instituting State control over institutes so firmly established, and so generally acknowledged to be effective, as are the large voluntary hospitals of the country, seems to me the least likely thing to attract him.

For some time after the war the greatly increased expenditure of the voluntary hospitals certainly tended to increase the fears to which I have referred, and suggestions of State subsidies naturally furthered these fears. But that time of stress has fortunately passed, and the balance sheets of most of these institutions have in recent years shown a much healthier state of affairs. It is worthy of notice in this connexion that, if we consider the sources of income, this improvement is not so much the result of increased donations and subscriptions as it is of actually earned income. In the case of quite a number of the voluntary hospitals the receipts on account of services rendered actually exceeded those from voluntary gifts in the year 1926. And in one case the receipts from public authorities alone amounted to a figure much less than that from total voluntary gifts. Thus it seems clear that, in an indirect fashion, the voluntary hospitals are receiving State aid, and that to a not inconsiderable degree. In other words, they are being paid for work done, a principle which must surely receive our commendation, and we may trust the public to imitate Divinity in helping those who help themselves, rather than remove its support when it discovers that the "voluntary principle" has changed somewhat in its connotation.

Centres of Health Services.

And yet these fears of which I spoke have not departed; indeed, they have recurred of late, because, in his desire to ventilate certain difficulties relating to other parts of the national health services, the Minister has, not unnaturally, cast his eye upon the voluntary hospitals, and has considered what relation they might bear to a co-ordinated scheme. But we should not, I think, read more into such a survey, or into the questionnaire which he has issued through his permanent secretary, than this. It is clear that no such scheme can possibly be considered without reference to the part that may be played by the largest and the most active units now operating in regard to the study and the treatment of disease. The chief aim of a Ministry is to foster and to encourage rather than to control. Reform of the Poor Laws and co-ordination of the health services go naturally hand in hand. In attempting these things it is a statesmanlike thing to proceed from the centre outwards. The centre is the voluntary hospital system, and the Minister begins by inquiring to what extent and in what manner he may expect help from this quarter. This is how the present position appeals to me.

We cannot, any one of us individually, decide upon the degree to which co-ordination is necessary, since conditions vary so much in different places. The Minister of Health and his chief officers are alone able to say how much need there is for fresh organization, for they alone are able to visualize the whole position. By its regional committees, however, the British Hospitals Association should also be cognisant, to a very large extent, of the gaps and the overlapping in various areas. The association can therefore render valuable aid to the Minister in this respect.

There are some reforms which make an appeal to all of us. Of the alleged shortage of beds in the voluntary hospitals I am not very competent to speak. But that the large number of beds in the Poor Law infirmaries should be more efficiently utilized, and should receive more definite and more systematic medical supervision, is clearly desirable. Neither destitution nor senility should constitute a bar to thorough medical treatment. Nor should they of themselves qualify for beds that are badly wanted for sick persons. A revision of the Poor Law infirmary wards might well lead to the utilization of some of the beds, in close association with the voluntary hospital of the area concerned, thus allowing of a natural expansion of the voluntary hospital without incurring heavy additional capital expense. Certain types of case might with advantage be drafted into these remodelled Poor Law

* Abstract of a paper read at the British Hospitals Association Conference at Southampton on June 21st, 1928.

wards, such as cases of inoperable cancer, of chronic diseases of the heart and kidneys, and of chronic arthritis. To the advantage of such an arrangement in relation to medical research, and to medical education, I shall refer later.

Problems in Country Districts.

In London and the large centres the question of overlapping, with consequent duplication of effort and wastage of material, scarcely arises, but this is no doubt an urgent problem in the country districts. How best to deal with it lies outside my special knowledge. This is an example of the fact that we are not faced with one inclusive problem, but with many different problems. Indeed, each area has its own problems, and each area is best competent to solve its own problems. Two great principles, it seems to me, should guide us. So far as London and the other great centres are concerned we should not consider decentralization a deterrent to progress, but rather a stimulus to it. So far as the county areas are concerned, combination and co-ordination are the great needs. These two processes are mutually complementary, and the operation of them, conducted skilfully and with foresight, should effect solutions to most, if not all, the problems that arise.

Perhaps one of the most urgent of all our problems is the provision of adequate medical and surgical treatment for middle-class patients of limited means. This is a crying need. We in London have no alternative between the general wards of a large hospital and a private nursing home where, often enough, the cost to the patient is absolutely prohibitive. In other large centres the state of affairs is much the same. In the country districts these patients are often better catered for, many cottage hospitals having a few small rooms where such persons can be treated for reasonable fees. It should be a *sine qua non* in the reconstruction of every large hospital that an annexe for "paying patients" is included in the lay-out. Administered with the same business ability shown in running the general wards, such annexes might be made to pay a handsome sum annually to the hospital exchequer. Here is a reform that can be proceeded with at once, without waiting for Poor Law reform to give the voluntary hospitals power to act.

There is also need for considerable extension of the convalescent homes in connexion with the large voluntary hospitals; but the patients at these homes should be under fuller medical supervision. This would admit of a quicker turnover of cases in the parent hospital, where many patients are kept during the convalescent stage of their disease, thus blocking the beds for more acute cases. The system of pooling the beds at these homes seems, for reasons that are obscure to me, to be much less in operation than I should think possible and desirable.

Health Services and Medical Education.

When I said, at the beginning of my remarks, that the problems of co-ordination of the health services have a bearing upon medical education, I had in mind the extra teaching facilities that such co-ordination would yield at all periods of the doctor's career. There are three such periods in medical education, and at each period the voluntary hospital has, up till now, provided almost entirely the material and the opportunities for the medical man's training. There is the education of the student prior to his qualification; there is the valuable experience which he gains by holding a resident staff appointment immediately after qualification; and there are the "refresher" classes and demonstrations which are so essential to the maintenance of his efficiency after he gets into practice, and which are summed up in the term "post-graduate" medical education.

It may be thought that during the first of these periods further co-ordination of the health services offers very little by way of extra facilities to the medical student's training. But this thought is superficial. It is quite true that this is a period of intensive culture, and that the time of the embryo doctor is very largely taken up at the centre of tuition, which is his medical school and hospital. But even at this stage the sphere of his education might be enlarged profitably if some of the ideas recently mooted were brought

into effect. All the obstetric, and even much of the gynaecological, practice might go on in certain wards in municipal hospitals, and thus offer a good field for teaching. The same principle might apply to certain plastic operations, as for hernia—for which, by the way, there is said to be a definite shortage of beds in the voluntary hospitals. Again, what could be more useful to the student than a series of demonstrations upon the diseases and disabilities of old age? And where could anything like such good material be found for this purpose as in the Poor Law infirmaries? The types of clinical material which would be rendered available for tuition in the municipal hospitals might easily be amplified, so that, just as the medical student in London has, for some time past, gone to hospitals under the Metropolitan Asylums Board for special instruction in fevers and in lunacy, so he will, perhaps, in the future go to similar institutions for other, and equally important, branches of his study.

More Resident Appointments.

When we turn to the second stage in the doctor's training—the preparation of the qualified medical man for more efficient practice than his mere diploma gives him—we can visualize, under a co-ordinated scheme, a much larger number of house appointments, whether resident or not, than is now open to him. The value of these would be quite incalculable. It is my lot to meet many practitioners up and down the country and to discuss their patients with them. The difference in efficiency between those who have, and those who have not, had the immense advantage of holding house appointments is very striking, so much so that it is not very difficult to grade these colleagues according to this very point. Close contact with hospital management, the sense of responsibility, the daily intercourse with their seniors, the discussions with their fellow-residents, the conduct of emergencies—these are some of the great benefits which the holding of such a post as house-physician, house-surgeon, or resident medical officer confers, and which helps to make the doctor competent, reliable, and tactful when he comes to engage in actual practice. Any organization of the health services which multiplies these posts, whether in the large centres or in country areas, would add greatly to the total efficiency of medical practice.

But it is probably in the third stage of medical education, that of post-graduate tuition, where we may foresee the greatest good to ensue from a well-planned scheme of hospital co-ordination. And this applies, as in the second stage, both to the centres and to the country districts.

The seemingly indefinite postponement of a large and adequate system of post-graduate education in this country is, to my thinking, a matter for grave concern, and the present hold-up of the scheme which had been evolved as the result of the work of the Departmental Committee of the Ministry is a source of great personal regret. That London, the centre of a great empire, should still lack such a scheme *in esse* is an astounding anomaly. There are tears for these things, but I must not depress you to-day; you have troubles enough of your own!

Post-graduate Study Facilities.

Assuming that we do some day get seriously to work on the matter, it is generally agreed, following the work of the Athlone Committee, that a complete post-graduate clinical unit or hospital is essential, since the segregation of post-graduates from undergraduates seems imperative to a successful scheme. The linking up of such a unit with certain of the Poor Law hospitals would provide excellent facilities for post-graduate education, and the staffing, the pathological investigations, and the operative work might well be undertaken by the central post-graduate institution. Following such an institution in London would naturally come affiliated post-graduate hospitals in other large centres. The present tendency towards the introduction of an earlier retiring age for members of the staff at the undergraduate teaching hospitals frees a number of men who have had great experience in medical education and practice for engaging in just this class of work, and a panel of such teachers would

be available both for the central institutions and for travelling to the smaller areas, where a rota of lecturers and demonstrators might be in operation. In most of the large provincial towns, again, there are senior men with considerable hospital experience who could do valuable work of this kind, given that the clinical material were properly assembled. Thus there would come into existence teaching centres of sufficient size and importance to enable practitioners to engage in post-graduate study within their own areas, and thus the necessity of leaving their practice in order to live for a time in London, or some large but remote academic centre, would be obviated. These facilities would be of inestimable service to the panel practitioner, who is too often blamed for not being "up to date," yet has no organized means at present of escaping such censure. Post-graduate instruction is, after all, a duty which the Ministry owes to those doctors whom it employs under the National Health Insurance Acts.

Research in connexion with the causation of disease, and especially in connexion with treatment, would be greatly aided by such segregation of cases as has been suggested in considering the revision of the Poor Law hospitals and the placing of the beds at these institutions under the aegis of the large voluntary hospitals. Comparative methods of treatment in such diseases, for example, as inoperable cancer, can only be undertaken with scientific method where a number of similar cases are assembled in one institution. Similarly, a ward given up to arthritis would allow of that team work which is notoriously desirable in the investigation and in the treatment of such a disease. Time prevents me from enlarging upon this aspect of the question.

And now, in conclusion, let us assume that a definite position is really created by the questionnaire issued by the Ministry, and that the replies of the voluntary hospitals are seriously awaited and will be as seriously considered. Then I submit that they have here a great opportunity. I suggest that they approach it not only carefully and, if you like, cautiously, but with enthusiasm. Let them demonstrate their recognized supremacy by an active and progressive spirit, and a willingness to co-operate in any forward move on the part of the Ministry. They are to-day the centre and focus of medical science and of medical art. In proportion as they are these they have a duty in connexion with every advance that is suggested, whether in the direct transmission of knowledge and administrative experience or in any co-ordination of the health services which may be desirable in the national interest. Within the walls of the voluntary hospital resides a large mass of potential energy of a very high order, and this energy should be at the service of the State if, and when, it is required. The infusion by this energy of outlying units is a process which should commend itself to all of us, since the result would inevitably mean the raising of the general level of the health services. There should be a constant stream of influence from the centre to the periphery, so that only the inevitable barriers of place and time—these barriers become less and less with the years—should determine that John Jones in the Poor Law infirmary, or in the cottage hospital, receives less skilful treatment for his disease than does Thomas Smith in the wards of the institutions of which we are justly so proud.

But perhaps the interest of the Ministry in our answers to its questions has already subsided, the Minister's scheme of Poor Law reform having received a serious check in deference to the larger projects of his more ambitious colleague. Or perhaps another Minister will shortly sit in his place to whom the zeal for organization may not make the same appeal. I still hold that our better attitude is one of advance rather than of standing still in these matters. I think the recent stirring of the waters has been for the public good, and I suggest that we each and severally busy ourselves in doing our utmost to co-ordinate the health services by any means in our power. I feel confident that any move we ourselves make in this direction will receive sanction from the Ministry if only it spells greater efficiency and a wider application of the knowledge we possess. It is only by such advances that the voluntary hospitals can hope to maintain their

present position in the confidence of the public as the responsible bodies to whom it looks for guidance and control.

I find, indeed, that your Association is pledged to just such activity as I am now advocating, for in the statement of its policy there occur these words:

"The voluntary hospitals should be ready to fulfil their proper functions in relation to all the other agencies, State, municipal, or voluntary, concerned with the general health of the community."

I feel sure that the spirit of this readiness to function in this particular direction is intended to be active and not passive. How much of such activity is practicable, and in what directions it can be exercised, can only be determined by energetic but tactful approaches to the various authorities concerned.

EPSOM COLLEGE.

THE seventy-fifth annual general meeting of the Governors of Epsom College was held at 49, Bedford Square, W.C., on June 29th, when Dr. Raymond Crawford was in the chair.

The CHAIRMAN, in proposing the adoption of the annual report, referred to the progress of the fund for the new sanatorium, of which outline plans, together with full details as to the accommodation to be provided, were published in the *British Medical Journal* of December 3rd, 1927. He pointed out that if two sums of £5,000 were received the council could put the work in hand, as the total sum collected to date amounted to nearly £5,000. The College would benefit in another direction by the provision of the new building, because the old sanatorium could be easily adapted for the admission of about forty more boarders. The enlargement of the school in this way would result in many economies, and the further increase in income would enable the council to improve the salaries paid to the masters. The report was adopted.

Dr. F. W. Collinson and Dr. R. W. Innes Smith were elected vice-presidents of the College in recognition of their valued services, each having collected over £1,000 as an honorary local secretary.

A new by-law and various alterations in the existing by-laws were confirmed, including changes made as a result of the council's decision to abolish the Lower School and to raise the age of candidates for Foundation scholarships.

The scrutineers announced the result of the voting as follows:

<i>Hadow Pensionerships (£75 a year):</i>		Votes.
Dr. James S. Robertson	...	4,157
Mrs. Gertrude Middlemist	...	3,326
Mrs. Elizabeth Christian	...	2,485
Mrs. Mary G. S. Kenny	...	2,086
<i>Ordinary Pensions (£50 a year), with an addition of £10 a year from the Dr. Strong Fund:</i>		
Mrs. Ellen M. Blake	...	2,057
Dr. Lambert Houghton	...	2,012
Mrs. Ida M. S. Style	...	1,672
Dr. Vincent O. Taylor	...	1,634
<i>Pugh Pension (£50 a year):</i>		
Mrs. Mary K. Ingledew	...	1,481
<i>Brodie Sewell Annuities (£30 a year):</i>		
Miss Ella M. Leney	...	2,631
Miss Elizabeth E. B. D'Olier	...	1,793
<i>Foundation Scholars:</i>		
Alfred G. Stansfeld	...	17,657
Geoffrey G. Wallis	...	13,079
John R. Copeland	...	11,042
John A. K. Holburn	...	10,757
John Watson	...	10,486
Antony L. Haynes	...	10,427
Louis C. Dillon	...	8,051
Eric J. Holborow	...	6,531

The SECRETARY mentioned that Mrs. Eliza M. Morison, Dr. Theodore M. Kendall, and Mrs. Lilian Marshall would be appointed ordinary pensioners under By-law 16 at the council meeting which would be held immediately after the annual general meeting, further vacancies having arisen.

A vote of thanks to the Chairman was adopted with acclamation on the motion of Sir John Broadbent, who referred to the many constructive suggestions for the improvement of the College which Dr. Crawford had cordially supported.