The hospital has become an important factor in our social life. The number of patients using our hospitals has been rapidly increasing during recent years out of all proportion to the increase of population. At the seven principal London hospitals ... out-patients were treated in 1879, and ... in 1899. In the provinces the increase in the number of hospital patients has been as great as in London. At the Glasgow Maternity Hospital 2,835 patients were treated in 1894 as against 1,291 in 1874; while at the Glasgow Eye Infirmary during the same period the patients increased nearly 400 per cent. At the present time, it is safe to say that four out of every five of the population make use of some form or another of medical charity during their lives, and nine-tenths of serious illness is treated in hospital instead of in the home. In view of these facts it is clearly important for us to know

How our Hospitals are Managed.

Hospitals may be arranged in three classes: (a) charitable institutions, supported by subscriptions and endowments and administered by self-elected and irresponsible boards—of these there are 161 important and several hundred smaller ones in the United Kingdom, with an income and expenditure exceeding three millions; (b) private hospitals, homes and asylums for paying patients—commercial establishments, in fact; (c) public institutions, supported by the rates and administered by bodies elected by and responsible to the ratepayers—of these there are already several hundred in existence, costing annually about = millions. The last class may be sub-divided into (i) Poor Law dispensaries and infirmaries administered by the Boards of Guardians; (ii) lunatic asylums, administered by county councils or county boroughs; and (iii) hospitals for infectious diseases, administered in London by the Metropolitan Asylums Board and in the provinces by municipalities and other sanitary authorities. Among these various governing bodies, differing widely as they do in constitution, responsibility and method of election, there is an absolute lack of co-operation. The words of the 1892 Committee of the House of Lords on Metropolitan Hospitals still apply, not only to metropolitan but to all hospitals. They report: “So far from there being any general system of combination, or any definite division of work among the various institutions, they are on the contrary competing with one another at every point for public support and to a great extent for patients. This ... is ... wasteful as regards subscriptions and prejudicial not only to the public who
subscribe . . . and to the sick . . . but also to the interests of medical science and education."

One result of this lack of a general plan of administration is the Bad Distribution of Hospitals.

The area of London is 120 square miles, but with one or two exceptions all the hospitals of London lie in an area of two square miles. South of the Thames the only large general hospitals are Guy's and St. Thomas's, both close to the river and therefore remote from many of the districts they should serve. To the west of Blackfriars Bridge there are fifty-one hospitals, to the east fifteen, leaving some minor hospitals out of account. East of the London Hospital in Whitechapel the hospital accommodation only amounts to between 200 and 300 beds. In some parts of London there is not a general hospital within six miles. An even more scandalous state of things prevails in country districts. Many places have no hospital of any kind within twenty miles; and none better than a badly equipped workhouse infirmary within a hundred miles. This severance of the hospitals and the public is equally to be deplored whether we regard the hospitals as existing for the public or the public for the hospitals.

Another serious drawback is the lack of a central register of beds. At present a patient can only ascertain whether he can be taken in at any one of the voluntary hospitals by applying to that hospital; and it is by no means uncommon for a patient to apply at several hospitals before finding a vacant bed. At the hospitals of the Metropolitan Asylums Board—a public body—this does not occur, as they are in telephonic communication with the central office where there is a register of beds, and patients are at once assigned to their proper hospital.

A multitude of governing authorities necessarily leads to a considerable Waste of Money.

Each charitable hospital has its own secretary, who is usually highly paid, and its own clerical staff. In one London hospital is paid away yearly in office salaries. But in spite of this expenditure the administration of our voluntary hospitals leaves much to be desired, as is shown by the fact that in the chief London hospitals the difference between the highest and lowest average annual cost per bed is over £70, while in the Metropolitan Asylums Board's hospitals, which are cheaply and efficiently managed, the difference is not more than £20. The necessity for careful management is, however, apparent when it is realized that a difference of one egg per patient per day at a large hospital means a difference of £300 a year. In this connection many revelations could be made; for instance, a change in a head dispenser at a large London hospital saved £800 in the first half-year. Another hospital is supplied with lemons on contract at three-halfpence each all the year round. The private contract system by which hospitals get their supplies deserves
careful study. In 1897 the Metropolitan Asylums Board established a central store and a committee to judge the goods supplied. No less than 50 per cent. were rejected in the first year as inferior. What percentage of inferior goods finds its way into the charitable hospitals is not easy to determine. Another source of waste entailed by the competition for subscriptions is to be found in advertising—including under this head the promotion of large, fashionable bazaars and entertainments to work the public up to be generous. The public, however, is far from being satisfied with the management of the voluntary hospitals, as is shown by the fact that a hospital fund commemorating the sixtieth year of Her Majesty's reign, and supported by all the influence of the heir to the throne, has failed to raise one-half of the sum solicited.

Charitable hospitals are, in fact, fast losing their charitable character, and are now used as a right by a very large number of persons who could well afford to pay a doctor, but who prefer the hospital to the—not always competent—private practitioner. This is called "hospital abuse," and is a subject upon which the practitioner not unnaturally waxes eloquent. But it is high time for us to remove the last stigma of charity, and to recognize frankly that it is both just and economically advantageous for the community to provide for those of its members who are incapacitated for the struggle for existence. We must have, in every district, urban or rural, at least one general hospital under public control, maintained out of the rates, and administered by persons directly responsible to those who find the money. We must, in fact,

Municipalize our Hospitals.

Poor Law infirmaries supply the nucleus of a municipal hospital system. They must be (1) entirely dissociated from workhouses, (2) a visiting and resident medical staff appointed, and (3) students admitted. By section 131 of the 1875 Public Health Act, any sanitary authority may provide a general hospital. It may also subscribe to other hospitals, or take them over. Hitherto these wide powers have been used chiefly to provide for infectious diseases. There are, already, hundreds of municipal hospitals in this country: nearly every borough has a fever hospital—Liverpool has five—and many have a smallpox hospital as well. Many county boroughs, like Nottingham, and practically all county councils, maintain (under the name of lunatic asylums) what are virtually hospitals for brain diseases. But the power of local sanitary authorities (including Metropolitan Borough Councils) to provide hospitals is not confined to infectious diseases. Barry is building a hospital for accidents, and several towns propose to follow the example of Edinburgh, which is erecting a sanatorium for consumptives. Every town and district council ought to follow these examples.

If, then, our municipalities and county councils are the fit and proper bodies to take charge of those suffering from fevers, smallpox, lunacy, accident and consumption, why should they not go further and treat all diseases, relieving the Boards of Guardians from all care
of the pauper sick? In common justice the community must bestow on its incapacitated members, freely and as a right, those means of "cure" which have been made necessary by its failure to employ to the fullest extent the more satisfactory methods of prevention.

LIST OF AUTHORITIES.

There has been as yet little public discussion of Hospital Municipalization. See article by HONNOR MORTEN in National Review for January, 1900; "The State Organization of Hospital Management," by J. B. JAMES (London; 1888); "Our State Hospitals," by T. M. DOLAN (Leicester; 1894); "Suffering London: Relation of Voluntary Hospitals to Society," by A. E. HAKE (London; 1892); "The Reform of our Medical Charities," by R. R. KENTOUL (London; 1891). Valuable information is contained in the Special Report on London Medical Charities by the C.O.S., 1886; and the Report and Evidence of the House of Lords Committee on London Hospitals, 1892. Full particulars as to hospitals will be found in H. C. BURDETT'S "Hospitals and Asylums of the World" (London; 4 vols.; 1891-3—vol. III. deals with Hospitals, and vol. IV. contains a useful bibliography. For latest statistics, see BURDETT'S "Hospital Annual" (2s. 6d.); and "The Municipal Year Book" (2s. 6d.).