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Hospital Saturday For London

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grounds upon which his calculation is founded. We are somewhat curious to learn how he has come to satisfy himself that 25 per cent. represents the exact relationship of the work of a Poor-law officer and of a medical officer of health. We are not uninclined to think that it is possible that he may have considerably overestimated the ratio—at any rate in some cases; and we have very little doubt that the work which is expected of Rural Sanitary Authorities can, as a rule, be much more accurately gauged by the salaries which they offer than by a comparison with that which they extract from their district medical officers. There is just one more remark which we should like to make, and that is upon the concluding observations of Mr. Doyle: "That, taking all the circumstances into consideration" ("all the circumstances" being, we may add, that the Pontypridd Poor-law medical officers were admitted even by Mr. Doyle himself to be very inadequately paid), the Local Government Board would be prepared to pay their moiety of the 50 per cent., on condition that they could revise the salary, if it were thought proper to do so at the expiration of twelve months." So there is still hope at the bottom of the well yet, and the doctors may possibly get another 25 per cent. next year, unless Mr. Doyle's foreshadowed revision of salaries should, as will probably be the case with Mr. Gladstone's promised "adjustment of taxation", mean taking it out of one pocket to put it in another. We should like to know, too, how the Local Government Board reconciles this arrangement which it thus sanctions for subsidising these trumpery little salaries to the Pontypridd medical officers of health with the refusals which it has made to assist other Rural Sanitary Authorities in similar arrangements in other parts of the country.

After Mr. Doyle's ambitious scheme of last year for confederating the whole of the Poor-law medical officers of Wales under four central officers of health, and the way in which it was quietly ignored by the Authorities of the Principality, it must be somewhat annoying to him to find that all his labours in the cause of sanitary reform have only eventuated in his having to give his *imprimatur* to such a sorry substitute for it as this. However, he, like his official chief, will, we trust, grow wiser as he grows older, and will come in time to see how miserably imperfect any scheme of sanitary organisation must be which is not founded upon clear and consistent principles of action, and supported by a firm and energetic attitude towards Sanitary Authorities on the part of the Local Government Board itself. When these truths have been fully realised by Mr. Stansfeld, we may hope to see the subject of sanitary organisation taken in hand in a very different way from that in which it has hitherto been handled by him.

#### HOSPITAL SATURDAY FOR LONDON.

THE institution of a Hospital Sunday has been speedily followed by the proposal of a Hospital Saturday; but we cannot say that we look upon the latter with the same favour with which we regard the former. Let us see how they stand related to one another. The Hospital Sunday is a vowedly charitable: it is an arrangement for collecting in an organised, a simultaneous manner, the alms which the various churches, chapels, etc., within the metropolitan area have hitherto raised in an irregular and unorganised way. The promoters of this movement hope that it may be the means of bringing the work of our hospitals and their financial necessities prominently before the public, and thus creating a greater interest in them, and obtaining for them increased support. The hospital managers at the same time look forward to receiving with more certainty and punctuality the money which has hitherto flowed in a fitful stream; and the profession anticipate that the Committee of the Hospital Sunday Fund may inaugurate many desirable reforms, and exercise a most wholesome influence over the various medical charities of London.

But what, on the other hand, is the object of the Hospital Saturday movement? It is clearly expressed in the second resolution which was passed at a conference held lately at Albert Gate; namely,

'That this meeting, fully recognising the importance of those for whose benefit hospitals had been established, aiding in the support of such institutions, therefore most earnestly recommends that a special day be set apart upon which the working classes may, to the extent of their means, contribute to a fund which shall be distributed among the various hospitals and dispensaries of the metropolis.' The first point in this resolution to which we take exception, is the definition given of the class for whom hospitals are intended. As we have repeatedly pointed out, they are carried on for the benefit of the poor, the needy, the necessitous, the really indigent. These are the phrases by which the managers indicate the class for whom they administer the funds at their disposal. But the resolution we have just quoted assumes that the working classes, as a whole, are those for whose benefit the hospitals exist. Here, then, is a conflict of opinion; for surely the artisan class, at the present time of rising wages and rising independence, cannot be called poor or needy, indigent or necessitous. We may hope that at any time—and specially at a period of national prosperity like the present—only a very small proportion of the industrial classes can, with any propriety, be considered the proper objects of charitable relief. It is clear, then, that the hospitals and dispensaries have not been established for the gratuitous medical treatment of the working classes generally, but only for the relief of such of them as may from time to time fall into needy circumstances. The resolution, however, which we have quoted, goes further than this, and asserts that, because the hospitals and dispensaries have been founded for the working classes, therefore they should be called upon to aid in the support of these institutions. Now this suggests a dilemma. Are the contributions which are so earnestly invited to be of a purely charitable nature? or is it to be considered that they are to go towards the medical treatment of the donors, and to purchase for them the right of applying to a charitable institution whenever they are overtaken by sickness? If the former—and the appeal is well responded to—it will be a sign of the good feeling and prosperity of the working classes at which we could not but rejoice, and to which we would gladly give all encouragement; but at the same time it would be conclusive evidence that they are not indigent or necessitous. If, on the other hand, the contributions are to be considered as going towards their own medical treatment, then without doubt the effect of the movement would be more than ever to foster in the working classes the habit of turning to the hospitals for relief in every ailment however trivial. The comparatively small sum given by the more thrifty would tend more than ever to pauperise the whole class. When, moreover, we notice that the movement is encouraged, if not originated, by employers of labour, we cannot help fearing that an equivalent in letters of recommendation would be expected, and that these would be distributed to *employés*, many of whom are well able to pay for their own medical advice, and that thus the evil of governors' letters and the hardships to general practitioners would both be enhanced.

Upon the whole of this question, the report of the great professional meeting held in 1870 speaks with no uncertain voice. "The practice of receiving small payments for medicine, or the payment of a small sum for the privilege of attending the hospital, appear to your Subcommittee equally unsound. . . . The effect, indeed, is to enrich the hospital to the extent of the payment, but it also tends to lower the standard of medical remuneration in the district; and it will be utterly impossible to introduce provident dispensaries . . . if the workman has the idea proposed to him that he can obtain the better advice of the hospital in this cheaper way. It is impossible to dissociate the ideas of payment and right; and when once the right is admitted to obtain hospital advice and medicine on payment, it is obvious that the workman will avail himself of the privilege when and as he pleases. In this case, regarded from a professional point of view, the business of the general practitioner is practically transferred to the consultee, and

every farthing paid to the hospital managers will be regarded by the former as an abstraction from his legitimate source of income."

The movement, however viewed, clearly indicates one thing—*i.e.*, the prosperity of the working classes. We have no doubt in what way it is wisest that this prosperity should be recognised—namely, by inducing them to associate together to provide themselves with medical attendance on the principle of mutual assurance. This is the course recommended by the Committee of the Hospital Sunday Fund, which has pronounced against giving gratuitous medical assistance to the artisan class, and has strongly urged the development of provident dispensaries. We hope, therefore, that the promoters of the Hospital Saturday movement will be warned in time, and will not so work their plans as to make them clash with this authoritative expression of opinion.

WE have received from Mr. Mitchell of Bond Street, a beautifully engraved portrait, by Hill, from a drawing by Richmond, of the late Dr. Bence Jones, F.R.S. It is an excellent likeness of that eminent and esteemed physician.

THE question of the admission of women to the Obstetrical Society of London will, we believe, be submitted to the Fellows at an early meeting, Mrs. Garrett-Anderson having sent in the usual form of application signed by a large number of the leading obstetricians, including the President of the Society, Dr. Tilt.

THE late Mr. William John Hutchinson, coal-owner, of Newcastle-on-Tyne, has bequeathed £25,000 to the Infirmary of that town, £10,000 to the Dispensary, £500 each to the Children's Hospital, Lying-in Hospital, and Eye Infirmary, £2,000 to the Prudhoe Convalescent Home, £1,500 to the Ingham Infirmary at South Shields, besides £10,000 to other local charitable institutions. The total amount of the bequests is £50,000.

#### BRITISH MEDICAL BENEVOLENT FUND.

THE annual general meeting was held on Tuesday, January 13th—Geo. Burrows, M.D., F.R.S., President, in the Chair. The Report showed that the total received by the honorary financial secretary during the year 1873, including subscriptions and donations, and a legacy of £10 from the late Mr. Dendly, was £1,505 6s. 5d. The number of distressed medical men or their widows, to whom grants of immediate relief were made, was 115, the average amount of grant being between £8 and £9. But as in many instances the recipients had families dependent upon them, the actual number of persons relieved was considerably in excess of this. The number of annuitants is thirty-four, of whom nearly all receive £20 *per annum*. An earnest appeal is now being made to the profession for help to increase the annuities to ten shillings a week. Special votes of thanks were accorded to Mr. N. Henry Stevens for his services as honorary secretary for cases during the past year; to Messrs. J. R. Hill and E. Parker Young as auditors; to Mr. Webber, honorary financial secretary; also to Messrs. Churchill for the use of a room for the meetings; to the editors of the medical journals for their continued advocacy of the claims of the Fund; to Dr. Hare as treasurer; and to Dr. Burrows for presiding. The following is a list of the officers and committee for 1874. *President*: Geo. Burrows, M.D., F.R.S., D.C.L., Pres. Royal Coll. Phys. *Vice Presidents*: J. Warburton Begbie, M.D.; Sir W. Fergusson, Bart., F.R.S.; Sir W. Gull, Bart., M.D., D.C.L., F.R.S.; Charles J. Hare, M.D.; Sir W. Jenner, Bart., M.D., K.C.B., F.R.S.; Sir James Paget, Bart., D.C.L., F.R.S. *Trustees*: H. W. Acland, M.D., LL.D., D.C.L., F.R.S.; George Burrows, M.D., D.C.L., F.R.S.; G. C. Jonson, L.R.C.P.Ed. (Chairman of the Committee); Sir James Paget, Bart., D.C.L., F.R.S.; Edward H. Sieveking, M.D. *Other Members of Committee*: Edward Ambler, Esq.; Edmund L. Birkett, M.D.; William H. Broadbent, M.D.; H. Bullock, Esq.; J. Churchill, Esq.; Nath. H. Clifton, Esq.; George T. Dale, Esq.; Stamford Felce,

M.R.C.P.Ed.; J. F. France, Esq., J.P.; D. De Berdt Hovell, Esq.; Thos. Jervis, M.D., J.P.; John Liddle, Esq.; W. Martin, Esq.; John Morgan, Esq.; J. T. Mould, Esq.; Harvey Owen, M.D.; John C. Steele, M.D.; Richard Stocker, Esq.; N. Henry Stevens, Esq.; E. Parker Young, Esq. *Treasurer*: Charles J. Hare, M.D., F.R.C.P. *Honorary Secretaries*: Charles S. Webber, Esq., F.R.C.S. (Finance), 1, Upper Berkeley Street West, W.; Geoffrey Hett, M.D. (Cases), 1, Ledbury Road, Bayswater, W.

#### THE SUNDERLAND INFIRMARY.

THE Medical Board of the Sunderland Infirmary have issued a circular asking for information upon several points connected with hospital management. Of these the most important are the following:—1. How are indoor-patients admitted—on subscriber's letter or free? 2. How are the honorary medical officers elected—by the votes of all the governors, or by a committee of election, or by the ordinary committee of management? 3. Is there any rule whereby the honorary medical officers are debarred from holding club, benefit society, or parochial appointments? It is gratifying to see that the subject of medical reform is engaging attention all over the country, and we are glad to give the results of our experience, arising out of the consideration of similar questions elsewhere. 1. Governors' letters are no doubt liable to be greatly abused; but there is little advantage in abolishing them unless some system of inquiry, not only into the medical, but also into the social condition of each applicant, is introduced instead. 2. As to the election of the honorary medical officers, we are strongly of opinion that it should not be by the votes of all the governors. Probably the best mode of election is by a special committee required to decide the matter finally, and appointed for the purpose on each occasion by the committee of management. 3. With regard to the honorary medical officers being allowed to hold club, benefit society, or parochial appointments, we are inclined to think that the utmost latitude should be allowed which is compatible with the efficient working of the hospital. Inasmuch as these officers are unpaid, no obstacle should be put in the way of their holding other appointments; and it should be left to the right feeling of the individuals and to their sense of duty not to undertake more than they can carry out thoroughly.

#### THE INFECTION OF SMALL-POX.

DR. ZUELZER of Berlin has just published the results of some experiments which he has made on monkeys (*cercopithecus*) with variolous matter. About a drachm of blood from a severe case of small-pox, and about the same quantity of pus from the mature pustules of another case, were made into small balls with bread-crumbs and given to two monkeys. Both remained well. Ten days later, the hair was cut, without injuring the skin, from a part of the back of one of these monkeys. A piece of charpie charged with variolous pus was laid on the spot, covered with a watch-glass, and secured by strips of adhesive plaster, till the end of three hours, when it was removed and the place washed. No infection followed. Twelve days later, some blood from a severe case of variola was inoculated into several parts of the back and the inner surface of one of the thighs of the same animal. The blood used contained a very large number of globular bacteria. On the sixth day after the inoculation, the temperature began to rise, the normal in the rectum being in the morning about 100.4 Fahr., and in the evening 102.5; and on the eleventh day it was 105.5 to 106.4. The animal lost its appetite, but this returned on the ninth day. Red spots appeared in great abundance on the rump, and single ones on the back, on the inner surface of the thigh, and on the mucous membrane of the fauces; they soon developed into papules, some of which became flat pustules which soon burst. To test the possibility of conveying infection through the breath, a quantity of desquamated epidermis from small-pox patients, and small pieces of linen impregnated with their blood and pus, were used. These were placed in several small gauze bags in a wooden cage, which was often shaken. A small wire basket filled with the same materials was also given to an animal