Finally, as the hospital shareholder may like to know how the cost per bed is commonly calculated, a brief statement of the shortest cut to that figure may well conclude this article.

The total sum spent on the items which have been quoted above is divided by the total number of inpatients treated during the year; and the result-which represents the average cost of each in-patient—is again divided by the figure which represents the average number of days each patient was resident. The final quotient—which represents the average cost of a patient for a single day—is then multiplied by seven to show the cost per bed per week. Exactly the same method will show the weekly cost per patient on any of the items which enter into the general calculation of the cost per bed, and it is one of the good features of the revised system of hospital accounts that the cost of all these items and the necessary figures regarding duration of stay and the like are all very clearly displayed, so that any further subcalculations such as those in question can be made if desired. To the ordinary hospital shareholder, however, they are superfluous, though sometimes he may deem it well to break up the cost per bed into two figures, one relating to maintenance and the other to outlay which is only indirectly entailed by the purpose for which he has given his money to the institution, such as the payment of the secretary who acts as the executive officer on the managing body. But it may be stated at once that though the administration of hospitals in these islands is not always efficient, it is habitually so faithful and honest that the subcalculation in question, though sometimes of interest, is very rarely of essential importance. Hence any hospital shareholder who is supplied by the managers of the institution in which he is interested with a single figure representing the cost per bed, may take that figure as his dividend, and, provided that the accounts of the hospital are prepared for publication according to the rules of the revised system of hospital accounts, he may decide for himself forthwith whether that dividend is satisfactory or the reverse by comparing it with that received by subscribers to other institutions of the same character which publish their accounts in the same form. It is better still that the factors entering into the calculation of the cost per bed should be shown likewise. The form which the declaration of dividend should then take is shown in the tables on p. 1503, which with the rules as to drawing them up will be found in extense in the report published for the three metropolitan hospital funds at the address already given.

THE

# INCOMINGS AND OUTGOINGS

## HOSPITALS IN LONDON.

In the following pages will be found an account, in tabular form, of the income, expenditure, and work during the year 1907 of nearly all the important voluntary hospitals in London, whatever their special purpose. In each table the institutions will be found, not in alphabetical order, but roughly classified according to the work which they do. First come the large general hospitals with medical schools attached, and then the general hospitals without medical schools; afterwards follow in succession institutions which cater especially for children; for women and children; for lying in women; for those suffering from nervous disorders; and from diseases of special regions, such as the eye, the rectum, the bladder, the chest, the throat, nose, and ear. The lists end with a few hospitals which devote themselves to conditions systemic in origin, but accompanied by marked local manifestations, malignant growths, skin troubles, disorders of the heart, and physical malformations. The order followed has, in short, been unconsciously of a pathological character.

The tables have rather a formidable appearance, but

are worth study for more than one reason. We are accustomed to tabulation of hospital statistics in annual and other books of reference, but these invariably deal

with expenditures at comparatively remote periods, and thus lack living interest. The tables which are now published cover, however, the most recent completed period of hospital work, namely, the year 1907, and convey the gist of accounts which have only lately been In several instances, indeed, the reports of completed. the hospitals to which the tables relate have not yet been published, and it is only owing to the courtesy many secretaries, and others concerned, in forwarding advance proofs of their reports, and giving assistance in other ways, that it has been possible to complete this review of the financial position of London hospitals at soearly a date. To the statistics, moreover, of the London hospitals for last year quite a special interest attaches, since for the first time their accounts, though kept in different ways, have all been prepared for publication on precisely the same general system, namely, that described in some earlier articles in this issue. Hence they form a convenient object-lesson in the working of that system, and as an illustration of what has been said in connexion with it. One or two published reports show that the secretaries of the hospitals concerned have not interpreted the rules laid down for their guidance correctly, but it is equally clear that no such difficulty has been commonly experienced. Moreover, the readiness with which the system lends itself to the clear demonstration of the essential points of hospital upkeep is proved by the factthat a number of secretaries, besides showing their expenditure for 1907 in the desired form, have cast the expenditure of one or two previous years into the same shape for the benefit of their subscribers.

It is by no means, however, to be concluded that the annual reports of all hospitals in London are now exact counterparts. This is by no means the case. Apart from the written matter there is a certain element of individuality in each of the accounts, and this fact has transformed what would otherwise have been a most fatiguing and monotonous piece of work into quite an. attractive study of human character in the guise of figures.

The skeletons of the accounts are in each case the same, but the minds of those who have clothed them. obviously differ as greatly as the hands of Esau and Jacob. Indeed, perhaps only a person who has examined carefully the printed reports of these sixty or seventy hospitals one after the other can readily conceive the different appearance which accounts relating to precisely the same items, and constructed on the same essential principles, may be made to assume. Individuality betrays itself soclearly in the treatment of certain points, and in such minor details as the choice of paper and type, that it. seems almost possible to picture the character of the compiler of the statement. Anything of the nature of pathos in a business account is difficult to conceive; but even this exists in the devices adopted by some of the secretaries to conceal, so far as the form of account permits, what they obviously consider may prove a very damning fact, namely, that in one way or another they have managed to emerge from the year with a balance in hand. Such attempts, however, are a mistake; they may deceive a few, they will mislead no one who examines the accounts with care; in some cases, moreover, the devices used are of doubtful honesty, and might well annoy philan-thropists of the latter-day persuasion, namely, persons who combine philanthropic desires with a good deal of business instinct.

The statistical tables, five in number, each concern a different aspect of hospital enterprise; their contents are, therefore, dealt with in each case separately, and the reader can read all or any of the reviews as he is disposed. The tables practically explain themselves, so little more is said about them in the text than is necessary to explain and emphasize their main points. The aspects in question are as follows: The sources of income of London hospitals, the main items of expenditure; that criterion of good administration—the cost per bed per week; the expense of out-patient departments; and the present position of the London hospitals as revealed by the balance between their incomings and outgoings at the end of the year 1907.

St. Bartholomew's Hospital figures in some of these tables, and next year will probably appear in all, for its present administration being as up-to-date as its new out-patient department, it has adopted the revised account-system, though not a beneficiary of any of the funds.

#### THE INCOME OF LONDON HOSPITALS.

THE tables on pages 1506 and 1507 relate to sixty-nine hospitals in London, and it will be gathered from them that most of these institutions receive their income from at least fourteen different sources. Such income is classed in the tables as ordinary or extraordinary, the former term including every sort of receipt on which hospitals as a body depend for their ordinary upkeep; it is income from sources which, with a few exceptions, every hospital may reasonably regard as likely to prove fruitful year after year. The items combined in Column P, headed "Extraordinary Income," might more properly, perhaps, have been termed "total extraordinary receipts," since no hospital can count with certainty upon legacies falling to its lot year after year, nor upon individuals giving it money for specific purposes—such as the endowment of beds; nor should regard as income the outcome of special appeals to cover capital expenditure—such as new buildings. Indeed, looking down Columns M and P, in which the ordinary and extraordinary incomes are totalled, it will be noted that a good many institutions received last year nothing beyond ordinary income, and that others, on the contrary, were fortunate enough to receive amounts vastly exceeding their ordinary income.

When Column A, the first of the table, is compared with those which follow, it will be noted that in most cases the amount received from annual subscriptions is small as compared with the total, and inquiry shows that nearly all institutions last year suffered diminution in the list of annual subscribers. Even when—as was commonly the case—the shrinkage was made up in other directions, the fact remains regrettable, because in the conduct of any business entailing large outgoings a sum of twenty shillings, if its receipt can be counted on in advance, is more valuable than a donation of twenty-five shillings which cannot, so to speak, be expected until it is actually received.

The column headed "Congregation Collections" covers a very small item as compared with the sums which in earlier days were collected in this fashion for the benefit of individual hospitals. These now tend in London to find their way into the coffers of the Metropolitan Hospital Sunday Fund. The column headed "Workmen's Collections" covers a comparatively new item, which figures in the accounts of only a minority of the institutions. This is perhaps due to the varying opportunities which institutions have for getting into touch with large bodies of working men, and perhaps also to the equally varying energies of managing bodies.

The column showing income from investments includes also interest on moneys lying at the bank, returned income tax and the like, and will be noted to vary very greatly at different hospitals, and to bear as a whole no definite relation to the total receipts. Some institutions which have comparatively large income from invested property will be noted to be much poorer in reality than others which, under Column I, are credited with little or nothing—for example, compare at one extreme St. Bartholomew's and the London, and at the other West Ham and Bollnebroke.

Ham and Bolingbroke.

Column J, headed "Nursing Institutions," is also of interest; the figures recorded relate to sums which are profits derived either from training nurses or from supplying them to the public. In several instances the sums are large, and the column, as a whole, throws some light on the desire evinced by certain institutions to keep the control of the nursing world in their own hands.

On the whole, however, the chief interest attaches to Column K, and to most people it will be a revelation to find that as many as forty-five out of these sixty-nine hospitals received payment from patients. It will be observed, too, that in several instances the income from this source constitutes a very large proportion of the total receipts—sometimes a great deal over 50 per cent. The largeness of the amounts is most noticeable in the case of the smaller special hospitals. As to the morality of these payments, it must suffice to say at present that in a good many instances the payments are legitimate, inasmuch as they are derived from openly carried on in-patient wards; but the bulk of the money is undoubtedly made up by moneys which out-patients in one guise or another are forced to offer in exchange for treatment.

Column N explains itself; but as to Column O it should

be stated that the term used as a heading covers a variety of receipts, that is to say, not only the result of festival collections for special purposes, such as building improvements, but in many instances sums carmarked by their donors, and therefore, not available for purposes of ordinary hospital maintenance.

### THE EXPENDITURE OF LONDON HOSPITALS.

THE tables displayed on pages 1508 and 1509 relate to the same London hospitals during the year ending December 31st, 1907, and separate the expenditure of these institutions into two main divisions, which are totalled in Columns M and Q under the headings "Total Ordinary Expenditure" and "Total Extraordinary Expenditure." The first of the two main divisions is divided again into the expenses of the maintenance of patients, the expenses of the maintenance of patients, the expenses of administration, and rent, rates and taxes. "Maintenance" will be found to include several columns, and the specific items covered by their various headings will be found on reference to page 1491. Most of the headings of the columns. explain themselves, but the reason of the position and meaning of one or two may not be very clear. The heading of Column I covers commissions paid to collectors and the cost of appeals for funds for ordinary maintenance. Of the other columns that headed "Interest" is placed among the "Extraordinary" columns because it covers charges to which, fortunately, by no means all hospitals are subject; it of course relates to payments to banks and individuals on account of borrowed moneys. Another of these columns, headed by the letter O, usually covers sums paid for the upkeep of convalescent homes and to convalescent homes which receive patients from the insti-tution in question. Finally the heading "Festivals, Bazaars, etc." usually applies to the expenses of such enterprises when undertaken in the hope of raising funds for new buildings and the like, but has sometimes been made to cover other expenditure which is rightly to be regarded as extraordinary, though not as capital, expenditure.

In looking through this table the main point to keep in mind is that none of the sums entered relates to any but the expenditure entailed at the hospitals in question by the work done during the year; it does not cover payments liability to which was incurred at an earlier period, and the expenditure is entered whether actually defrayed or otherwise. Moreover, in accordance with the rules of the revised system, any outley on new buildings and the like is excluded from the table, such outlay being capital expenditure and, therefore, carried to the balance sheet. The table, accordingly, is an exact account of the expenditure entailed by keeping open the hospitals during the year in question, and includes, with the exception of interest, no item of outlay for which those in charge of the institutions during the year were not directly responsible. If this table were compared with one of the same general character relating to an earlier period at the same institutions, the main difference found would probably be as follows: the expenditure on salaries and wages would be found apparently increased, since sundry items are broken up in the modern account into their component parts. Thus washing, for instance, is accounted for partly under domestic expenditure in the way of material, and partly as labour under the items of salaries and wages. The division, "Total Ordinary Expenditure," would often be found to have decreased owing to interest on accumulated debts being no longer treated as an inevitable feature of hospital enterprise but as "extraordinary expen-On the other hand, the total extraordinary diture." expenditure would at some hospitals be found to have diminished in amount, since the old system made it possible for the managers of institutions to treat as extraordinary expenditure any large amount expended during the year on ordinary household repairs, and thus reduce the apparent annual cost of the upkeep of each bed.

Such points apart. the column which should attract attention is Column L, headed "Rates and Taxes." It will be found on adding it up that these hospitals in the aggregate pay to the public authorities considerably more than £26,000. This is a notable fact, and one all the more worthy of attention when it is remembered that by no means all the hospitals in London are included in this table; moreover, it will be seen that the amounts absorbed

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Name of Hospital.	Tei	•		Annusl Subscriptions,	Donations.	King Kdward's Hospital Fund for London,	Hospital Sunday Fund.	Hospital Satur- day Fund.	Congregations.	Workmen's Collections.	Entertsinments.	Invested Property.	Naraing Institution.	Patients. Payments.	Other Receipts.	Total Ordinary Income,	Legacies.	Festivals, Bazaars, etc.	Total Extraordinary Income.	GR AND TOTAL
ST. BARTHOLOMEW'S	i	:	1 3	<b>3</b>	923 923	<b>₩</b>	30	#°	a C	G4	3	£ 68,139	*8	3	1,804	70,679	1,025	9	1,025	71,704
CHARING CROSS	i	•		2,786	5,637	3,000	1,496	361	4	12	0	2,545	0	13	1,812	17,655	12,829	1,000	13,829	31,484
GUY'S	:	:	:	3,791	4,324	5,000	1,625	830	9	188	£2	40,445	1,337	5,583	150	62,820	31,464	1,086	32,550	96,370
THE LONDON	:	:	-	14,876	12 830	10,000	6,50	1,162	ۍ.	345	0	22,955	7,723	2,202	3,112	81,628	19,956	0	19,956	101,584
KING'S COLLEGE	:	:	:	2,053	2,902	1,000	1,457	992	83	0	0	2,838	63	37	2,546	13,346	6,855	0	6,855	20,200
MIDDLESEX	:	:	:	2,811	6,822	3,000	2,757	453	0	0	0	5,251	0	0	288	21 680	9,572	0	9,532	31,212
ROYAL FREE	:	:	:	1,445	2,078	2,000	1,370	308	0	0	502	1,370	78	. 0	191	9,039	9,134	3,744	12,878	21,917
ST. GEORGE'S	:	ŧ	<u>:</u>	4,677	3,131	2 500	2 276	455	0	34	0.	12,860	0	0	100	26,031	63,576	0	63,576	83,606
ST. MARY'S	:	:	:	4,710	3,820	3,500	2,546	495	. 54	12	0	1,872	9	163	108	17,399	8,609	280	8,899	26,238
ST. THOMAS'S	:	:	:	77.5	269	0	0	160	0	95	0	57,076	1,182	494	162	189'09	12,660	3,000	15,660	f6,341
UNIVERSITY COLLEGE	ŧ	:	:	191,3	3,233	3,000	2,167	417	0	0	οι	3,478	170	69	8	14,715	17,480	362	17,842	32,556
WESTMINSTER	÷	፥	:	1,470	10,503	3,000	1,625	328	0	0	126	3 328	0	ò	19	20,379	6,759	300	9,759	30,138
WEST LONDON	:	:		2,339	1,974	3,000	1,224	212	32	535	81	<b>26</b> 9	110	0	19	10,247	4,700	0	4,700	14,947
GREAT NORTHERN	፥	:	:	1,905	5,701	1 200	1,260	530	73	0	0	1,256	0	982	2,179	14,697	4.674	0	4 674	19,371
METROPOLITAN	:	:	:	1,066	5,649	2,500	1,226	301	7	0	0	282	163	0	0	11,500	8,627	oʻ	8,527	20,027
PRINCE OF WALES'S	:	:	<u>:</u>	1,219	1,935	2,500	629	417	85	0	301	8	0	0	293	7,736	652	0	452	8,688
POPLAB	:	:	•	3,180	2,937	0	574	516	0	275	0	1,800	14	231	63	9,316	1,233	88	1,261	10,617
THE SEAMEN'S	÷	•	:	4,154	4,092	2,500	1,636	331	0	232	192	3,642	46	865	164	18,783	1,340	930	2,270	20,123
WEST HAM	:	:	:	1,162	2,581	909	594	160	126	287	223	369	0	0	23	6,026	0	0	0	6,028
BOLINGBROKE	:	:		101	1,254	200	295	0	30	8	184	135	•	814	69	3,940	33	2,620	2,645	6,425
THE TEMPERANCE	:	:	:	1,247	1,609	1,600	786	188	<b>∞</b>	12	01	1,956	173	002	16	6,854	360	392	615	7,469
HAMPSTEAD	:	:	·	086	(05	0	314	103	34	0	44	88	4	473	11	2,664	S	36	83	2,750
THE GERMAN	:	:	2	1,563	4,199	200	199	213	0	0	87	3,576	0	929	132	10,977	1,178	0	0	12,158
THE FRENCH	:	:	•	1 065	3,422	200	393	134	0	0	0	(57	0	0	0	5,873	2,159	0	2,159	8,032
THE ITACIAN	:	:	<u>:</u>	425	645	200	217	118	82	0	936	361	0	0	0	3,210	0	0	0	3,210
GREAT ORMOND STREET	i	:	<u>.</u>	3,388	1,717	1,775	1,083	281	6	6	164	5,237	365	120	53	14,317	7,810	0	7,810	22,127
THE EVECINA	•	:	-	801	694	250	112	129	78	0	æ	3,725	145	26	31	6,176	4,895	1,000	1,645	11,072
PADDINGTON GREEN	:	:	:	1,162	707	7£0	352	184	210	0	41	367	9	312	13	4,110	7,384	1,265	8,649	12,754
THE BELGRAVE	፥	.:	:	453	419	1,500	227	182	ю	0	302	99	6	•	425	966.2	200		200	4,496
THE ALEXANDRA	:	:	<u>:</u>	2,325	477	600	464	210	0	0	0	411	0	203	0	4,871	•	100	901	4,971
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THE CENTRAL TRROAT		337 259	0	44	272	0	0	0	33	0	2,202	130	3,279	2,280	. 0	2.280	5.550
THE BOYAL EAR			0	43	147	0	0	154	5	0	988	0	1,764	•		0	1 764
LONDON THROAT		137 113	6		103	0	0	0	281	0	1,179	83	1,590	•	0	-	159
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NATIONAL OBTHOPATDIC	-	914 892	2,250	119	108	0	0	0	1,990	0	9.2	0	7,226	1,300	0	1.305	<b>S</b>
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•	MANDIOLE TOURNESS,					

Extraordinary	I		I	<b>&amp;</b>	<u>Δ</u>			D bas	4 ×	Saxes -	A SYRES TO STATE TO S		<u> </u>		Planton For	r the Year 1907.
Provisions Rurgery an Dispensary Domestic.		Establishme		,eeirala8 Wages, etc	Miscellaneo Total	Manstemen Mansgemen	Finance.	IstoT esasaetais V dantaiaimbA	Rent.	sT ba setsA	saibtO lstoT rutibasqxM	Interest.	oituditaoO to Othor noitutitanI	Festivals, et Total	Expenditus TOTAL	D Notes,
13,577 8,366 13,372 6,283 26,	£ £ £ 13,372 6,283	!	48	æ, 26,981	£87	£ £ £ 68,343 2,756	0 7 99	71,099	٦°	2,422	73,531	3 5	3,101	# 0	£ £ £ 76,769	
1,921 4,657 1,070	4,657 1,070		4,	8	513 16	16,402 7	752 664	17,818	0	531	18,409	3,130	10	0 3,	3,140 21,549	9 mew's at 5 wanley is not in-
13,024 7,715 10,125 3,348 23,499	10,125 3,348		23,49		1,012 68	58,722 2,5	,203 1,113	62,043	365	2,526	64,955	0	0	0	0 64,955	
23,108 12,589 15,271 4,400 37,702	15,271 4,400		37,702		1,715 94	94,784 2,693	93 1,378	98,855	153	1,498	10),505	1,131	155	0	162,101 982,	1 At the London, patients supply their own tea. sugar, and
5,100 2,291 4,857 1,034 5,570	4,857 1,034		5,570		326 19	19,201 6	698 274	20,173	0	475	20,653	167	407	0	e51 21,303	
<b>6,896 2,9</b> 13 5,932 1,055 10 033	5,932 1,055		10 033		92 99	26,459 1,3	,301 947	28,706	188	913	30,567	151	2 256	0 2,		
2,109 3,301 334	3,301 334		4,614						0	137	16,107	0	137			
4,548 8,451 2,488 1	8,451 2,488		13,649						o ;	932	42,674	0 (	0 ;			sex Cancer Charity is treated
6,015 3,586 3,454 1,967 8,623	3,454 1,967		8,623		306	25,950 1,146 60,127 1,673	1,146 <b>6</b> 25 1,673 58	27,721	<b>1</b> 10 <b>1 1</b>	£03	61.937		<b>a</b> o	- 0	52 28,234	
3,436 6,741 1,972	6,741 1,972		7,637						0	531	23,527	0	•	0		7
5,133 2,366 3,913 911 5,577	3,913 911		5,577		331 18	18,285 8	861 213	19,363	22	375	19,788	158	21	0	167 19,956	9
3,076 2,200 3,181 227 3,335	3,181 227		3,335		189 12	12,208	525 326	13,270	133	320	13,725	234	2	25	253 13,984	4
<b>3,631 2,031 3,510 1,346 4,605</b>	3,510 1,346		4,605		326 15	15,449 8	853 £80	17,282	94	333	17,759	329	01	0	359 18,127	<i>L</i>
3,256 1,827 2,611 353 3,308 2	2,611 353 3,308	3,308		C	256 11	11,611 1,058	980	13,647	228	176	14,052	920	251	0	(01 14,653	33
1,264 1,224 196 1,920	1,224 196 1,920	1,920		_			405 210		01	92	7,092	314	<b>S</b>		£83 7,60	
924 1,230 804 2,847	1,230 804 2,847	2,847		_				•	0	83	9,256	0	0	13		6
2,463 381 3,603 5,329	381 3,603 5,329	5,329			464	912'1 102'61	1,013	21,529	305	199	22,033	8	0	0	66 22,099	0
1,514 1,014 1.216 84 1,280	1.216 84		1,280		22	5,181 3	398 258	5,876	0	81	2,905	01	0	0	10 5,915	2
1,076 417 920 151 986	121 076		936		45 3	3,535 1	118 4	3,715	78	39	3,832	120	0	0	110 3,952	8
2,504 852 1,983 471 2,571	1,980 471		2,571		152 8	8,93) 5	594 92	13,232	0	<b>5</b> 30	9,845	320	0	0	350 10,460	0
1,444 442 1,020 53 1,159	1,020 53		1,159		77	4,195 4	417 90	4,503	•	158	4,891	92	02	22	229 5,120	Q
3,627         2,355         1,256         628         2,125	1,256 628		2,125		146 10	10,037	546 374	10,957	•	180	11,137	145	287	0	732 11,839	œ.
1,209 386 756 894 1,069 2	756 294 1,069	1,069		.,	803	3,922	270 287	4,479	•	848	4,828	0	133	0	133 4,961	T.
1,016 252 555 95 355	535 95 355	326			63	2,345	163 45	2 559	16	217	2,791	0	19	0	3 2,79	=
<b>3,847 2,432 4,520 373 6,533</b>	4,520 373 6,533	6,533			969	18,303 7	774 423	19 500	100	161	20,388	0	1,774	0	.774 22,171	-
850 737 1,111 670 2,180	1,111 670		2,180		186	6,735 3	318 233	6,255	•	235	6,570	∞	110	•	158 6,728	82
643 720 848 211 1,111	848 211		1,111		170 3	3,662 3	363 174	4,200	35	141	4,377	Q	635	4	544 4 947	
684 557 1,163 181 799	1,163 181		- 662		88	3,483 4	<b>4</b> C6 42	3,931	142	97	4,170	383	0	0	383 4,654	the Alexandra Hospital for Children includes its country
1,339 350 1,231 391 968	1,231 391		 896		86	4,377	767   134	5,077	92	202	5,313	0	0	0	0 5,313	

_	Jυ	NE	20,	19	08.]				01	RD.	IN A	R	7 .	AN.	D :	EX			RD		AR	Y				TIC	UR	E.			[	MED	HE B	Jour	enat Linat	_1	509	<u>)                                    </u>
<b>S</b>				-									,				The enormous rent paid by	Moornelds is the ground rent on the new site on which it	built its new building a few years ago.					The ordinary expenditure of	and Mount Vernon Hespital	country or sanatorium	or arreitor.	-										
<b>~</b>	10,948	8,667	5,512	2,967	5,634	7,121	5,040	6,263	2,680	6,340	6,452	3,395	15,441	7,382	4,042	4,003		2,457	1,721	1,953	2,301	4,718	4,430	22 9C4	16,112	13,399	6.257	£,541	3,448	1,870	1,452	266	15,485	6,069	6,412	1,266	7,270	2,916
о О	88	263	303	7	88	0	217	393	0	1,329	0	18	568	148	440	0	13	0	99	٥	242	30	4	444	65	0	23	0	0	254	0	0	1,417	22	817	1	122	0
<u> </u>	0	0	112	•	0	0	169	214	0	22	0	0	0	0	440	0	0	0	19	0	0	0	0	427	0	0	0	0	0	0	0	0	0	0	307	ı	123	0
0	0	263	0	0	0	0	0	0	0	0	0	0	247	0	0	0	2	0	0	0	0	0	0	9	0	0	0	0	0	0	0	0	1,417	0	0	ı	0	0
Z	23	0	37	7	83	0	47	179	0	1,254	0	82	25	148	0	0	83	0	336	0	242	8	4	7	8	0	23	0	0	251	0	0	0	22	2.0	ı	•	
Σ	10,915	2,090	5,203	2,959	5,539	7,121	4,824	5,870	9,680	5,011	6,452	3,368	15,142	7,235	3,602	4,003	12,717	2,457	1,890	1,963	2,039	4,688	4,426	72,450	16,017	13,389	6,293	4,819	3,448	1,615	1,452	266	11,069	5,037	4,194	1,266	7,148	2,916
_	102	250	186	8	130	86	145	86	62	214	120	179	747	303	8	212	745	102	88	43	Œ	163	201	1,570	941	83	928	107	8	ቖ	22	83	364	26	233	ক্র	102	29
<b>~</b>	Q	0	88	003	88	197	0	0	341	212	0	0	115	733	157	193	1,210	0	0	\$	8	0	0	0	0	0	0	ಜ	150	0	093	140	0	171	8	160	2,720	627
<b>-</b>	10,609	7,839	4,909	2,693	9326	6,768	4,679	5,777	5,260	4,584	6,331	3,188	14,279	6,199	3,351	3.540	10,762	2,354	1,175	1,871	1 888	4,535	4,222	068'02	15,075	13,179	6.057	4,683	3,213	1,561	1,160	828	13,705	4,763	3,561	1,062	4,326	2,624
_	416	97	128	0	189	34	пп	112	0	101	178	8	268	420	119	0	361	73	89	34	43	54	396	88	679	1,228	169	163	∞	24	7	-	683	428	<b>5</b> 33	85	8	2
I	8	649	874	186	83)	407	379	450	162	443	988	194	1,161	573	88	200	8	231	158	203	197	363	833	1,725	1,070	1,271	404	311	419	103	151	83	1,191	137	652	355	697	349
<u> </u>	9,393	7,193	3,810	2,508	4,678	6.326	4,129	6,215	4,698	4,040	5,767	2,914	12,561	5,203	2,928	3,339	9,596	2,030	828	1,630	1,648	<b>4</b> ,088	3,587	28,481	13,326	10,679	5,482	4,204	8,777	1,430	1,001	740	11,985	4,198	2,670	634	3,568	2,255
<u> </u>	23	206	108	83	142	8	8	8	0	12	164	92	168	191	2	\$	83	16	18	19	43	78	111	829	232	374	111	145	49	44	03	53	407	1,027	119	0	136	23
Ш	3,851	3,101	1,195	878	1,070	1,330	1,053	1,430	1,454	1,642	1,689	139	3,958	1,361	652	935	2,870	489	250	410	319	666	872	8,663	3,036	2,502	1,662	1,281	728	330	375	170	8,709	719	817	143	88	25
	463	326	873	178	767	466	407	246	39	338	267	27.2	450	\$	300	302	396	178	73	8.	214	142	181	1,525	1,845	1,197	114	297	215	88	14	14	88	22	88	14	132	18
0	1,999	2,204	88	265	1,239	1,681	947	1,382	1,3.7	879	1,644	735	2,822	1,078	83	713	1,859	421	173	431	372	98	1 025	192'9	2,089	1,771	1,184	828	573	88	198	149	3,293	1,034	489	23	679	440
<b>m</b>	86	8	755	988	702	193	731	731	320	139	699	128	1,818	874	311	66	1,272	320	132	203	121	1,198	476	1,652	136	1,238	818	794	778	187	176	141	1,723	425	299	454	497	99
<	1,937	1,408	637	306	1,157	1,898	88	1,330	1,519	86	1,395	967	3,346	1,326	967	88	2,364	229	88	447	223	811	923	10,762	4,355	3,198	1,594	838	435	403	612	213	2,568	937	283	0	1,226	633
	:	:	:	:	i	i	ì	:	:	:	:	:	uare	:	:	:	:	CMIC	:	:	:	:	i	NO	:	i	:	:	:	:	:	•	•	:	:	i	5	:
	:	:	:	:	EN	:	:	•	NG-1N	:	8.1	G-IN	een Sq	38 ::	LYSIE	rark	•	THAI	LMIC	LMIC	UL.A	:		MPFIC	:	:	:	HB0	TVO	:	JAT	1B	:	E	:	У:	AEDI	ı <b>:</b>
	:	:	\$L00	OR	WOM	:	BEE	MEN	c exi	: z	LOTI	LYIN	L, Qu	RVOU	PARA	outh	EYE	R OPB	HTHA	THE	FIST	•	ISTOL	ONSU	NO.	EST	:	ARE T	C THE	:	THE	AN E	ANCE	ANG	: NE	8 BKI	THOE	LART
	TEN'S	THE VICTORIA	BOYAL WATERLOO	THE GROSVENOR	CHELSEA FOR WOMEN	:	SAMARITAN FREE	BOHO FOR WOMEN	THE GENERAL LYING-IN	CITY LYING-IN	QUEEN CHARLOITE'S	THE BRITISH LYING-IN	THE NATIONAL, Queen Square	WEST END NERVOUS	MAIDA VALE PARALYSIS	ROYAL EYE, Southwark	MOORFIELDS EYE	WEST VINSTER OPHTHALMIC	WESTERN OPHTHALMIC	CENTRAL OPHTHALMIC	THE GORDON FISTULA	SI. PETER'S	ST. MARK'S FISTULA	BROMPION CONSUMPTION	MOUNT VERNON	THE CITY CHEST	ROYAL CHEST	GOLDEN SQUARE THROAT	THE CENTRAL THROAT	BOYAL EAR	THE LONDON THROAT	METROPOLITAN EAR	BROMPTON CANCER	MIDDLESEX CANCER	BT. JOHN'S BKIN	BLACKFRIARS SKIN	NATIONAL ORTHOPAEDIC	NATIONAL HEART
	THE QUEEN'S	E VIC	YAL !	E GR	ELSE.	THE NEW	MABE	HO F	IR GE	TY LY	IEEN	IE BR	IE NA	EST E	AIDA .	MAK	OORE	EST #1	ESTE	INTRA	IE GO	. PET	. MAB	ROMP	DUNT	TE CI	DXAL	OLDE	HE CE	DYAL	TE TO	ETRO.	ROMP.	IDDE	JOH	LACKE	MOII	LTION
	TH	H	180	HH	CH	TH	84	80	TA	ij	QL	TE	TE	W	W.	æ	Ř	M	W	5	I	18	18	Ħ	Ř	Ţ	Ä	ਲ੍ਹ	H	· <b>A</b>	F	×	Ħ	×	18	Bl	Z	Z

by rates and taxes at several individual institutions run into thousands. The column, in short, forms an excellent appendix to the article on page 1515, where the question of the position of hospitals as rate-paying institutions is considered in detail.

As for Columns N, O, and P, which make up the total shown in Column Q, these are placed among extraordinary expenditure, because the items covered by them are not necessarily common to all institutions. In nearly all the instances, however, in which extraordinary expenditure at all is shown in this table the outlay in question is almost entirely of a permanent character. For instance, the indebtedness indicated by an entry in the interest column is often so great in proportion to the general income of the institution that it cannot be expected to be wiped out for years to come. Nor again can the convalescent homes, which account for most of the ordinary expenses in other cases, be closed without great detriment to the efficiency and utility of the institutions concerned. In short, in individual cases the sums entered as extraordinary expenditure may usually be regarded for most practical purposes as a permanent charge. Nevertheless, it is not only necessary to keep them apart in order that the table may confirm with the rules of the revised system, but of practical utility, since it is thus possible to compare the "ordinary" outlay of the hospital fairly with that of others, and use it as a basis for obtaining the "cost per bed," a critical figure the value of which is discussed on pages 1502 and 1503. Finally, it should be mentioned that the total indebtedness of any of the institutions mentioned total indebtedness of any of the institutions mentioned may usually be determined with approximate accuracy by taking the interest as at the rate of 4 per cent. and calculating the capital which at this rate the interest paid represents. This will not, of course, however, always give the true figure, more especially because at some hospitals whatever debit balance exists is covered by temporary

loans drawing no interest, or is represented by unpaidebts on which no interest is at present being charged.

In conclusion it may be stated that one or two institutions which were originally intended to appear in this table have been dropped out because, in publishing accounts of their expenditure, they employ a form of statement which fails to convey any real information to subscribers whatever. Their names need not be mentioned on this occasion.

#### COST PER BED.

In discussing the relative efficiency of hospital administration it has long been common to quote the annual cost of the treatment of a patient as a kind of standard of comparison. This, however, has been a very misleading figure, owing to the very different factors which in each case have entered into the estimate of the cost. Nevertheless, as is demonstrated on page 1502, it is a fact that when the cost per bed is based upon accounts drawn up in accordance with the rules of the revised system, and when in other respects it is properly calculated, it may be regarded as a safe and efficient criterion, subject to certain provisos. This is the case in respect of all the statements as to the cost per bed per week in the present instance. The table, therefore, which begins on this page and ends on the following, is of much interest, as it shows the cost per bed at all the leading hospitals in London, and supplies information on such essential points as the average number of patients usually present in the hospital, and the average length of time for which each patient is under treatment. Naturally, the latter varies very greatly according to the nature of the work done, so in looking at the table the remarks made on page 1504 as to the sequence in which the names of the hospitals follow should be borne in mind.

When, as in the case of the general hospitals, the nature of the work done is estensibly the same, it will commonly be found that any differences in the duration of the treatment can be explained by the different proportion of medical and surgical beds, for medical cases, as a rule, last a much longer time than surgical cases. Several hospitals, moreover, have arrangements which render superfluous the admission of patients for small operations, so that they have a far lewer proportion than others of cases which come in one day and leave the next; and the average duration of treatment is thus materially increased. In this way hospitals whose arrangements are very com-

The " Cost p	er Be	d pe	r Week.	"	
Name of Institution.	Average Number of Beds Occupied.	Average Stay of Each Patient.	Weekly Cost of Maintenance.	Weekly Cost of Administration	Total Cost per Bed per Week.
ST. BARTHOLOMEW'S	. 675	27	2 s. d	s. d.	£ s. d.
CHARING CROSS	140	Ι.	1 18 9	3 7	2 2 4
GUY'S	. 516	23	1 18 10	2 5	2 1 3
THE LONDON	. 792	21	1 16 7	17	1 18 2
KING'S COLLEGE	189	1	1 15 7	1.11	1 17 6
MIDDLESEX	. 270	}	1 12 1	3 0	1 15 1
ROYAL FREE	1	1	111 2	1 10	1 13 0
ST. GEORGE'S	. 319 . 257	ţ	2 3 2	2 4	2 5 6
ST. THOMAS'S	480		2 1 11	1 5	2 3 4
UNIVERSITY COLLEGE	. 244	l -	1 12 4	1 9	114 1
WESTMINSTER	. 180	27	1 13 10	2 1	1 15 11
WEST LONDON	. 144	23	1 5 11	2 1	180
GREAT NORTHERN	. 148	25	1 15 0	4, 4	1 19:4
METROPOLITAN	. 106	21	1 11 6	5 7	1 17 1
PRINCE OF WALES'S	4	22	139	28	165
POPLAR	78		1 13 11	4 2	1 18' B
WEST HAM	40		1 3 1	3 5 3 2	1 6 6
DOLINGBROWE	70	03 17	1 18 8	15	1120
THE TEMPERANCE	1 07	24	1 13 6	1 7	1 15 1
HAMPSTEAD	40	25	1 12 11	4 3	1 17
THE GERMAN	115	88	164	3 0	1 9 4
THE FRENCH	52	<b>2</b> 2	153	4 1	194
THE ITALIAN	47	20	0 15 9	11	0 16 10
GREAT ORMOND STREET	1	22	1 12 3	22	1 14 5
THE EVELINA	1	23	1112	2.10	1138
PADDINGTON GREEN THE BELGRAVE	35 28	19 17	1 6 9	3 10 4 8	1 10 7
THE ALEXANDRA		386	0 19 4	3 9	1 3 1
	123			30	156
VICTORIA	1	26	1 5 11	28	187
ROYAL WATERLOO	39	31	161	4 10	1 10 11
GROSVENOR	32	29	160	18	1 7 8
CHELSEA FOR WOMEN	1 1	22	1 16 10	5 1	2 1 11
THE NEW	ł		1 19 1	28	219
SAMARITAN FREE SOHO FOR WOMEN	1 .	24	1 12 3	3 2	1 15 5
GENERAL LYING IN	1	14	1 17 0	4 6	2 1 6
CITY LYING-IN	1'		1 7 11	5 10	1 13 9
QUEEN CHARLOTTE'S	1 1	14	1 8 7	3 5	1 12 0
BRITISH LYING-IN	l _/	13	2 4 1	3 2	2 7 3
THE NATIONAL, Queen Square	148	62	1 7 8	4 0	1 11 8
WEST END NERVOUS	64	83	1 6 6	5 7	1 12 1
MAIDA VALE PARALYSIS	36	76	1 8 1	4 6	1 12 7
ROYAL EYE, Southwark	29	17	1 1 3	0 8	1 1:11
WESTMINSTER OPHTHALMIC.	107	18	0 18 11	2 6	164
WESTERN OPHTHALMIC	1 1	12	1 0 2	3 2	1 0 6
CENTRAL OPHTHALMIC		16	1 4 9	2 0	1 6 10
THE GORDON FISTULA	20	23	1 10 4	4 1	1 14 5
	1 1		- (2 <b>4</b>	13 1	

The " Cost per Be	d j	per	We	ek" (cont	inued)	
Name of Institution.		Average Number of Beds Occupied.	Average Stay of Each Patient.	Weekly Cost of Maintenance.	Weekly Cost of Administration,	Total Cost per Bed per Week.
ST. PETER'S		<b>3</b> 0	20	£ s. d 1 13 6	s. d. 2 8	£ s d.
ST. MARK'S FISTULA		41	28	1 10 8	6 1	1 16 9
BROMPTON CONSUMPTION		419	ι06 <sup>-</sup>	1 3 8	1 4	1 5 1
MOUNT VERNON		192	51	1 4 7	3 5	1 8 0
THE CITY CHEST		120	46	175	6 7	1 14 0
THE ROYAL CHEST		59	30	1 8 9	3 1	1 11 10
GOLDEN SQUARE THROAT		27	14	1 16 2	3 4	1 19 6
THE CENTRAL THROAT		18	12	1 11 7	27	1 14 2
THE ROYAL EAR	•••	16	13	1 6 1	1 4	175
LONDON THROAT		9	7	171	3 6	1 10 7
THE METROPOLITAN EAR		8	7	1 5 6	2 4	1 7 11
BROMPTON CANCER		92	38	2 13 10	77	.3 1 5
MIDDLESEX CANCER		<b>4</b> 5	76	1 16 1	4 10	2 1 0
ST. JOHN'S SKIN		40	35	1 10 1	8 8	1 18 9
BLACKFRIARS SKIN	•••	0	0	-	_	_
LONDON SKIN	•••	0	0	_	· —	
NATIONAL HEART	•••	26	60	1 5 2	5 10	1 11 0

plete, or on whose accommodation there is such constant call that they cannot admit any but serious cases, often figure by comparison badly when durations of treatment are considered. Duration of treatment, however, is never a point which should ordinarily be considered, and it is doubtful whether it has any bearing whatever on the question of the weekly cost of maintenance, except so far as it may serve to show that the work done at any two institutions corresponds in character. A full review of other considerations relating to the duration of treatment will be found in the article on Energy and Output.

The table also shows not only the total cost per bed per week, but the way in which this is made up by the two factors—maintenance and administration. This is a point of essential interest, and all the more so because under the revised system the items which enter into the calculation are, in a general way, exactly the same. That is to say, the accuracy of the comparisons is not disturbed by sums such as rent, rates and taxes, and interest on accumulated debts being taken into consideration, nor by payments made on account of previous years. On glancing down the table it will be noted that there are several decidedly curious points in it; thus, it is perfectly easy to understand that there should be great variation in the total cost per bed, but no quite satisfactory reason at first sight suggests itself as to why the weekly cost of maintenance should vary so greatly as will be seen to be the case. On a little examination, however, a possible clue is revealed in the fact that, in a general way, there is considerable correspondence in the weekly cost of main-tenance at hospitals of different classes. Thus, there is tardly a shilling difference between the expenditure on maintenance at the three hospitals devoted to nervous disesses. A complete solution of the question would probably be obtained by any one who, on the basis of the number of beds occupied and the average stay, worked out the weekly cost per bed on the classes of expenditure which are shown by the table on page 1508 to make up the total cost of maintenance.

For instance, while the expenditure per bed per week on the item of provisions might be found to be much the same at all hospitals, that on "surgery and dispensary" would probably be found to vary greatly according to the work done by the hospital. Similar "domestic charges," which include the expense of fuel and lighting, would usually be found proportionately higher in large institutions, with a great number of corridors and passages to keep warmed and lighted. Differences would also be

found in the salary item, this including payment of pensions, a fortuitous amount which some hospitals, especially the smaller ones, are lucky enough to avoid almost entirely. Meanwhile attention may be directed to the remarkably low figures shown in this and other tables by the Italian Hospital. Its patients are very far from being all Italians, or even persons of any foreign nationality.

Considerable interest attaches to the column showing the amount spent on administration, and the ratio which this bears in each case to the expense of maintenance can easily be seen. It will be noted that the gross amounts vary very considerably, and that in a general way the figures support the view that £1 given to a large hospital goes further than £1 given to a small one, or, in other words, that large institutions are relatively less expensive than small ones, because a secretarial staff which suffices for the needs of an institution with fifty beds will suffice equally well for one with a hundred and fitty. The table, therefore, goes to prove the wisdom of the policy adopted by the King's Fund in trying to bring about an amalgamation between small institutions devoted to the treatment of special diseases. One point not brought out by this table should also be mentioned—namely, that whatdo not err on the side of undue generosity towards their employees. At a great many hospitals, and more particularly the smaller ones, it is obvious from the detailed accounts that the salary paid to the secretary must be so small that it is difficult to understand how the services of men capable of performing duties such as are thrown upon a hospital secretary can be obtained at the figure.

### THE COST OF OUT-PATIENT WORK.

The table which begins on the first column of the opposite page is of particular interest, since it is the first of the sort which has ever been published. Hitherto all estimates of the cost of out-patient work have been made by multiplying some purely hypothetical sun, such as half a crown or two shillings, by a variously calculated number of out-patients. In this table, on the contrary, all the figures contained are the result of an exact calculation by the institution concerned—first of the cost of its eutpatient department and then of the outlay on each patient treated. Moreover, at each institution steps have been taken to ensure that no person is reckoned as a new outpatient more than once in the year. An out-patient, it should be remembered, connotes, according to the revised system, any person who is treated by or at the hospital, but is not admitted to its wards. The table will be found to be divided into four columns, one giving the number of out-patients, a second the average outlay thrown upon the institution by each attendance of an out-patient, a third the average cost of each out-patient for his whole treatment, and the fourth the total cost to the hospital of its out-patient department irrespective of the number of patients.

The estimate of the cost of the department is made up of proportionate amounts of those general expenses of the hospital which come in the table on page 1491, under the headings "Surgery and Dispensary," "Salaries and Wages," "Establishment," "Domestic," and "Management " Salaries and Finance." On adding up the last column of the present table and dividing the result by the total number of out-patients, the average cost of each out patient at a London hospital irrespective of the length of his treatment will be found to be about 1s. 10d. Similarly by adding up the figures in the second column and dividing them by the number of institutions, the mean outlay at the same hospitals on an out-patient at each visit will be found to In any such calculation, however, certain be sevenpence. hospitals should be excluded. These are St. Bartholomew's, whose magnificent new out-patient department was only completed late in 1907, and which has not yet effected a separation between in-patient and out-patient expenditure; the Alexandra Hospital for Hip Diseases, which has only a few out-patients whose progress is supervised by nurses of the hospital in their own homes; the four lying in hospitals, whose out patients are mainly represented by women confined by midwives of these institutions in their own homes. The Blackfriars

Cost of Ou	it pa	stient W	ork.		
Name of Hospital.		Number of Out-patients.	Average Cost of Each Visit.	Average Cost of Each Patient.	Total Cost of the Out patient Department.
ST. BARTHOLOMEW'S	•••	182,111	s. d.	s. d.	_
CHARING CROSS	•••	21,647	0 8	2 6	£2,674
GUY'S	•••	131,138	0 4	1 0	£6,754
THE LONDON	•••	228,279	0 8	1 9	£19,921
KING'S COLLEGE	•••	16,378	0 11	2 8	£2,206
MIDDLESEX		47,597	0 7	1 8	£4,021
ROYAL FREE	•••	36,240	0 9	2 4	<b>£</b> 4,125
ST. GEORGE'S	•••	43,989	0 6	1 3	£2,747
ST. MARY'S	•••	48,617	0 8	1 9	£4,275
ST. THOMAS'S		81,578	0 8	1 10	<b>£7</b> ,571
UNIVERSITY COLLEGE		50,978	0 11	2 4	£5,955
WESTMINSTER		21,175	0 8	2 5	£2,552
WEST LONDON	•••	34,652	0 5	1 7	£2,706
GREAT NORTHERN	•••	27,363	0 7	1 7	£2,001
METROPOLITAN		37,740	0 10	1 10	£3,475
PRINCE OF WALES'S		27,202	0 5	1 4	£1,746
POPLAR		47,042	0 5	0 7	£1,451
SEAMEN'S		27,188	0.7	2 0	<b>£2,719</b>
WEST HAM	•••	27,380	0 5	1 4	<b>£</b> 4,011
BOLINGBROKE		7,453	0 5	17	<b>£</b> 598
THE TEMPERANCE	• •••	27,538	0 6	1 4	£1,804
HAMPSTEAD		4,714	0 5	1 0	£231
THE GERMAN		26,564	0 7	18	<b>£2</b> ,188
THE FRENCH		5,532	0 8	1 10	£496
THE ITALIAN		12,679	0 3	0 9	£505
GREAT ORMOND STREET		72,658	0 6	1 9	£2,901
THE EVELINA		13,587	0 10	2 3	<b>£1,</b> 550
PADDINGTON GREEN		18,751	0 6	1 5	£1,382
THE BELGRAVE		12,638	0 6	1 6	£932
THE ALEXANDRA	•••	97	0 10	11 10	£55
THE QUEEN'S		26,525	0 7	1 10	£2,428
VICTORIA		17,638	0 6	1 10	<b>£</b> 1,714
BOYAL WATERLOO		7,679	0 11	4 6	£1,731
GROSVENOR		4,012	0 6	2 0	£401
CHELSEA FOR WOMEN		3,350	1 1	3 1	£517
THE NEW		7,621	0 5	2 0	<b>£</b> 755
SAMARITAN FREE	•••	4,501	0 10	2 10	£637
BOHO FOR WOMEN	•••	3,700	10	4 3	£231
GENERAL LYING-IN		1,969	-	8 5	£810
CITY LYING-IN		2,772	1 0	10 0	£1,397
QUEEN CHARLOTTE'S		1,996	1 1	11 0	£1,098
BRITISH LYING-IN		928	0 87	7 11	£365
THE NATIONAL, Queen Square	• ••• }	7,060	0 11	6 1	£2,147
WEST END NERVOUS	•••	2,059	0 10	88	£892
MAIDA VALE NERVOUS		930	0 9	5 11	£288
ROYAL LYE, Southwark		27,517	0 5	1 3	£1,744
MOORFIELDS	•••	49,776	0 6	1 3	£3,222
				l'	0045
WESTMINSTER OPHTHALMIC	• ••• }	11,565	0 5	16,	£345
WESTMINSTER OPHTHALMIC WESTERN OPHTHALMIC		11,040	0 5	0 9	£408
	. [	. [			

The Cost of Or	it-patient	Work.		
Name of Hospital.	Number of Out-patients.	Average Cost of Each Visit.	Average Cost of Each Fatient.	Total Cost of the Out-patient Department.
ST. PETER'S	3,569	s. d. 0 9	s. d. 8 2	£1,460
ST. MARK'S FISTULA	1,641	1 1	4 0	£328
BROMPTON CONSUMPTION	6,588	1 1	8 0	£2,634
MOUNT VERNON	3,002	1 1	5 10	£874
THE CITY CHEST	9,493	0 9	5 0	£2,397
THE ROYAL CHEST	6,502	0 11	3 9	£1,233
GOLDEN SQUARE THROAT	10,980	0 8	2 11	£1,589
THE CENTRAL THROAT	. 9,993	0 8	3 3	£1,604
THE ROYAL EAR	3,094	0 9	3 3	£498
LONDON THROAT	3,945	0 6	2 5	£450
THE METROPOLITAN EAR	2,135	0 8	2 11	£265
BROMPION CANCER	1,580	0 8	7 0	£2560·
ST. JOHN'S SKIN	7,160	0 11	4 8	£1,691
BLACKFRIARS SKIN	. 7,589	1 5	3 2·	£1,266-
LONDON SKIN	2,585	1 4	7 10	£1,0!4
NATIONAL ORTHOPAEDIC	. 3,067	08	2 1	£327
NATIONAL HEART	1,943	0.7	6 8	£665·

The Cost of Out nations Would

Skin Hospital, whose wards have been closed during rebuilding, and the London Skin Hospital, which, owing to lack of funds, has also closed its wards, should likewise, perhaps, be excluded, since the causes stated naturally exaggerate the expenditure on out-patient work.

The figures placed against each of the other hospitals represent a fairly normal state of affairs, and it will be noticed that there are great variations both in the cost per visit and in the total cost of each patient, the highest and lowest figures in the first case being 4d. and 1s. 1d. At the large general hospitals there is less correspondence in the figures than might have been expected, but in some of the special classes of hospitals the correspondence between the figures is often very close. It will be seen that all the figures for all the nerve hospitals are high both as regards the cost of each visit and the cost of each patient. The explanation as regards the latter point is comparatively simple; the patients attend for long periods, and receive also a large supply of medicine, often of a rather expensive character, to last them between their visits. The converse is seen at the Poplar Accident Hospital, where the out-patient list is constituted for the most part by casualty cases who do not often attend more than once. By taking the figures throughout the table the general character of the out-patient work in each case can be roughly gauged by dividing the cost of each visit into the cost of each patient, for this will indicate the average number of times each patient has attended for treatment. Similarly, if it is desired to know the total number of number of times each patient has attended for treatment. Similarly, if it is desired to know the total number of attendances at the institution, this can be ascertained with approximate accuracy by dividing the average cost of each patient into the total cost of the out-patient department, the quotient being the total number of attendances. The estimate will be not perfectly correct, because in stating the cost of each patient in this table decimals of a penny have been excluded, and the figures raised or lowered to the nearest unit on ordinary statisraised or lowered to the nearest unit on ordinary statistical principles.

As this is the first year that most of the hospitals have attempted to make a precise financial division between their in-patient and out-patient work, it would be better not to take this table on a basis for final conclusions, but merely to regard it as offering a strong assurance that in the course of a few years quite an accurate standard for expense of out-patient departments may be established for hospitals of different classes.

#### THE FUTURE OF LONDON HOSPITALS.

THE table headed "Hospital Deficits and Balances," which occupies page 1514 and part of page 1515, is of different character to any of those which have preceded it, and demands special consideration. It might very well have been called "the hospital road to ruin," or "the road to rate-supported institutions." The institutions entered in it are placed in the same order as in the other tables, but in this case is inserted the number of beds available at each of them. This, for those who are not familiar with all the institutions mentioned, will serve as a clue in gauging their comparative size and in some degree their

comparative importance.

The object of this table is to bring into relief an aspect of the general question of hospital enterprise on which little light is thrown by any of the preceding tables, and which possibly is even obscured by them. This aspect is all the more important, because a rough examination of the reports of a great number of provincial hospitals shows that the tale told by the table here published could be told not only of London hospitals but of hospitals throughout the kingdom. Among the various columns in the table one shows the gross receipts of each institution and another its net expenditure. The figures in the latter include only items such as properly can be passed into a revenue account or into an income and expenditure return drawn up in accordance with the rules of the revised system of accounts; hence expenditure on new buildings or on the extinction of old debt is not included in it. The column, therefore, in each case represents merely the actual necessary expenditure of the institution for its maintenance during the year 1907.

On the other hand, the first column in question, headed "Gross Receipts," includes in nearly all instances every pound received by the hospital, whatever the purpose for which it was collected or given. Hence in a large majority of cases these gross receipts include sums not legally available for ordinary expenditure, having been earmarked by their donors as to be invested for the maintenance of beds, or having been collected to pay for new buildings or for the extinction of old debt. Farthermore, in the majority of cases these gross receipts include legacies, and it has long been an axiom that legacies should not be

regarded as income, but as capital.

For these reasons a third column becomes of particular importance, and is headed "Net Income." In this is In this is entered the income of each institution from sources such as those to which, by general consent. all hospitals may rightly look for their revenue year by year. It is this column, therefore, which represents in each case the true income of the institution, and not the column headed "Gross Receipts."

In view of this essential and important difference between true income and gross receipts the table ends with two other columns, one of which shows the apparent position of the hospitals and the other their real position. The apparent position is that in which the hospitals are left when a comparison is made between their gross receipts for the year 1907 and their net expenditure for the same period; and their real position is that which is revealed when their true or net income is compared with

their net expenditure during the same period.

Glancing down these two columns, which are subdivided in each case into surplus and deficit, it will be noted that in a majority of cases they differ very materially. Many hospitals last year were fortunate in the number and amount of legacies they received, and owing to this cir-cumstance they figure in the column headed "Apparent Cumstance they igure in the column headed "Apparent Position" as having in many cases large balances to their credit. When, however, the column headed "Real Position" is examined it will be seen that the great majority of these apparently fortunate institutions had no real surplus, but a deficit, for their net expenditure greatly exceeded their true income.

In addition, it will be noted that at many important institutions even the apparent position is bad, a deficit being shown, and the real position only differs from it in being worse—a greater deficit being entered. Numerically the position is that whereas 50 hospitals out of 67 ended the wear with an apparent belonge of receipts over even different the year with an apparent balance of receipts over expenditure and 17 with an apparent deficit, the real position is just the reverse, the number who ended the year with a balance in hand being only 14, while the number which ended with a deficit was 53.

Nor is the importance of this fact lessened by the amounts of the deficits, for if the figures in the columns headed "Real Position" are totalled it will be found that in round numbers the savings of the fourteen hospitals in the surplus column only amount together to about £5,000, while the deficits of the 53 hospitals in the deficit column total to little short of £190,000.

In considering the import of this figure and the aspect of hospital maintenance which it reveals, it is to be borne in mind that the 68 hospitals comprised in the table are not the only hospitals in London, although they are the best known and the most important, and that, as has already been indicated, the position elsewhere in the country is not materially different. What can be the end of things if 53 hospitals in London alone exceed their income annually by such a vast amount? It is true, of course, that their actual indebtedness is not increasing by exactly the amount of the sums entered as real deficit, since a proportion of the indebted institutions have been able partly to stem the tide by using up legacles. But this is a practice which, though common, has long been held to be wrong even in connexion with hospitals, and of course in any other relation of life it would be regarded as the height of folly to treat as income fortuitous sums received under the wills of decessed persons.

Furthermore, the proportion of institutions which have exceeded not only their real income but have spent more than the whole of their gross receipts is not small; thus we find that even such an institution as St. Bartholomew's Hospital, which, greatly to its disadvantage, has been credited with being enormously rich, has an apparent deficit of some £5,000 and a real deficit of considerably more than that sum, while it seems probable that next year, when increased expense thrown upon it by its new out-patient department has had time to tell, the deficit will be even greater. Among other hospitals which have spent the whole of their gross receipts, and some-thing over, are such important institutions as St. Mary's, the Seamen's Hospital Society, the Temperance, the City Lying-in, and the Hospital for Paralysis and Epilepsy in Maida Vale. Nor, it is to be remembered, in the case of those institutions whose gross receipts compared with their net expenditure show a considerable balance, are such balances really always available for the extinction of ordinary debt. Many of them have recently undertaken large building operations or are about to do so.

Another point of interest in the column headed "Real Position" is the ratio that the deficit bears to the ordinary annual income of institutions. In many cases the proportion is strikingly large. Thus, the London Hospital has exceeded its ordinary income by 25 per cent.; the Middlesex has exceeded its ordinary income by nearly 50 per cent.; St. George's by about 68 per cent.; the Royal Free by about 80 per cent.; University College by about 95 per cent.; and the same kind of remark might be made of many other important institutions, such as King's College, the Consumption Hospital, Brompton, and the Cancer Hospital in the same neighbourhood.

It can hardly be disputed that these facts are full of the gravest omen for the future. It is not as if last year were one of an exceptional character, for, though most hospitals had to complain of a certain falling off in the amount of the annual subscriptions, this shrinkage was generally made up in other ways, and most hospitals received in 1907 quite as much in the way of true income as usual. The fact is that it has become a custom to manage hospitals in a fashion which in no other business manage nospitais in a manion which in no other dusiness relation would be permitted. Hospital managers seem to think it meritorious habitually to exceed their incomes. They make a definite trade of poverty, to such an extent that quite a large proportion of those which ever aucceed in spending less than they have received take the greatest possible pains to conceal this fact from their subscribers in their published returns. Nor does the fact that they are published returns. Nor does the fact that they are habitually in debt year after year seem to many of them any reason for refraining from indulgence in ambitious building schemes and in enlarging their accommodation, thus increasing the calls made on their finances for maintenance purposes. [Indeed, there are several important institutions at the present moment which have sunk in buildings

The Deficits and Balances of London Hospitals.

Name of Hospital.	Nominal Number of Beds.	Gross Receipts.	Net Income.	Net Expenditure,	Apparent	Position.	Real Po	sition.
	Non Nui of E	Receipts.	income.		Surplus.	Deficit.	Surplus.	Deficit
T. BARTHOLOMEW'S	670	71,704	70,679	£ 76,769	£	£ 5,065	# 0	£ 6 <del>,</del> 090
HARING CROSS	150	31,484	17,655	21,549	<b>9,93</b> 5	: O O	0	3,834
OY'S	608	95,370	62,820	64,955	30,415	0	0	2,135
HE LONDON	914	101,584	81,628	101,791	3 0	207	0 .	20,163
ING'S COLLEGE	224	20,200	13,346	21,303	0	1,103	0	7,957
IIDDLESEX	297	31,212	21,680	32,946	, . **y i 0	1,734	0	11,266
OYAL FREE	165	21,917	9,039	16,314	5 <b>,603</b>	. 0	0	7,275
r. George's	350	89,606	26,031	43,027	46,579	. 0	0	16,996
r. Mary's	281	26,238	17,399	28,284	. 0	2,046	0	10,885
T. THOMAS'S	561	76,341	60,681	65,131	11,210	0	0	4,450
INIVERSITY COLLEGE	179	32,556	14,715	28,567	3,989	0	0	13,852
vestminster	213	30,138	20,379	19,956	10,182	0	423	0
VEST LONDON	160	14,947	10,247	13,984	963	0	0	3,737
REAT NORTHERN	167	19.371	14,697	18,127	1,244	0	0	3,430
ETROPOLITAN	113	20,027	11,500	14,653	5,374	0	0	3,153
RINCE OF WALES'S	100	8,688	7,736	7,680	1,008	0,	56	0,100
OPT AP	103	10,577	9,316	9,269	1,308	0	47	0
W. 4. 3. 6 Th No. 10	200	20,123	18,783	22,099	0	1,976	0	3,316
77000 TY 4 5 5	60		6,026	5 915	111	0	111	
OF MICTIFORD	1	6,026		3,952		0	0	10
THE OWNER AND AND	32	6,425	3,940		2,473			7.000
A Astronomy Astro	100	7,469	6,854	10,460	0	2,991	0	3,606
HE GERMAN	60	2,750	2,664	5,120	0	2,370	i	2,456
# 3 M 41 14 . 11 . 기계 40	120	12,156	10,977	11,869	187	0	0	892
HE FRENCH	70	8,032	5,873	4,961	3,071	0	912	0
HE ITALIAN	50	3,210	3,210	2,794	416	0	416	C
REAT ORMOND STREET	360	22,127	14,317	22,171	0	44	0	7,854
HE EVELINA	76	11,072	6,176	6,727	4,515	0	0	551
ADDINGTON GREEN	46	12,754	4,110	4,917	7,807	0	0	837
HE BELGRAVE	38	4,498	3,996	4,554	0	58	0	P58
HE ALEXANDRA	100	4,871	4,871	4,701	170	: O	170	0
HE QUEEN'S	130	13,561	10,339	12 111	1,450	0	0	1,772
ICTORIA	101	14,283	7,927	8,687	5,596	0	0	760
COYAL WATERLOO	46	5,888	5,639	5,512	376	0	127	
BUSVENUK	36	4,135	2,455	2,967	1,168	0	0	512
HELSEA FOR WOMEN	50	6,259	4,376	5.634	625	0	0	1,258
BE NEW	60	7,168	6,938	7,121	37	0	0	183
AMARITAN FREE	51	5 295	4,189	5,040	<b>2</b> 56	, ρ	0	851
OHO FOR WOMEN	60	6 243	5,749	6,263	0	20	0	514
ENERAL LYING-IN	35	5 162	5,162	5,680	. 0	518	0	518
ITY LYING-IN	60	5,234	5,294	6,340	0	1,046	0 11	1,046
ueen chareotte's ,	69	5,778	5,248	6,452	0	674	0	1,204
ritish Lying-in	28	2,828	. (2,818	3,385	0	557	. 0	557
HE NATIONAL, Queen Square	160	20 203	?3,074	15,441	4,762	0	0	2,367
vest end nervous	70	7,814	5,444	7,382	432	0	. 0	1,938
IAIDA VALE PARALYSIS	40	-3,060	2,568	4,042	, 0	992	0 -	1,474
OYAL EYE, Southwark	42	5.820	3 001	4,005	1,817	. 0	0	1,002
COORFIELDS		1.0147,267	10,074	12,729	4,338	0	0	2,655
VESTMINSTER OPHTHALMIC	40	2000 4.332	2,981	2,457	1,875	0	524	j
vestern ophthalmic "	15	37 130 25 635	1,197	1,721	1,666	0	0	524
ENTRAL OPHTHALMIC	26	4,432	1,932	1,953	2,479	0	0	2)
HE GORDON FISTULA	26	2,106	1,938	2,301	0	195	0	363
se. Pefers	32	4,278	7,818	4,718	448	0	0	900
et, mark's fistuga	48	4,692	3,818	4,430	262	0	0	612

The Deficits and Balances of London Hospitals (continued). Real Position. Apparent Position. Nominal Number of Beds. Net Income. Net Expenditure. Gross. Receipts. Deficit. Surplus. £ £ ₹9,285 17,035 32,904 6,381 446 0 15,889 16,112 52 0 220 16,164 0 0 2.920 13.399

Name of Hospital. Surplus. Deficit. £ 15,869 BROMPTON CONSUMPTION 223 MOUNT VERNON 2,771 10,628 THE CITY CHEST 176 16.319 ... 0 1,917 1,358 0 THE ROYAL CHEST ... 4.580 6.297 8) 7,655 222 O 4,819 722 0 5.041 GOLDEN SQUARE THROAT 31 5.541 169 0 0 2.111 3.279 3.448 THE CENTRAL THROAT 24 5,559 0 106 106 1,870 0 THE ROYAL EAR 20 1,764 1,764 0 138 128 0 1.690 1,452 LONDON THROAT 14 1.890 87 0 997 87 0 1.084 THE METROPOLITAN EAR 13 1,084 0 6,731 7.856 BROMPTON CANCER ... 110 23,342 8,755 15,486 **2**52 0 4,702 MIDDLESEX CANCER 5,321 5,069 0 9,771 45 2,446 3 966 6,412 900 0 0 ST. JOHN'S SKIN 40 7.042 15 0 36 1,266 BLACKFRIARS SKIN ... 1.230 10 1.251 175 0 0 1,189 1.014 175 LONDON SKIN ... ... 1,189 8 44 0 7 270 1 280 n NATIONAL ORTHOPAEDIC 7.226 87 8.550 643 O 0 2,916 1,907 3,923 2.273 NATIONAL HEART ...

huge sums which for all practical purposes are at present wasted. The new wards remain closed because the hospital's credit for all but inevitable needs is exhausted, and their managers, rash as they are, do not dare to admit patients to these wards.]

The leading and most successful exponent of this method of hospital administration is the London Hospital, which, thanks to the energy and qualities of the officials whom it is at present fortunate enough to possesss, is able to carry it out with comparative success. is a dangerous game, which obviously cannot be played with anything like the same freedom by other institutions; and even the London Hospital, which in the last ten years or so has added to its liabilities by increase of its beds and multiplying its departments, is not unlikely to find itself in extreme difficulties should its present managers give place in a year or two's time to others less capable of conducting affairs on the present principles.

The net result, therefore, is not only that nearly all hospitals are spending every penny they receive from every source, and for whatever purpose intended, and exceedingly few are adding anything to their invested capital, but the aggregate annual deficit is constantly increasing. It looks, therefore, as if within a measurable number of years a large proportion of the hospitals in the metropolis, and indeed of those throughout the kingdom, will find themselves in the most serious difficulties, being burdened with a hopeless load of debt. In that case the State will certainly step in, and rate supported institutions will take the place of voluntary hospitals. The present position of the London hospitals and the future before them is all the more regrettable because it has not been brought about by any tightening of the public purse strings; on the contrary, the sums received last year, by way of ordinary and extraordinary income, special donations, legacies, and the like, by many institutions were exceedingly large, and, as was shown by Sir Henry Burdett recently, the flow of money towards the hospitals during the past ten years has in no sense slackened.

The exact sums that each institution received in the way of extraordinary income last year will be found on reference to page 1506, but even the table at present under consideration reveals to a considerable extent what large sums the London hospitals have received. Thus, the gross receipts of many hospitals exceeded their net expenditure by very large sums; at Guy's, for instance, by £30,000, and at St. George's by £46,000, and other institutions in proportion. It is in this direction that salvation lies. If all the London hospitals with a deficit on their year's working reduced forthwith their annual expenditure to the sum which they may fairly expect to receive in the way of ordinary income, the surplusage of gross receipts would in most cases and in a few years' time render them comparatively independent.

Such a step would no doubt mean that none of them could indulge in further luxuries in the way of new buildings, and in most cases a greater or lewer number of beds would have to be closed for the time being. This would in many ways be regrettable, but the net outcome would make the step thoroughly justifiable, for each hospital would end its period of restricted work free of debt and with an assured income from investments behind it. This is all the more desirable, because even of the sources of income on which hospitals may rightly depend for their annual maintenance many are of the most fortuitous description, and the probability is that in the early future the income from them will be much less than has hitherto been the case.

#### TAXATION. HOSPITALS AND

A WIDESPREAD belief exists in this country that hospitals are exempt from taxation. The origin of this belief is probably to be traced to the natural feeling that charitable Institutions ought not to be taxed; and this sentiment, coupled with the knowledge that some exemptions are in fact enjoyed by charities, has resulted in a good deal of misapprehension as to the true position of hospitals and similar institutions in relation to the revenue. In this article it is proposed, after some preliminary general observations, to deal separately with the different taxes that directly or indirectly affect hospitals, and to consider the extent of the exemptions from each tax enjoyed by these institutions.

#### PRELIMINARY OBSERVATIONS.

In order to obtain a clear view of the question to be examined, it is necessary to refer briefly to equitable considerations as well as to the strictly legal position. claims of a hospital on grounds of equity to exemption from taxation are the claims of all charities. It is asserted that the property and revenues of charities, being devoted to the relief of the poor, or other philanthropic purposes, and producing no profit to individuals, except those who are themselves the objects of charity, their funds, which are too often insufficient to meet legitimate calls upon them, should not be depleted by the exactions of the taxgatherer. Or, to put the matter more briefly, public institutions which benefit the community generally should be freed from public burdens. On the other hand, the arguments for taxing hospitals are not without weight. These arguments were stated with great force by Mr. Gladstone, in 1863, when he was proposing to charge with