Br Med J: first published as 10.1136/bmj.1.2507.176 on 16 January 1909. Downloaded from http://www.bmj.com/ on 27 April 2024 by guest. Protected by copyright

England and Males.

[FROM OUR SPECIAL CORRESPONDENTS.]

MANCHESTER AND DISTRICT.

HOSPITAL ABUSE.

THE Manchester Medical Review for December, 1908, contains an interesting and valuable paper on the hospital question, which was read by Dr. Arnold W. W. Lea before the Medico-Ethical Association. He found that in Manchester one out of every four of the population received hospital treatment during the year. He accepted the principles laid down by the British Medical Association as to the inability to pay for adequate treatment being the essential consideration for hospital treatment, and that investigation into the circumstances of application into the circumstances of applicati investigation into the circumstances of applicants should be made in all cases. In Manchester the Charity Organization Society carried out such investigations on behalf of the Royal Infirmary, the Salford Hospital, Ancoats Hospital, and the Northern Hospital. In the last year 49,751 cases were investigated, and of these it was found that 2,099 were able to join the provident dispensaries while only 6 were able to pay for medical treatment. During the last five years less than 5 per cent. have been rejected as unfit for hospital treatment. Unfortunately it had not been possible to investigate the cases coming from outside possible to investigate the cases coming from outside towns which were very numerous, and there was little doubt that abuse often occurred among these. The standard of income rendering patients suitable for hospital treatment in Manchester was for single men or women 12s. to 15s. a week, and for married couples 18s. to 21s. with an allowance of 1s. 6d. for each child. The suitability for treatment depended on many foctors and he thought that they ultimate decision many factors, and he thought that the ultimate decision as to the fitness or otherwise must be given by the medical officer after he had been put into possession of the facts of the case. He was afraid that the inquiries made were often very imperfect, and at some of the special hospitals were made with the object of ascertaining how much the patient could afford to contribute to the expenses of the hospital treatment. In certain special hospitals the proportion of the total expenses borne by the patients amounted to almost one-third of the total income, and many of them could not keep their doors open if it were not for the contributions of the patients. He suggested that it was only fair that friendly societies and mutual insurance societies should pay some share in the expenses incurred by their members who receive treatment at hospitals, but so far no satisfactory scheme had been suggested. He saw no reason against the system of pay wards provided sufficient care was taken to limit them to deserving cases, but the suggestion that patients in pay wards should be attended by their own doctor could not be adopted under the present system of hospital management in large towns. The provision of provident hospitals was difficult owing to the great initial expense, but if established by the aid of municipal grants they would be of the greatest value, and could be made available for the use of all the medical men in the district. The essentials for checking hospital abuse he thought were:

1. Efficient inquiry by responsible officials, who should reject all obviously unsuitable cases.
2. In doubtful cases special visits should be made to the patients' homes and the results be recorded on the hospital cards, when the retention or otherwise of the patients should be determined by the medical officers.

3. A subcommittee of the hospital board should investigate.

3. A subcommittee of the hospital board should investigate all cases above a certain wage limit.

4. Patients should be asked to contribute according to their means.

5. Special hospitals should strictly confine themselves to their own line, but he saw no reason why patients should not contribute some portion of the cost of medicine and applica-

In the discussion which followed, it was stated that the question of hospital abuse was very pressing now in the Children's Hospital, where the new out-patient department, only opened eighteen months ago, seemed already too small for the work. To some extent this was due to the large number of school children advised to have tonsils or adenoids removed. Practitioners often refused to do this operation and referred the parents to the hospital, though in many instances they could afford to pay several guineas for the operation. Several speakers dwelt on the difficulty of reform brought about by the fact that practitioners themselves so often sent patients to hospital whose circumstances disqualified them for hospital treatment. The position was summed up by one speaker, who said that less than two-thirds of the amount required yearly were obtained by charitable subscriptions; the rest had to be got on a commercial basis by the payments of patients, so that it came to this: that if the managers of hospitals put down hospital abuse, one-third of the income would disappear and the hospitals could not be carried on.

MEDICAL INSPECTOR OF SCHOOL CHILDREN AT BURY. The Bury Town Council has again had under discussion the salary to be offered to the so called Assistant Medical Officer of Health, whose duties will be really the medical inspection of school children. At the first council meeting, held on December 3rd, 1908, Mr. Alderman Parks, who said he was a member of the British Medical Association, referred to the fact that the advertisement offering a salary of £200 had been refused by the British Medical Journal and the Lancet, and he is reported to have said that if the medical journals boycotted the council it could go elsewhere, and that applications were already coming in. At the council meeting held on January 7th it appeared that only three applications had been received. The minutes of the Health Committee recommended an appointment to be made at £200 a year, and Alderman Greenhalgh in proposing that the recommendation be referred back argued that the salary was inadequate. He said that only three applications had been received owing to the fact that the principal medical journals had refused the advertisements, whilst one of these applicants on being offered the position had declined to accept it at so low a salary. Alderman Ashworth said that £200 was quite sufficient for men who were seeking oppor unities to gain experience, while several speakers objected to any dictation by medical associations as to the amount of the salary. Councillor Turner thought that if they were going to appoint a man at a low salary simply that he might gain experience for positions elsewhere it would do away with the value of the medical inspection of children and would destroy the continuity that was essential to the success of the work. In the end the recommendation of the Health Committee was confirmed, and for the present the salary is to be only £200.

An awkward question has been raised, not only at Bury, but at other places—namely, when a medical man has accepted a position at £200 in opposition to the expressed resolution of the Association, does he deserve the support of the Association if he afterwards asks for an increase to £250? It has several times happened in the Manchester district, where there is a sort of consensus among respectable practitioners that no new clubs shall be accepted below 4s. a head per annum, that a practitioner has been willing to accept a club at even 3s. in order to get an introduction, and in a short time has applied for an increase to 4s. giving as a reason that the medical societies objected to clubs below 4s. The question then arises, Does such a man deserve to be supported by other medical men? Ought he not rather to be informed that if he chooses to act in opposition to the Association in the first place, he must not afterwards expect any support in

applying for an increase in salary?

WALES.

GIFT BY THE CO-OPERATIVE CONGRESS. THE Newport and Monmouthshire Hospital has been pre-

sented by the Co-operative Congress with three dozen bed-tables for the use of patients, each bearing the following inscription:

Blandford Memorial. Presented by the Co-operative Congress at Newport, Mon., on June 8th, 9th, and 10th, 1908, in memory of a fellow worker.

The Blandford Memorial Fund, to which each delegate to the Congress subscribes 1s., maintains a scholarship and also makes a contribution annually to the charities of the district in which the Congress meets.