

England and Wales.

LIVERPOOL MEDICAL INSTITUTION.

A SPECIAL general meeting was held on March 13th to receive the report of the Revision of Laws Committee which had been accepted and approved by the Council. The President, Dr. J. Hill Abram, occupied the chair, and there was a moderate attendance of members. An interesting discussion centred around the use of the word "institution" representing the corporate assembly of members and the building in which they met. This twofold signification gave rise to excursions into the history of the medical profession in Liverpool, the etymology of the word "institution," and the various meanings attached to the word by the *New Oxford Dictionary*. It has been ascertained that the first association of medical men in Liverpool had for its object the formation of a medical library. In 1779 out of this Medical Library Society arose a society called the Liverpool Medical Society, and, as far as the records go, this society was the most important at that period. In 1837, through the untiring efforts of Dr. John Rutter, the Liverpool Medical Institution was erected with the express object of housing the library, the pathological museum, and providing a place for medical men to meet and discuss matters of medical interest. Up to 1840 the word "institution" was used solely to designate the building, and chosen in preference to the word "hall." Owing to friction between the trustees of the building and the associations that used it, an arrangement was made whereby the building was taken over by the united associations, of which the Liverpool Medical Library Society was the most important. It was then the word "institution" received its second meaning, and, incidentally, the term "Liverpool Medical Society" passed into oblivion. It was felt by those who knew and had studied the past medical history that the phrase "Medical Society of Liverpool" might be with advantage substituted and thus preserve the continuity from 1779 down to the present. In so doing, the word "institution" would be confined to its original designation, and the corporate body of members meeting within its precincts be styled the Medical Society of Liverpool. The majority of the members present were averse from change and determined to continue the use of the word "institution" in its twofold signification, leaving the context of the laws to reveal which meaning was the correct one. A new law referring to life members was unanimously adopted. Its object is to free from subscription any associate or member who has completed fifty years of membership of the institution. The clause referring to the ineligibility of persons practising homoeopathy or of those who assume any designation implying special principles or methods in the practice of their profession was unanimously deleted. It was felt that the method of electing members was in itself sufficient to safeguard the objects of the institution.

BIRMINGHAM GENERAL HOSPITAL.

The board of the General Hospital, Birmingham, in consonance with other large hospitals throughout the country, has instituted an Extern Midwifery Department. For those who know the location of the hospital the wisdom of this step will be obvious; for those who do not, it may be said that the hospital is situated on the edge of a very impoverished district, where confinements are necessarily fraught with great risks to mother and child. The limits of the "district" to be served by the new department have been fixed to extend to a radius of a mile and a half from the institution. This will include the worst slum area in the Midlands, and it is felt by the board of the hospital that much good work can be done amongst the overcrowded population it harbours without in any way prejudicing the interests of other bodies or individuals. The department is under the direct control of the honorary obstetric staff of the hospital, under whom are the obstetric house-surgeon, a specially trained sister, and certain nurses—specially selected by the matron—who have completed their full course of general training. To secure the services of the department the patient applies to the registration office of the hospital and pays a nominal registration fee of 15s. This figure is much lower than the fee it would be necessary to pay, in the ordinary way, to engage competent attendance at the confinement, and should be within the scope of many who have hitherto had to rely on unskilled assistance. Not only this: the fee is comprehensive, entitling the patient to

treatment for all complications arising out of pregnancy from the day of registration. Thus a case of too great difficulty to be managed at home would be taken into the hospital, where the confinement could be conducted under safe conditions. Registration early in pregnancy will be encouraged so that ante-natal treatment may be given whenever necessary; it is the aim of the hospital to develop this aspect of the scheme to its fullest extent. In spite of the modesty of the registration fee it is calculated that it should cover the working expenses of the department. During the past decade great advances have been made in private obstetric work, and the certificated midwife of to-day is, as a rule, very competent. Pregnant women also are becoming more aware of the risks associated with their condition, and the grave menace of incompetent help during labour. Thus a favourable reaction is set up which makes for better service. But improvements of this kind do not lessen the cost to the patient, and to the class of people inhabiting the slum covered by this scheme the new Extern Midwifery Department should prove to be of incalculable benefit.

POST-GRADUATE LECTURES AT BIRMINGHAM ON CRIME AND MENTAL DEFECT.

The Faculty of Medicine of the University of Birmingham has arranged another course of post-graduate lectures and demonstrations on crime and punishment. The course will begin on May 7th and end on May 19th. The lecturers will be Dr. W. A. Potts, who will treat of the subject with special reference to mental defect; Dr. Percy Hughes, who will consider it in relation to insanity; and Dr. Hamblin Smith, who will deal with the subject generally. There will be demonstrations at the Barnsley Hall Asylum by Dr. Percy Hughes, at the Mental Deficiency Office and Barr Hall Colony by Dr. Potts, and at H.M. Prison by Dr. Hamblin Smith. The fee for the course is five guineas. Full particulars can be obtained from the Dean of the Medical Faculty, Mr. W. F. Haslam, F.R.C.S., the University, Edmund Street, Birmingham. As will be seen from the advertisement on another page, the course will not be held unless sufficient entries are received.

POOR LAW OFFICERS' REMUNERATION.

The Minister of Health has issued a Circular (382 of March 15th, 1923) to Poor Law authorities dealing with the procedure to be adopted for obtaining the Minister's approval of the remuneration of Poor Law officers. In Circular 223 of 1921 it was laid down that, in the absence of any proposal for an increase in salary, no statement of expenditure need be submitted to the Minister. The present circular emphasizes the fact that the approval of the Minister is no longer required for the appointment of Poor Law officers, unless the proposed remuneration exceeds that already sanctioned for the previous holder of the office, or the person proposed to be appointed lacks one of the qualifications prescribed by the regulations or (in the case of a whole-time office) has had no previous experience in the Poor Law service.

The circular contains no new provision. Its chief interest lies in the following explicit statement of the existing position as regards the security of tenure of Poor Law officers, necessitated, presumably, by the attitude adopted recently by certain authorities with regard to retrenchment:

"... Nothing in this procedure will affect an officer's security of tenure or other conditions of service prescribed either by the Regulations or by the terms of his appointment. It will not, for example, be competent for the authority to dismiss without the consent of the Minister an officer entitled under the Regulations to permanency of tenure. When a salary within the approved limits has been assigned to an officer by a resolution of the authority, it will not be competent for them to reduce such salary without his consent during his legal continuance in office."

THE WILLIAM SHEPHERD HOSPITAL BEQUESTS.

The late Mr. William Shepherd, a builder and large property owner in the City of London, left the residue of his estate to be distributed to London hospitals by his executors; having realized a portion of the estate they have now distributed £96,500 as follows:

£35,000 to Guy's Hospital to finance the erection and completion of the new message department and extension of the nurses' home, to be named "The William Shepherd House."

£25,000 to the Bolingbroke Hospital for the erection and completion of a wing to be named after the testator.

£20,000 to St. Thomas's Hospital for the erection of dining and recreation rooms for nurses in the hospital, the new building having a flat roof to provide a playground for children patients in the wards.

£6,000 to the Belgrave Hospital for Children, for the purpose of continuing the erection and completion of the south wing, which will provide two large additional wards, together with extra accommodation for nurses on the upper floors.

Sums of £1,000 have been apportioned to the following London hospitals for the endowment of beds to perpetuate the memory of the testator: The City of London Hospital for Diseases of the Chest, the Middlesex Hospital, the Hampstead Hospital, Charing Cross Hospital, St. Mary's Hospital, St. George's Hospital, the Evelina Hospital for Children, the Miller General Hospital, the Royal Free Hospital, the Westminster Hospital.

In addition, the sum of £500 has been given to the St. Monica's Hospital.

Mr. H. P. Shepherd, C.C., the testator's son, and one of the executors, has in many cases been appointed a governor of the hospitals to which help has been granted.

Scotland.

A "MAINTENANCE SYSTEM" FOR SCOTTISH HOSPITALS.

SIR GEORGE BEATSON'S pamphlet, *The Scottish Voluntary Hospitals*,¹ is an interesting exposition of a financial proposal for relieving the difficulties of voluntary hospitals, called the "maintenance system" of finance. Sir George regards the abbreviated expression "voluntary hospital" as indicating a hospital that is supported by voluntary contributions, and considers that the definition embodies the elements of gratuitous support and service. These hospitals, he says, are indirectly an outcome of the Poor Laws. The Act of 1601 directed that provision should be made for the sick poor. The management of the infirmaries established and the care bestowed on the sick poor were so lacking in humanity that great public resentment was created; and the growth of human compassion in the eighteenth century led to the establishment of many voluntary hospitals for the necessitous sick poor.

Times, however, have changed. A humanitarian spirit has permeated the official world; Poor Law hospitals have now all that can be desired in the way of equipment, comfort, and skilled treatment, and the voluntary hospitals are now providing for the needs of sections of the community other than the necessitous sick poor. But the managers of voluntary hospitals are trying to meet the increased expenditure due to modern methods of treatment by collecting money for the deserving poor while utilizing the money so collected in giving what is practically indiscriminate charity to members of the community, many of whom are able to pay for treatment. Through these changes an embarrassed position has been brought about in voluntary hospital finance; and this position must be met by a change in the financial arrangements, since voluntary hospitals must be continued for two reasons—first, because they perform a widespread social service, and secondly, because they carry on a great educational work which benefits all classes of society.

Sir George Beatson is of opinion that the following requirements should be met by any new financial system:

1. It should allow for contributions being made by all classes of the community, as all are benefited by the voluntary hospitals.
2. It should continue the present excellent system of voluntary service by the medical staff, unpaid.
3. It should bring in an assured income without the hospital having to depend on recurrent appeals.
4. It should carry with it an element of permanency.
5. It should not open the door for interference with the control of the hospitals, as by any special body of contributors.

He considers that these requirements would be met under an arrangement by which the maintenance of the hospital itself (management, buildings, rent, taxes, salaries, wages, etc.) would be borne by the general public, through charitable gifts, legacies, and so on, while the maintenance of the patients (provisions, drugs, and dressings) would be borne by the patients themselves, either personally or through benefit societies. To this plan he applies the name "Maintenance System."

An analysis is given of the accounts of the Glasgow Royal Infirmary to show that about two-thirds of the annual expenditure is incurred for the maintenance of the hospital itself, and one-third for the maintenance of patients. Sir George Beatson quotes figures to show that in Scotland treatment in hospital for an average of twenty-one days would cost the patient £3 18s. 9d. in surgical cases with operation,

£2 17s. 9d. without operation, and £2 6s. 9d. in medical cases. The hospitals would maintain a certain number of endowed beds for deserving necessitous patients. It is proposed that the maintenance system of finance should be carried out by some scheme of insurance, it being understood that any such insurance must be arranged by the applicants themselves and not by the hospitals, as no hospital should take upon its shoulders the risks of an insurance company. It is suggested that the various "contributory schemes" and the "Hospital Savings Association" should take up this work of insurance, forming themselves into hospital treatment insurance societies, prepared to meet the maintenance charge for their members when in hospital, and abandoning their present propaganda, which seems likely to undermine the voluntary principle in hospitals in various ways. It is recognized that an "income limit" would be necessary for admission, and the hospital authorities would, of course, be the sole judges as to the suitability of a case for treatment in hospital. Sir George Beatson claims the following advantages for the maintenance system of hospital finance:

1. It gives an opportunity for combining public help from charitable subscribers with self-help by the patients themselves, so that all classes will contribute to the support of hospitals, from the existence of which all are benefited.
2. It would do away with the "open-door" principle of admission, and establish relations on a fixed business-like basis between the voluntary hospitals and the working and lower middle classes.
3. It would help to foster thrift, which is distinctly discouraged by the present voluntary hospital system.
4. Under the system there will be no grounds for medical men claiming remuneration for the services they render, because the hospitals will be receiving no payment for treatment. This is qualified in respect of any work carried out for the State or municipality, in which case remuneration for the medical men doing the work would be included in the charges.
5. An assured annual income would be received by the hospital, coming in weekly, monthly, or quarterly as arranged, thus freeing the hospital from embarrassment in meeting its running expenses.
6. The system furnishes no loophole for invasion of, or interference with, the control of the hospital.

Such advantages cannot, Sir George Beatson considers, be claimed for the contributory schemes for employees now being developed, schemes which open the door to "class interference" in the management of hospital affairs, and are not unlikely to lead in the end to State control. Sir George desires that the voluntary hospitals should recognize that their function now is to help a deserving class of the community whose means debar them from obtaining in serious illness modern expensive methods of treatment and nursing, and that the benefits they bestow should be obtainable, except in absolutely necessitous cases, only by those who are prepared to contribute on the principle of self-help.

In his preface Sir George Beatson, who has worked in hospitals for over fifty years, and been on the surgical staff of a hospital with a large medical school for thirty-two years, states, with a touch of dry humour, that he offered to place his views before Lord Cave's Committee, but that the offer was not accepted because only witnesses with experience in hospital matters were desired.

CHARITY IN MEDICINE AN ANACHRONISM.

At the annual meeting of the Odonto-Chirurgical Society of Scotland, held in Edinburgh, a discussion on "The necessity for co-operation between the different branches of the medical profession" was opened in an address by Dr. J. S. Fraser, F.R.C.S.E. The lecturer held that the hope of progress lay in the co-operation of specialists in the different branches. He held that charity in medicine was an anachronism and that patients should be treated because they were human beings and citizens, not because they were poor. Discussing hospital treatment, he pointed out that the middle classes, especially the lower middle classes, were worse off than anybody else. The wealthy classes could afford to go to numerous West End specialists and obtain the opinion of each one upon their cases, though even this was not ideal, because the patient laid most stress upon the symptoms which he thought would be of most interest to the particular specialist he was visiting. On the other hand, the poorest classes had the general hospital to go to. The lower middle classes fell between two stools, because they could not afford numerous private consultations and did not care to go to charitable hospitals. Probably the best solution of all would be to have only one hospital, a general hospital, with paying wards attached to each department, as in America. In Edinburgh there were far too many little nursing homes which were not economic

¹ *The Scottish Voluntary Hospitals: A Financial Reconstruction Scheme*. By Sir George Thomas Beatson, M.D., K.C.B., K.B.E., D.L., Consulting Surgeon, Glasgow Western Infirmary. Glasgow: John Smith and Son. (Med. Rev. pp. vi+18. 6d.)