

secured by strong cross straps, and can be carried across the shoulders like an opera-glass. The outside cover measures 10½ in. in length, 7 in. in width, and 3 in. in depth. We have inspected many of these so-called travelling-cases, but have not seen any so complete, strong, and portable as that above described, and congratulate Dr. Fehrsen on the very practical style of the arrangements.

Correspondence.

"Audi alteram partem."

THE LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—For nearly 140 years the London Hospital has been supposed to be engaged in carrying out a work of great and increasing importance among the sick poor of the East-end, while its reputation, among its vast body of governors, has brought the most difficult and complicated cases to its doors for many years past, and from all parts of the country.

This was the position of the charity in the imagination of the governing body until the publication of your leading articles of the 2nd and 9th instant, since which the committee and all those deeply interested in the welfare of the hospital have been rudely awakened from their pleasing dream, to find themselves not only culpably improvident, but quite unfit to be trusted with the disposal of those vast sums of money which have from time to time been given over to their care.

As an officer of an institution which is supported by a body of governors so large as that representing the corporation of the London Hospital, and which of course contains men of all shades of opinion on questions of public economy, I have no desire to discuss the question whether a public "hospital is," as you assert, "purely a business concern, the function of which should be to distribute just so much relief as is paid for by the public, and no more." If I entertain any opinion on this head, it is probably much in accordance with your own—the only difference between us being that the London Hospital plan of distribution seems to me not only preferable to that indicated by yourself, but alone applicable to our case—viz., we have never allowed the urgent claims of the sick poor to remain unsatisfied, but have distributed relief first, and, trusting to the honesty of our work and its palpable necessity, have gone forward thereafter in faith, and have ultimately received our recompense, and discharged all our obligations.

But the question of discussion rests upon a different basis, when a paragraph such as the following finds a place in the columns of an intelligent and influential journal like THE LANCET:—"If an institution earns the character of spending its money recklessly, the public will get chary of giving to it, and we can hardly think that so many persons would have bequeathed large sums to the London Hospital could they have known that within a short time their legacies would have vanished as completely as last year's snow."

In reply to such remarks I am bound to speak out, and I at once assert that the London Hospital *does not spend its money recklessly*. The remarks which the exhaustive character of your articles may compel me, possibly, to make at greater length than I should myself desire, will have a tendency, I believe, to sustain my refutation of your charge of reckless expenditure; while, as to the spending of legacies as current income, I content myself with acknowledging the bare fact, that with two or three exceptions, such has been the necessary custom during the past thirty years at any rate, and yet the hospital has grown in public estimation more and more for the great work it has accomplished; and I have yet to learn why the money of the living is to be alone used for the benefit of the existing generation, while the property of the dead must be left, as a matter of duty, and in the face of present urgent requirements, to accumulate for generations yet to come.

In reference to your remarks, which I have quoted above, let me cite a fact and an opinion. The fact is simply this—that those great metropolitan hospitals which are possessed

of vast endowments are not instances in support of your suggestion, for they do not owe their position so much to pursuance of the scheme which you propose for the guidance of public hospital committees, as to the fact that they were either, in the first instance, amply endowed, or were established prior to the passing of the Mortmain Act, and by the mere process of time have become rich as a matter almost of necessity, by reason of the natural tendency of landed property in this country to increase in value, and that without the skilful management to which, in able hands, it has been subjected. The opinion is as follows, and it represents the views of, I believe, many of the more enlightened amongst the thinking men of this country—viz., that the accumulation of wealth by public charities is not a thing to be desired, but that, on the contrary, they should remain dependent upon public opinion for public support, and by the pressure of that public opinion, as indicated by the opening or closing of the purse-strings of benevolence, should stand or fall, and should be at least preserved from lapsing into abuses which wealth, so frequently accompanied by extravagance and indolence, has in many unfortunate instances been found to foster in its train.

Much of the severity of your strictures fails of application when I venture to remind you that this hospital has *not* dropped from affluence to poverty by improvident use of its funds. You speak of it "as apparently till recently one of the most flourishing of our London charities." It has never yet been flourishing. It has always been on the very verge of poverty, looking on its resources in comparison with the inevitably increasing claims of each succeeding year. I prefer to deal with periods of personal experience, and I now inform you that for the last thirty years its income from fixed and casual sources, including cash legacies, but of course exclusive of the results of special appeals, has been equal to its expenditure on only eight occasions; and yet so great has been the confidence of the committee in the excellence of their work and in the paramount necessity of doing it that in those thirty years they have deemed it necessary, in the face of deficient annual income, to increase the hospital, not only by the erection of two wings, but by every possible alteration and improvement of existing portions of the fabric, at a cost (roughly estimated) of about £180,000, while the beds have been increased in number from about 380 to 790; and the public, ever ready to recognise a genuine claim, has enabled the charity thus far to hold its own, and sooner or later to pay its debts incurred for inevitable claims throughout the whole arduous period of its existence from 1846 to 1876.

These facts may serve to give you some idea of the magnitude and difficulty of the work done by the committee of the London Hospital—a work which has been spoken of as that of an improvident body, whose reckless extravagance, resulting in sales of stock, "is to blame for an occurrence which is likely to fall heavily upon the necessitous poor of its district."

You speak of the district of the London Hospital as if its area were strictly limited to the seven or eight large parishes by which it is more immediately surrounded. It is doubtless primarily the refuge for the sick poor of the East-end, more especially as regards its out-patients; but in considering the application of its funds it is principally with the in-patients we have to deal, because it is the cost of maintaining wards which constitutes the chief distinction between a hospital and a dispensary; and on looking into the origin of the patients of 1861, one of the years whose figures you quote, I find that although not more than one-eighth of the out-patients came from distant localities, the register of in-patients shows that between 900 and 1000 (or nearly one-fourth) were sent up to us from all parts of the country, for the benefit of that medical and surgical aid which can only be found in great hospitals, and which, except in some large provincial towns, is entirely beyond the reach of the necessitous poor, and even of the moderately well-to-do among the middle classes—those who, when in health, are "passing rich," but whom a sudden calamity, or prolonged disease, condemns not only to relative but absolute poverty.

The statistics of 1871 (another of the years specially referred to by you) I have not been able to deal with as regards the local origin of out-patients; but of the in-patients, numbering 4781, I find that 1271, or more than one-fourth, came from districts beyond your allotted radius; and, considering the increase of railway and other travelling accommodation in the ten years indicated, while the contributors to the funds, entitled to recommend cases, had, in

the same period, increased from about 1850 to 2740, I think we are justified in assuming that the area contributing patients to the London Hospital had been materially enlarged between 1861 and 1871. At the present time, when the governors and subscribers considerably exceed 3000, our sphere of operations may, of course, be presumed to be proportionately still more extensive.

From the figures of the year 1861 you agree by comparison with those of 1871, showing that, while in the former year the hospital relieved 32,000 patients of all classes, or 1 in every 18 of the inhabitants of the East-end, in 1871 the numbers had risen to 71,000, or 1 in every 9. This is an illustration of dealing with figures without due care for their surroundings, for you assert that "in both these years the method of reckoning was the same." No assertion could, however unintentionally, be more incorrect than this, for at the foot of the accounts of 1861 occurs this paragraph in italics: "N.B.—This account is exclusive of all cases of trifling casualty or disease, to many thousands of which annually relief is given at this hospital, but which, requiring no continuous treatment, are never registered." And in the body of the accounts of 1871 you may read as follows:—

Minor casualties	4,985
Diarrhoea cases (numbered daily, but not registered)	22,939
Skin disease, aural, and ophthalmic patients ...	2,769

amounting together to 30,693, and all being cases of a class which, if treated, were not registered in 1861.

The reasons for these additions were as follows:—The minor casualties were registered in order to give us credit for our actual work, and to place our accounts of patients on a level with those published at other hospitals, at which it was found such cases *were* registered as out-patients. The special departments were opened not exclusively for the benefit of the poor of the district, but to provide the necessary instruction for the pupils of the medical college; and the diarrhoea cases, first noted in the cholera year, and still numbered, though not registered, were for some years before and after 1871 included in our list of patients. This last practice, however, has been discontinued, because their cost is too trifling, and (except when the numbers reach between 500 and 600 per day, as in July and August) the trouble connected with them too small to entitle them to a place amongst the out-patients of a public hospital. The question has, indeed, been mooted whether this particular form of medical relief should not, except at seasons when cholera prevails, or is imminent, be altogether suspended; but hitherto the alleged prevention of much ulterior mischief by present treatment, at a cost absolutely nominal, has been allowed, wisely or unwisely, to prevail.

This explanation of details (which, in the main, appear in our statistical reports) disposes of the supposition that, through our agency, "the capacity for receiving hospital aid in East London had doubled itself in ten years."

The elimination of "renewals" from our numbers, which you also place to our *discredit*, was done to meet the assertion that numbers were unfairly increased by reckoning the same person more than once—in other words, as two or more separate individuals.

Your further remarks on the increase of later years may possibly admit of other explanations, but one is probably enough—viz., that while an institution is supported by governors, who require some sort of privilege in return for their donations or subscriptions, it is not unnatural to suppose that, when a charity has a list of contributors amounting in round numbers to more than 3000, and every year increasing, the privilege of hospital treatment will be sought by increasing numbers yearly at the hands of those who find a pleasure in distributing this form of charity. I say nothing here for or against the principle of admission by governors' tickets; I only give you facts. Moreover, you will observe that I have not alluded to the vexed question—"ought public hospitals to take some definite steps to limit the admission of out-patients?" I merely assure you that this question is one of the most anxious which now awaits for definite settlement, and that the best method of dealing with so large a matter has caused us more embarrassment than you are probably disposed to give us credit for.

The large special funds to which you refer as received by the London Hospital in the last few years, about the appropriation of which you are not clear, are, with their disposition, all duly noted in the accounts published in our annual reports, but the following few words may be sufficient by way of explanation. In 1860 a sum of £26,000 was collected to

replace long annuities bequeathed to us, not purchased, and which then expired, and had been of necessity annually spent as dividends, thus simply saving sales of stock. In 1864 it was found necessary to enlarge the hospital, and for this £34,000 were given by the public. In 1866 the public voluntarily gave us £23,000 in acknowledgment of our readiness to receive all cases during the severe epidemic of cholera. In 1872 a special fund of £91,000 was obtained to build the Grocers' Company wing (as specially noted in all advertisements) *to maintain the hospital* during the years when it was decided to make no annual appeal for funds, the charge of the overcrowded wards during the process of enlarging the hospital being for all hands work and responsibility enough. And in 1876 a further sum was obtained to fit and furnish the Grocers' Company's wing, and to defer as long as possible those sales of stock to which we have at various times been compelled ultimately to resort—whenever in fact, as of late, it has been deemed almost hopeless, from the state of trade and other causes, to expect to obtain those more moderate annual sums by the aid of which it has been possible for so many years to maintain the effective existence of this great charity.

You may naturally inquire, Why have the governors thus gone on, in the face of increasing difficulties, enlarging their responsibilities, and trusting more and more to the fortuitous aid of the public, risking (as you not unnaturally put it) the task of having to defend a course of conduct which to you appears to savour of recklessness and prodigality? Simply because the work was pressing on them to be done with ever-increasing urgency, and because those who, from everyday experience, were the best judges of the situation, knew that this charity alone could meet the public difficulty, in the absence of any State provision for such grave and serious maladies as here (except cases admitted for professional instruction) are alone permitted to occupy the beds.

You are yourself waiting, as you say, for some professional report, to enable you to give *your* verdict on the question,—“Could any of our wards be closed?” That verdict is daily and hourly in possession of the authorities here. For many years no cases (accidents excepted) have passed into the wards without the word “urgent” written by the medical or surgical examining officer upon the document, which alone admits them. If that verdict has been in any respects erroneous, the committee are not responsible for the fact. Extreme pressure for beds, even under such extreme restrictions, has been long the accompaniment of our daily life, and the difficulty attendant on managing a hospital thus beset those only can understand who are engaged in its every-day work.

But I am encroaching, doubtless, too much upon your space in the natural endeavour to justify a charity which personal experience tells me ought not to be considered to require justification. Its great work is done because it does not appear how it can be left undone. To use a vulgarism easily comprehended, it does not “tout” for custom; it admits into its wards nothing which it can reject, and it is still barely equal to each day's overwhelming obligations. If the time should ever come, which, indeed, would be a season of calamity to a district not limited by the comparatively narrow bounds of the East-end of London, when the question of closing some of the wards would have to be considered, the reasons which have influenced the committee in deciding upon our various enlargements would fill a prominent place in the area of discussion. You will appreciate the bearing of these remarks from those which follow.

The London Hospital used to be spoken of as “the great accident hospital of the metropolis.” It is still entitled to that distinctive description; but you will readily acknowledge that it is now among the greatest of the medical and surgical emergency hospitals of London, for the following reasons:—1st. The governors, who, year by year, help to maintain it in efficient order, have no privilege beyond the issue of out-patient tickets; their in-patient recommendations, excepting with the guarantee of *urgency*, are worthless—a condition which is generally accepted by them, and recognised as an indication that our treatment of their recommendations represents the truest form of charitable aid; and, secondly, in the thirty years ending 1876, so entirely had the character of our cases altered, that an inquiry, made with a view to control the overcrowding of our wards, elicited these remarkable facts—viz., that while the numbers of accidents and governors' recommended cases admitted year by year continued much the same as in 1845, the cases *admitted for urgency without tickets* had increased on the medical side by 173, and on the surgical by 615 per cent.

In the face of facts like these how could money be laid by or wards be closed? Neither of these was the urgent question of so many anxious years; it was rather to provide accommodation for cases which could not be sent away, at least in numbers affecting in the remotest degree the serious total of distress. The committee decided then, and if I judge them rightly, I believe they will again decide, that they are not directors of a purely mercantile concern, established to provide a dividend wherewith to maintain a limited number of sickly dependants, but trustees, so to speak, appointed by the rich to administer to the necessities of the sick poor, and to do this upon the scale which the requirements of the present time mark out as needful, leaving to their successors the task of providing for the future, as they have, thus far successfully, endeavoured to meet the necessities of the present.

Inquiry will show that the great work of this hospital is done fairly, honestly, and cheaply (of this the committee are prepared with proofs), and that efforts are constantly being made (notably at the present time) to devise means for rejecting or limiting the admission of improper cases, and for lessening numbers, which it is acknowledged have a tendency to increase beyond the capability of treatment—a condition of affairs for which the committee are not responsible, although it may be necessary for them to devise restrictions, the need of which no outside legislation regarding the treatment of the sick poor has yet been able, or seems likely to be able, to obviate.

In conclusion, I venture to express my belief that, had you visited the hospital with a view to make personal inquiries for yourself, your somewhat severe strictures would, I will not say not have been written, because you have doubtless acted from an impression of public duty, but would at least have been materially modified; while, at the same time, you would have given more credit for labours in the cause of charity which are probably without a parallel in this country.

You would probably, also, I believe, have indicated still more strongly than you have done, that the only means of maintaining such labours is (as the committee of the London Hospital are painfully aware) to be found in continuous and pressing appeals to those who, while accumulating wealth through the instrumentality of labour, forget (with some prominent exceptions) that responsibility which accompanies their position—a responsibility which, in the absence of the inquisitorial powers of taxation, no public charity can adequately and tangibly bring home to them.

I am, Sir, your obedient servant,

WM. J. NIXON,

February, 1878.

House Governor, London Hospital.

* * Mr. Nixon will see that if the London Hospital goes on increasing its bed accommodation it will have a yearly increasing need of a larger income, and that sales of stock, amounting in two years to £38,000, must vastly increase the labour and expense of getting that income from the public. If the governors feel that they may reasonably expect to receive yearly from the public a sum sufficient to cover their current expenses, they are justified in continuing their flow of charity undiminished. When, however, they are obliged to sell stock, we think they are bound to consider the advisability of lessening the gratuitous relief. We refer Mr. Nixon to the remarks of Mr. Thomas Brassey, M.P., in another column.—ED. L.

ASSOCIATION OF MUNICIPAL CORPORATIONS, AND CONTAGIOUS DISEASES.

To the Editor of THE LANCET.

SIR,—The above Association has 123 boroughs in union with it, each of which sends to its meeting as deputies either some influential member of the Council, or the Town Clerk, or both. It does good work, and has a power which it can bring to bear very effectively in Parliament. At the meeting held on the 14th inst. at the Westminster Palace Hotel, the following was one of the agenda:—"To consider the desirableness of urging the President of the Local Government Board to give his careful attention to the expediency of providing, by public Bill, powers similar to Section 87 of the Bolton Improvement Act, 1877, requiring information to

be given to local authorities by medical practitioners and others of infectious or contagious disease."

The Section 87 thus referred to is a long one, and provides in Clause 1 that the occupier or manager of any building in which a case of infectious disease exists shall notify the same to the Corporation. Clause 2 provides that an inmate shall give notice as early as possible to the occupier if he suffer from such disease. Clause 3 provides for the supply to medical practitioners of forms for declaration of the existence of such disease. Clause 4 I give *in extenso*:—"Every medical practitioner attending on or called in to visit such inmate shall, on becoming aware that such inmate is suffering from any such disease as aforesaid, forthwith fill up, sign, and send to the Corporation, at the Town Hall, a certificate or declaration stating, according to the forms prescribed and supplied to him by the Corporation, the name of such inmate, the situation of such building, and the name of such occupier or person, and the nature of the disease from which such inmate is suffering." Clause 5 provides that the Corporation shall pay to the medical practitioner for each certificate two shillings and sixpence. Every offence against this enactment (except done in ignorance) incurs a penalty not exceeding ten pounds. To the essence of this enactment—i. e., the immediate reporting to a sanitary authority of every case of infectious disease—no medical man, I take it, would object; but to the legalising that this duty should be devolved upon the medical practitioner, either in addition to or instead of the head of the family or institution where such case exists, many would be found to object.

It is asserted that if Clause 4 were the general law of the land no odium would attach to medical men for complying with it. This I would venture to say is doubtful. The ignorant and the interested, whether amongst the poor or well-to-do, who either dislike to have their sick relatives removed to hospital or who desire to conceal the fact of a case of infectious disease having occurred on their premises—as schools, lodging-houses (whether in towns or at the coast), hotels, &c.,—would not infrequently harass the doctor by persuasions to avoid his duty; and if, as would mostly happen, he resisted such efforts, the result would be a loss of income and a gain of ill-will. For the foregoing reasons, and because I thought it unfair to urge upon the President of the Local Government Board without in some way ascertaining the feeling of the profession upon which the burden was to be laid, I objected to the terms of the memorial proposed for presentation, and succeeded in having inserted the words "subject to such alterations in details as the Government may approve."

I read with great pleasure the following remarks of Mr. Selater-Booth when the memorial was presented to him:—"With regard to information to be given by medical practitioners in cases of contagious diseases, that subject was not altogether a new one, because it was discussed in the committee on the Public Health Act of 1875, at which time he did not observe any disposition on the part of the Government to place these obligations either on occupiers or medical practitioners. Nothing of this kind could be done which was not in accordance with the views of the great heads and authorities regulating the medical profession." One gentleman at the Association meeting stated that he had written to Bolton to ask how this Section 87 worked, and was informed in reply that it did not work satisfactorily. Another stated that in his borough, when it was attempted to enact a similar provision, the whole body of medical men protested against it, and the intention was abandoned.

My object in troubling you with this letter is twofold. 1st. Admitting the urgent necessity of a fair and practical method of developing the principle of Section 87 of the Bolton Act, I am anxious to secure the publicity of your widely-read journal to suggest that the scheme should emanate from our own profession, within which all sanitary science has had its birth. 2nd. To suggest that a Parliamentary Committee should be formed in connexion with our medical associations to watch legislation as it affects our profession, and which might ask for a conference of deputies on the same principle as the Association of Municipal Corporations.

I am, Sir, your obedient servant,

FRANCIS H. WALMSLEY,

Mayor of Salford,

Surgeon to Salford Royal Hospital.

Feb. 18th, 1878.