

that large class who at present abuse the hospitals for their own purposes, will find that they must perforce amend their ways, and cease to appropriate accommodation and benefits which are intended, and should be reserved, for the poor and the deserving. These are great results, and they can be accomplished not only without lessening a single bed which is at present available for the poor, but they will undoubtedly result in increasing the amount of accommodation which the weak, the friendless, the suffering, and the absolutely poor will have placed at their disposal. For these reasons, whilst a stern opponent of the alienation of a single bed from the use of the absolutely poor, for whom it was intended, I am of opinion that it is better for the endowed hospitals to keep their buildings in order and to maintain their wards in efficiency by the admission of paying patients, rather than to close such wards and to let the buildings fall into disrepair, as they most certainly would do if unoccupied, when funds are not forthcoming to maintain them. But the admission of paying patients to endowed hospitals must be regulated by the state of the finances, and the moment funds are forthcoming the paying patients must be refused admission in order to provide the maximum of accommodation for the treatment of the deserving poor.

Such, Sir, are the views not only of myself, but of an increasing number of hospital managers, as well as of a large number of the people. This knowledge forces me to conclude that the question of admission of paying patients to existing hospitals presses for solution. Either the existing hospitals must provide accommodation for paying patients, or a new system of hospitals will eventually have to be opened not only in London, but in every large town throughout the country.

THE LANCET is regarded by laymen as especially representing the views of the medical profession on this and other questions. It is for this reason that I am anxious you should give some distinct expression upon the principle of admitting paying patients to the existing hospitals. If you state it is not permissible for the hospital authorities to grant admission to paying patients to any of the buildings under their control, then it will be necessary to have separate hospitals for this class of patients in every large town in England. Such a course would entail the expenditure of a large sum of money on additional buildings, would greatly increase the outlay on management, and would further prevent existing hospital authorities from encouraging those principles of thrift amongst the patients which should constitute the basis of all medical relief. For these reasons I hope you will agree with me that the principle of admitting paying patients to voluntary hospitals is a sound one, provided they are treated in separate wards or wings under the conditions I have already stated.

I am, Sir, yours faithfully,

HENRY C. BURDETT.

Gloucester-road, Regent's-park, June 14th, 1884.

* * We publish Mr. Burdett's letter on the principle of *audi alteram partem*. At the same time his arguments in favour of admitting paying patients into our voluntary hospitals have not in any way altered our views. Our noble charities were intended to be supported by voluntary subscriptions from the wealthy, and for the treatment of the destitute poor in sickness. They were never meant to become commercial enterprises. If we are to have institutions in which patients can be received by payment, they should, in our opinion, be perfectly separate from our hospitals. We fear that the agitation now being carried on for the purpose of converting hospitals into paying establishments is influencing injuriously the benefactors of our charities, and diverting subscriptions which would otherwise be devoted to the augmentation of their funds.—ED. L.

"VOLUNTEER MEDICAL ORGANISATION."

To the Editor of THE LANCET.

SIR,—In the remarks of your correspondent respecting the ambulance movement, I find that he has erred in respect of the intention of such training in the militia and volunteer branches of the army. By the late War Office circular (May, 1884), it is ordered that ambulance instruction may be given throughout the whole army, to regular as well as to

auxiliary forces, but that in the militia and volunteer branches two men of the rank and file per company may be detailed for such ambulance work. Consequently, it cannot happen that either colour-sergeants, sergeants, or any superior non-commissioned officer can be detailed to wear the badge. As corporals are in the ranks, they may be chosen with others, and the bearer company of any regiment will then be prepared to take the field as such; and it would not occur in the event of an engagement that the men wearing the Geneva badge would fall out of the ranks during action, and so abuse the neutrality of the same; they would be in the field as bearers, and as such would be non-combatant. Of course, the instruction can be given to all ranks, officers, non-commissioned officers, and men, as is allowed by the War Office circular alluded to, but no medical officer would think of asking any commanding officer to detail his non-commissioned officers for this work, however skilled or efficient they might be. In my own corps I have instructed officers, staff-sergeants, colour-sergeants, corporals, and sappers, but only from the rank and file have I nominated, and my commanding officer appointed (Vol. Reg., sec. 16, p. 486), the bearers of my corps, who parade as such when ordered, and accompany the battalion prepared with stretchers and appliances. Your correspondent has evidently confounded the class with the bearers, which latter alone would be entitled to the neutrality of the Geneva badge. Of course such an elementary medical service would not answer all the needs of war, but it would afford assistance of first aid to the wounded by which many lives might be saved, under guidance of the regimental medical officer, leaving the after-treatment to be given by the proposed Volunteer Medical Association, the establishment of which is so strongly advocated by Surgeon-Major Evatt, Army Medical Department. Such an Association need in no way be at variance with the volunteer medical officers, nor with the present Volunteer Ambulance Department, which is gradually expanding and being recognised as part of the *matériel* of each regiment by the War Office and the respective commanding officers. The volunteer medical service, as now sanctioned, would thus supplement, if not complete, what the Volunteer Medical Association seeks to perfect.

I am, Sir, yours faithfully,

M. BAINES, M.D.,

Surgeon-Major 1st Mid. Eng. Volunteers.
Headquarters, College-street, S.W., June, 1884.

HOSPITAL FOR SOLDIERS' WIVES, ALDERSHOT.

To the Editor of THE LANCET.

SIR,—I have much pleasure in forwarding to you an account of the work done in the above-named hospital since November, 1866, when the hospital was placed upon its present footing and supplied with its present staff of nursing sisters. During that period the hospital has been in charge successively of four medical officers and (with one exception of a nurse invalided last year) the matron, Sister Faith, and the other nurses have remained attached to the hospital up to the present time. In addition to the cases of parturition, of which I furnish the particulars, the hospital is open to all wives and children of soldiers suffering from acute or serious diseases.

The total number of women delivered was 4732; of these 1206 were primiparæ. There were 227 stillbirths, 56 cases of twins, and one case of triplets. The total number of deaths was 33, or 69 per cent. Presentations: Occiput, 4450; face, 26; hand and foot, 1; hand and head, 67; hand and shoulder, 4; head and funis, 9; hand and funis, 1; breech, 72; foot, 49. Causes of death: Bronchitis, 2; erysipelas, 1; septicæmia, 6; diarrhoea, 2; metritis, 4; placenta prævia, 2; post-partum hæmorrhage, 2; convulsions, 2; after craniotomy, 2; other causes, 7; scarlet fever, 3. The forceps were used fifty-eight times, followed by death in three cases; one had convulsions and post-partum hæmorrhage. One was a case of twins, of which one was delivered by craniotomy, and one by the forceps, followed by flooding. The third died from exhaustion.

We have at present a sequence of 530 cases, extending over a period of more than two years, without a death. During the latter half of the whole period there has been a marked diminution in cases of mal-presentation, as well as of acci