

Annotations.

PAYING PATIENTS IN FEVER HOSPITALS.

An important step was taken at the last meeting of the Metropolitan Asylums Board, when Mr. J. T. Helby, chairman of the Works Committee, moved: "That application be made to the Local Government Board for their authority to admit paying patients to the Board's fever hospitals and imbecile asylums." Mr. Helby said that the necessity for such an arrangement had been forced upon him in the course of a recent visit to one of the hospital ships, where he heard patients, probably fresh from prison, using most foul language, to which respectable persons in adjacent beds were compelled to listen.

We agree that it is intolerable that respectable patients should be compelled to listen to the language described, but surely the cure is not to be found in requiring them to pay in order to avoid it. This would be very hard upon many working-class patients. The obvious remedy is to maintain stricter discipline in the wards, not to reserve the free wards for the use of patients who indulge in foul language. Nurses working in well-managed general hospitals seldom hear a bad word uttered, and the patients are drawn from much the same classes as those admitted to our Metropolitan Fever Hospitals. In the case of an incorrigible or delirious patient the course to adopt is the isolation of the offender. We are glad to note that Mr. Elliott, while agreeing in principle with Mr. Helby, pointed out that respectable working men and women should be protected from objectionable patients as well as those who could afford to pay. Ultimately it was resolved to apply to the Local Government Board for permission to create three classes of patients.

JUSTICE TO MEDICAL WOMEN.

One of the most interesting addresses in connection with the re-opening of the Medical Schools was given to the students of the London School of Medicine for Women by Mr. Charles Burt, chairman of the Board of Management of the Royal Free Hospital, who, referring to the question of the position of women in professional and public work, said the school itself was a splendid witness to the progress of women in their endeavour to free themselves from obstructive conventional conditions in the struggle for honourable and useful labour. He then proceeded to relate how every year proved the value of such a school, and how hospitals,

asylums, and infirmaries were slowly affording opportunities to women to obtain the experience which was necessary for success in the higher departments of medicine. It is satisfactory to learn from its chairman that the action of the Royal Free Hospital in appointing two women as resident medical officers has been entirely satisfactory, and that further developments in this direction are contemplated. Also that the Council of the London Obstetrical Society has resolved to admit medical women to its fellowship. Mr. Burt also expressed the hope, which many will share, that the Royal Colleges of Physicians and Surgeons would soon do justice to women and admit them to their degrees and honours.

NO PAUPER TAINT.

A point of some importance was recently raised by a correspondent in a contemporary, who deprecated the use of the name "new workhouse infirmary" in connection with our Poor Law hospitals. In building new infirmaries they are usually separated from the workhouses, for two reasons: (1) to end the dual control which is so frequently a cause of friction, and (2) from consideration for the feelings of the respectable artisan classes, who in health are self-supporting, and who naturally shrink when ill from entering institutions to which the stigma of pauperism is attached, the result being that they frequently do not come under observation and treatment at an early and curable stage of their diseases. This is greatly to be regretted, and it is becoming increasingly evident that this class of persons should not incur the pauper taint because they enter a Poor Law institution when sick.

We think that it is quite time for the word "workhouse" to be eliminated from the name of our rate-supported hospitals. In London it is easy to call them after the parishes with which they are connected, as in the case of the Marylebone Infirmary. In the country, where the general hospitals, supported by voluntary contributions, still retain the name of infirmary, as in Liverpool, Manchester, Sheffield, Chichester, Salisbury, and other large towns, this procedure might be somewhat confusing. But the difficulty could be got over by the general adoption of the name of hospital by those institutions which are supported by charitable subscriptions, thus leaving the title of infirmary for our rate-supported hospitals. It is time for some such classification to be adopted by common consent.

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