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## Editorial.

### THE ABUSE OF HOSPITALS.

The question of hospital abuse which from time to time is raised is unquestionably a complicated one. Does abuse exist if a hospital is used by anyone who is not of the labouring and artisan classes? If so, then we must face the fact that for a large number of people between the working and the wealthy classes, amongst whom must be reckoned some of the most self-respecting, self-supporting, and hard-working members of the nation, the highest surgical skill and trained nursing care are absolutely unattainable. If a skilled artisan, earning £2 a week or over, has an attack, we will say, of appendicitis, he can go into a hospital, and, if an operation is necessary, the highest surgical skill in the Metropolis is employed on his behalf, the best of nursing care is given him, while not only is board and lodging provided free for him, but all the heavy expenses inseparable from a serious illness are also borne by the institution. For the professional man, with an income of, say, £300 a year, it is otherwise; a third or even a half of his entire income will be probably absorbed in defraying the necessary expenses, including the surgeon's and nurses' fees and the incidental expenses, and we are of opinion that no abuse can be said to exist if hospital authorities consider cases of this kind on their merits, and liberally extend the benefits of the institution to those who are able to afford to pay a doctor's fees in a case of ordinary illness. Moreover, the American system should be adopted of providing wards for paying patients who might be attended by their own medical men.

Nevertheless, the net result of better hospital care, of the establishment of nursing homes, of the isolation in hospitals of infectious cases, of the increasing number of qualified midwives, and of the overcrowding of the medical profession, is that the practice of medicine affords an increasingly precarious means of livelihood.

Thus the effect of the near neighbourhood of a large general hospital has been keenly felt in the East-end, and the East-end Medical Practitioners' Association has been engaged in a lengthy correspondence with the authorities of the London Hospital, whom they charge with admitting—both in- and out-patients—persons who have no claim to gratuitous treatment. In this connection it must be remembered that in the neighbourhood advice, with medicine, can be obtained for as low a charge as sixpence. The Committee have expressed their entire sympathy with the local practitioners, and have framed regulations with the object of checking abuse. These provide that the books containing the addresses of patients shall be open to the inspection of any local practitioner who cares to inspect them, and local practitioners are further invited to visit the out-patient department and on recognising any patient known as being unsuitable for hospital treatment to communicate with the Secretary.

The offer made to the local practitioners has failed to commend itself to them; they regard the suggestion that they should visit the hospital and detect ineligible patients as tantamount to an insult, and say that they are not at liberty to play the part of private detectives for the Committee. It is further urged that even were they to consent to so scandalously unprofessional a course the arrangement would be of no benefit to them; that, apart from playing the spy, they have often pointed out that the hospital had inmates who were quite well-to-do, but when the authorities had satisfied themselves of the truth of this statement the cases were not discharged, in which event they would have returned to their legitimate medical advisers, but they were pressed to give a donation to the hospital, a donation often larger than the fee of a private doctor in the district would be. Again, it is asserted that the suggestion ignores the position which a doctor holds to his patients, and that if one ventured on such a course the result would be to ruin his practice. Exception is also taken

[previous page](#)

[next page](#)