

The International Congress of Nurses.

SUMMARY OF SESSION ON THE ADMINISTRATION OF HOSPITALS.

THE BRITISH AND AMERICAN SYSTEMS; WHERE THEY DIFFER.

These Sessional summaries must necessarily be very brief, as I intend to touch only on the great underlying principles and their results in the management of hospitals in Great Britain and the United States of America.

In Great Britain we divide hospitals for the sick into two categories, namely, the voluntary hospitals, founded and supported by the donations of the charitable, and those supported out of the rates, administered by the Local Government Board, and which pauperise those persons who become inmates. Of late years there have also been organised in every city of note small private Home Hospitals for the use of people of ample means, who can pay profitable fees for medical and nursing treatment.

We have thus provided for the skilled treatment of the indigent poor, the artisan, and persons of some degree of wealth, but we have, in a marked degree, omitted to place the highest skilled medical and nursing hospital treatment within the means of the great self-supporting and self-respecting middle class, including, as it does, the most laborious, respectable, and deserving people in the Kingdom.

In the United States hospitals are divided, 1st, into City institutions, largely supported by the Commonwealth, and governed by a small Board of Trustees, which cares for the poor without pauperising them, but which also receive in paying wards and private rooms persons of all classes who pay according to their means, and, 2nd, magnificent institutions (marble palaces we delegates call them) founded by private munificence and managed by a nominated governing body, which admit a limited number of non-paying inmates, those who can afford to pay a dollar a day in general wards, and which have attached a block, or floors set apart, of single rooms and suites for private paying patients, the prices charged ranging from fourteen dollars a week for a single room to one hundred and twenty dollars a week for suites, including two airy bedrooms, with bath-room attached. Thus it will be seen that the practical American hospital manager has so organised the hospital system in the States that it meets the means of every class, and in so doing provides for the comfort of every person, apart

altogether from class consideration. One fact we must keep in mind. There is no Poor Law in America, because there are few indigent persons, as compared with European populations, and the large majority of dependent persons are composed of foreigners segregated in districts where they can be overlooked, so that our terrible problem of how to care for hundreds of sick, drink-sodden, pauper loafers—a terrible blot on our national life—has yet not to be considered in the States. The City hospitals, few in number, meet the limited needs of what we call the pauper class.

Secondly, the habits of the average American are largely influenced by the almighty dollar; he is a poor man one day, living sparsely, and in great simplicity, and to-morrow is a millionaire enjoying all the good things the gods may give—as if to the manner born—so that one realises that it is not the class habits and customs of generations which guide his needs, but just whether he can pay for a comfort and luxury or no,—a latent sense of the fitness of things, and appreciation of the best, seems inherent in the born American,—thus the power of the dollar receives due consideration in hospital administration. To be thoroughly successful such administration must meet the needs not of all classes, but of all purses. The American is eminently a practical person, and the Pay Patient system is the natural outcome of his utilitarianism in hospital management.

“What, do you mean to tell me,” he will exclaim, “that because I can pay for it, I am, in consequence, ineligible for treatment in your splendid general hospitals, with medical schools attached, that only the poor and unsuccessful man is able to avail himself of treatment in your best managed hospitals in England. Say, do you consider that fair? Seems to me a premium on failure, and we have no exclusive use for failures on this side. Sickness is, after all, the grand old equaliser, and the hospital should provide for Dives as well as Lazarus.”

Political influence in the management of State supported hospitals in the States has been the cause of corruption and inefficiency in not a few, but each year corrupt management is becoming more distasteful to the community, and a higher sense of municipal responsibility, which is becoming every day more apparent, will soon prove an antidote to sharp practice in public offices.

The humane spirit which, in the past, inspired our splendid voluntary hospital system in Great Britain, is gradually influencing thousands of workers for the common weal in America, but whilst adopting what of good we have to teach, the American will never willingly pauperise the

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