

Co-operative Hospitals.

Co-operation should be the key-note of the twentieth century, and it seems to me that skilfully piloted co-operation will solve the problem of hospitals for that section of our better class population who can neither afford the most skilled medical or surgical treatment in their own homes, nor in those nursing homes so greatly on the increase in our larger towns. These latter are costly affairs, and make the "undergoing an operation" a heavy burden on the small income of many a poor, but proud household. Yes, there is a great deal of proper pride in our midst, a pride which cannot brook the humiliation of even a half-charity such as—"My usual fee is one hundred guineas, but in consideration of your circumstances, I will perform the operation for——"; perhaps two-thirds or half of that sum. Even at this reduced rate the affair, including a nursing home, or a nurse at home for several weeks, makes a fearsome hole in the small income, crippling the individual invalid, or his family, or both, seriously. Nor must another important section be forgotten, consisting of those who live in boarding houses or furnished lodgings.

It is for this large class of people with small incomes, belonging mind you, to several different grades of society, that paying hospitals, and, as I maintain, on a co-operative plan, are sadly wanted.

Why should not the scheme be launched by a voluntary tax per head, or per household per annum? Or by a donation commuting an annual payment? This tax, as in the case of many funds already in existence, such as the Artist's Fund for example, would entitle the payer to medical and surgical attendance in illness, either at home or in a hospital belonging to the Society or the Fund, or whatever the scheme is called.

It is impossible to go into details, here and now, as to the working of such a scheme. For it is obvious that this would grow, as the Fund grew. In fact, I see in the near future paying hospitals absolutely self-supporting, established in the length and breadth of our land, answering to an ever growing need, for it is really monstrous that while the very poor and the very rich receive with such ease the highest medical and surgical skill in their illness, the vast mass of people of moderate means either go without it, or procure it by a painful crippling of their income or capital, or receive it as an almsdeed! We, namely, this large portion of the community are willing, nay, intend to pay as we are able, and by dint of co-opera-

tion we can afford to pay their proper fee to both doctor and nurse in our illness.

We might begin with small things. The Co-operative Society might begin by using what already exists—the paying wards in some of our large hospitals, for instance. Then, as funds increase, new hospitals can be built in town and country which would more exactly meet the requirements of the hospital-tax-payers. This Co-operative Hospital Society ought soon to put an end to the frequent use of our charitable hospitals by those who can afford to pay something towards the heavy expenses of illness. For I would have at least two scales of payment in these new hospitals. Patients in wards containing two or more beds would pay less than those who are in single-bed wards. Roughly speaking, the highest scale of patients' fees to include all expenses, even laundry, should not exceed a sum of from four to five guineas a week; this sum might descend to even two guineas a week for the least good accommodation provided in the hospital.

There should be no difficulty in making a hospital of this kind containing, say, a hundred beds, absolutely self-supporting. Let me instance the International Hospital at Naples, which is practically self-supporting, though it is on a much smaller scale, and often not nearly full of patients. I call it practically self-supporting as the subscriptions it receives are chiefly from those who make use of the hospital on occasion. These co-operative hospitals of the future in England would probably not often have more than two or three empty beds at any time. They should have visiting doctors, a house surgeon, and a house physician, all these to be paid for their services.

The day has long gone by when it was considered passing strange for sickness, except in the case of the very poor, to be treated anywhere but at home, or, at any rate, in a private house. Nursing homes have gradually done away with that feeling. But nursing homes, as I have already remarked, do not meet the needs of a large majority of our sick. No, we want self-supporting hospitals, and plenty of them. Of Free Hospitals, of alms-giving, there is enough and to spare in our midst; but of healthy co-operation far too little. No doubt there are many obstacles in the way of such a scheme. But no great undertaking is ever easy, and difficulties should give a healthy zest to the enterprise. The working class has already set us an example with its club doctor; let us improve on this plan, and let us have not only club doctors, but club hospitals.

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