

in health and of the greatest value to the community." This definition "excludes those who can pay for these advantages, and it also excludes the homeless, friendless, and workless, who ought to be referred to the relieving officer. It seems that these last have reached that low level at which they can claim the relief of the ratepayer." Asked by the Chairman (Lord George Hamilton) whether, supposing it became necessary to remove the London Hospital, people who are now getting relief there would go to the Poor Law Infirmary in the neighbourhood, Mr. Holland replied they would not; they would try to go to other hospitals at a distance; they would not go to the Poor Law unless compelled.

PATIENTS NOT TREATED THE SAME.

"A Poor Law Infirmary," he said, "does not treat patients the same; it is not educational; the work is not scientific; there is not the same scope for operating. It is altogether run on a different line."

Asked by the Chairman whether, in the case of a populous part of London like Camberwell, where there was no hospital, but a very good infirmary, whether that infirmary would not be taking a good many of the cases, he replied: "I should say certainly not. I think if you went to Camberwell and asked where the people went to, you would find they probably came up to the London Hospital or St. Thomas's or Guy's."

In reply to a further question, Mr. Holland said: "You cannot get a man to go to a relieving officer and be put in a dock and questioned as they are questioned up hill and down dale, to receive charitable relief, reluctantly given, and be treated as if he were a thief in asking for it. This system will never become popular in England. When they come to the hospital we do try and show a little love and sympathy to them; I am not talking cant, but speaking of what I try to do. The treatment is altogether different."

In regard to the hospital, Mr. Holland said a patient "knows he will be treated with very great sympathy and kindness there." "The object of the Poor Law is to do as little as possible for a person and do it as reluctantly as possible. That is the spirit I always saw; I may be wrong. The object of the hospital is to do as much as possible; we are there to try and relieve misery. The Poor Law people are not there for that; they are there because they do not want the scandal of corpses lying about the street. That is putting it baldly, and, of course, there are plenty of exceptions."

SUBVENTION FROM PUBLIC FUNDS.

In regard to subvention of voluntary hospitals from public funds, Mr. Holland said:—

"The difficulty about subvention from public funds is that in this country we always think that taxation means representation, and it would be perfectly fatal, I am certain, to have on the management of the hospitals representatives of the Boards of Guardians and that sort of people; that would take away from the pleasure of the work, I am sure. I should not a bit mind Local Government inspectors coming down and seeing us."

Later in his evidence, Mr. Holland said:— "I do not know whether other hospitals would. You know the jealousy of the Local Government Board inspectors coming down. They are generally an extremely wooden-headed lot; they will not move. I know some of the best of them, and their ideas on nursing are rather archaic; you cannot get a thing done; they will not move; they listen to nobody outside."

Later Dr. Downes suggested: "Your reference to the structure of the head of a Local Government Board Inspector, I think, is simply your way of saying we differ on certain points as to nursing?" to which Mr. Holland replied: "That is all; I admit it."

POOR PAYING PATIENTS.

Questioned as to whether patients who contributed according to their means felt superior to and objected to being mixed up with those who did not pay, Mr. Holland said there was no feeling at all of that kind. Mr. Morris added: "At St. Thomas's Hospital a patient who is able pays a guinea a week, and he is called a 'P. P. P.,' poor paying patient, which is put up over his bed."

TRAINING AND SUPPLY OF NURSES AT THE LONDON.

Questioned by Sir Henry Robinson as to the period of training of nurses at the London Hospital, Mr. Holland replied that they trained for two years, and then gave two years in return for their training. "In many hospitals," he said, "they charge the nurses a premium when they join; we do not charge a premium, and not only do we not charge a premium, but we pay them from the first moment they come in. We give them six weeks' preliminary training at a training home, then they come to the hospital, and they get paid from the day they come to the hospital. At the end of the two years, in return for the pay, food, and training we give them, they serve the hospital another two years in any capacity we put them in. That may be as a Sister, Staff Nurse, or on our private staff, *i.e.*, those who nurse private cases; if they do that, their fees go to the hospital. They sign an agreement for four years. During the last two years their pay is very much increased, and any private nurse staying with us till she is 45, who has given

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