

The principal groups affected are patients, the families and friends of patients, and the public at large. If we include under social management such varied problems as the service due to applicants for treatment to whom admission is denied; the accommodation of guests who are not patients; the disposition of complaints; the proportionate allotment of beds to free, part-paying and paying patients; the determination of dispensary fees, their graduation and remission; the regulation of professional fees in wards and private rooms; the restoration of the mental and physical vigour and occupational efficiency of convalescents through the provision of day rooms, patients' libraries, or occupational re-education; educational publicity, or the means by which the hospital informs the public of the scope and value of its activities, thus influencing each section of the public to contribute hospital support in proportion to its means—if we include all of these varied activities under a single head, the reader may ask just what quality or characteristic they have in common. The answer is that each topic has a definite social significance and that the hospital's attitude toward all of them should be determined by the single principle of social justice. Conventional hospital organisation provides for medical administration, nursing administration, business administration, domestic management, &c., but has not hitherto given to social management the distinctive place to which it is entitled.

In the hospital practice of the day the subjects which call for social management are treated as odds and ends which do not require systematic attention. The hospital which seriously endeavours to do justice to its rejected applicants is exceptional. Exceptional, too, is the hospital which bases its dispensary fees upon a thorough investigation of the resources and requirements of its dispensary *clientele*. In place of an honest attempt to do justice to the dispensary patient, the average hospital adopts in its out-patient department the fee schedule that is traditional in the community, modifying this, perhaps, to meet pressing financial needs, but doing so without much regard to the fundamental merits of the case. Throughout the list, the same tendency to the neglect or haphazard adjustment of important issues prevails. Such a notable community effort as the current Cleveland survey of medical needs and resources is but the exception that proves the rule.

If I were asked how to remedy the present situation, I could only make the conventional recommendation that a committee be appointed. The hospital which realises that the questions enumerated have a common ethical background, which is the first to name a standing committee to deal with them vigorously, ethically and continuously, will presently emerge from the indistinguishable crowd, and will win for itself a name for exceptional achievement in the sphere of social justice.

S. S. GOLDWATER, M.D.  
In *The Modern Hospital*.

## ANCILLARY WORK TO OUR MEDICAL SERVICE IN FRANCE.

I wonder how many people know of the work for the relatives of sick and wounded carried on in France during the war. I cannot give statistics of it—besides statistics are often meaningless, so I will content myself with a little account of *my* experience of the work. I applied to go to France under the Y.M.C.A. in June, 1918, and arrived in August at A—, just in time for the tail-end of those raids which were devastating northern French towns in a way that even Londoners can hardly realise. It was at A— that nine little Waacs were killed on Corpus Christi night, and their remains rest on the neighbouring hillside. The raids at A— were so bad that each night most of the townspeople trekked out to the villages around, and many people camped nightly in the neighbouring forests. The Y.M.C.A. staff had been turned out of their headquarters owing to its being bombed three times and left in a state of ruin, and had taken refuge in the Relatives' Hostel, a beautiful old town mansion built round a cobbled courtyard and dominated by a towering chestnut tree, and with a dainty garden behind in which Mdle. de B—, an ancient dame of the old aristocracy, had formerly superintended her flowerbeds, gravel walks, and fruit trees. At this time there were no relatives visiting wounded; they were not allowed to come out, owing to the determined nightly raids, and the German advance, which latter had only just been turned. I found I was to take charge of *personnel*—a mixed assemblage of highly-educated professors, hut leaders, office staff, motorists and mechanics; it was a truly democratic household and extremely interesting.

The first night was enlivened by a raid, during which we, perforce, descended to the well-built cellar and there awaited death, or *les cloches*, which meant safety, amidst hundreds of neatly-binned bottles of choice wine belonging to Mdle. de B—'s heirs. Several Frenchwomen from a neighbouring street were there wailing and beating their breasts with an abandonment quite disconcerting to stolid Britishers. Others were quite silent, among them a shrivelled old woman of over ninety, who lived next door.

After a few days the ban against relatives coming out was removed, and I found I had to find accommodation for, first one, then two, and then an average of fifteen or twenty until the chateau was overflowing. In one room there would be the *personnel* enjoying their well-earned evening recreation, and in the next some poor bereaved mother grieving over her son's death of a few hours' back.

This could not continue, and as soon as possible the staff found quarters in another wonderful old mansion in a different part of the town.

I was asked which I would do—follow the workers or remain with the relatives. It was a hard question to decide, and I carried my diffi-

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