

# The Hospital

The Workers' Newspaper of Administrative Medicine and Institutional Life, Administration, National Insurance and Health.

No. 1799, VOL. LXIX.

SATURDAY, NOVEMBER 27, 1920.

PRICE TWOPENCE

## HOW LONG HALT YE?

Now that patients' payments have become established, and weekly contributions seem likely to extend generally in London, less sympathy than ever can be felt for those who declare their own bankruptcy, and appeal for unlimited State aid at every difficulty. It is admitted that patients' payments do not solve the whole problem, though at the London Hospital, where they are expected to yield about £20,000 a year, they have already secured, apparently in permanence, almost as much as was obtained by Lord Knutsford's last appeal. Still more must be done, if only to tide over the interval before reasonable hopes of extended weekly contributions can be realised. At this juncture arrives Mr. R. J. Coles' interesting suggestion that insured persons should be covered, by extra payments, for institutional treatment, the absence of which was the weakest point in the very weak Insurance Act. Like all such schemes, however, its accomplishment would involve further delay, in consequence of further legislation; and the question has to be decided whether such a scheme and extended weekly contributions can subsist side by side. It is possible that a choice may have to be made between them. Since, in the long run, an ounce of voluntary help is worth two ounces of State aid, we hope that extended contributions will be given a fair trial before Mr. Coles' suggestion is seriously entertained by the Government.

An immediate point, however, is to urge the need of a definite hospital policy. Of the proposals immediately before the hospitals, either extended weekly contributions should be encouraged, or the extension of insured persons' payments. It would be a tactical mistake to pursue both policies simultaneously, unless there were weighty evidence

that they would not conflict with each other. We should like to hear Mr. R. J. Coles' views on this point. Does he think that patients' payments, weekly contributions, and a further charge on insured persons for institutional treatment can subsist together? If so, what are his arguments? If not, which would he prefer to sacrifice? Both (or is it all three?) schemes, however, especially the voluntary one, have the virtue of simplicity, and should be tried long before we come to the possibility of co-ordinating the voluntary hospitals and the Poor-law infirmaries under the County Council. Once again London is the weak spot, but, fortunately, Lord Knutsford seems alone in a disposition to throw up the sponge of London's largest hospital and abandon the cause to which his life's work has been devoted. He rather likes to startle the world with untempered announcements, and the virtue which this power of attracting attention achieves in one direction must be set against the disservice which it occasionally causes in another.

In the present day large sums are raised by multitudinous pennies, and we wish Lord Knutsford would show some sign of recognising this in other spheres beyond that of payments from patients, which, after all, was the easiest line for him. If he would put his shoulder to the wheel further in this direction, he would be doing a very great service indeed. As it is, if he will pardon us for saying so, he seems to have no ideas between personal appeals on the old lines and a complete abandonment of the old lines altogether. This attitude is neither statesmanship nor good sense. It is really a form of intellectual idleness. A policy is not born of a violent oscillation between two opposite extremes. Extremes meet at the centre

of indifference, and the wise man makes the most of that centre. We therefore hope that Lord Knutsford will either devote himself to the encouragement of the movement for extended weekly contributions, or, if that is asking too much from his apparent scepticism of their value, that

he will ally himself to Mr. Coles' scheme. Either, as we have already urged, converges on the point where State aid and the voluntary system meet; and that meeting place is the spot from which to evolve a policy, if the voluntary system is not lazily to be thrown away.

---

## TWO CHAIRMEN ON THE CRISIS.

SIR ERNEST HATCH, Chairman of University College Hospital, and Lord Denbigh, Chairman of the Royal National Orthopædic Hospital, have both contributed to the discussion on the best way out of hospital financial and other difficulties. Their views are particularly useful as they represent the outlook of the moderate-sized hospital, which, in the nature of things, cannot be in such a desperate position as the London or any other of the giant institutions trying to weather the storm.

While Sir Ernest Hatch pays tribute to the splendid history of voluntary hospitals, he considers that their best friends should not close their eyes to the realities of the situation, the chief of which is that the existing hospitals are no longer adequate to the work they are called upon to do. If there were a fair prospect, he considers, of providing funds by voluntary means for maintaining our hospitals on a reasonable level of efficiency, there might be something to be said for carrying on on the old lines. But it is only too apparent that the high level of voluntarism has been touched.

Thus far Sir Ernest Hatch announces himself as a member of the Knutsford school of thought, but he agrees that before any drastic change is made there should be a thorough and exhaustive inquiry.

But thorough and exhaustive inquiries do not pay current butchers' bills, and we are glad to see that Sir Ernest has a practical idea in suggesting that the Government or County Council should issue loans to hospitals at a low rate of interest to help them carry on until succour in some form is forthcoming.

Lord Denbigh also has a suggestion with which we must say at once that we are not much in love. It is that King Edward's Hospital Fund should be given funds by the Government to be allocated for general maintenance purposes to London hospitals. Provincial hospitals, it is suggested, are not quite in the same position as those in London, as by contributions from workpeople and in other ways it is

thought they may carry on. In any case, Lord Denbigh intends his scheme to be considered only as a temporary measure of relief pending a final decision on the question as to whether the voluntary system can be preserved.

The carrying out of Lord Denbigh's proposal would add largely to the disciplinary powers of King Edward's Fund, which even now are not universally popular. Moreover, we doubt whether the Fund, not being a body elected by hospitals, would care to undertake such an onerous yet delicate task. Possibly, if repugnance to such a crude form of State aid were overcome, the Central Board that is so badly needed to represent the Metropolitan hospitals in their relationship with Government Departments and in other ways, might be of service in carrying out Lord Denbigh's plan. Then, quite properly, to a truly representative board, might very suitably be added delegates from the Sunday and Saturday Funds and King Edward's Hospital Fund.

It must be recorded that the principle of an inquiry was adopted by the meeting of members of both Houses of Parliament held on November 18, when it was resolved that "before any legislation is passed on the subject of State or rate aid for voluntary hospitals, an immediate inquiry into the whole subject should be held by an impartial Committee, and that such Committee should report at the earliest possible moment." Colonel Mildmay was requested to report the resolution to the Prime Minister and to the Minister of Health. The general view of the meeting was that, although the position is critical, an attempt of the Minister of Health to rush through a faulty solution was to be strongly challenged.

The London County Council and the Unionist Reconstruction Committee have both passed resolutions in favour of the proposed inquiry before legislation is considered.