## HOSPITAL AND DISPENSARY MANAGEMENT.

### Hospital Patients and their Payments.

Sir,—

Your excellent article on the subject of the distressed financial condition of the chief of the London hospitals, and your plea for the general adoption of a system of patients' payments by all the great medical charities, induces me to offer my experience of what has been accomplished at two institutions where the plan has been introduced—in one case for twelve years, and in the other for two years and a half.

The Bolingbroke House Pay-hospital was established in 1880, and is exclusively a "pay-hospital." Every patient admitted is required to pay such a weekly fee as his means will allow, the minimum charge being 10s. 6d. weekly, rising to three guineas for a bed in a private room. A register is kept of the occupation of the patients admitted, and it is extremely satisfactory to find that they are just the class of persons for whom the hospital is intended—viz., the lower middle and artisan classes. Those who are able to pay a fee slightly above their actual cost, which in the second year was £2 0s. 11d. each, help towards the deficiency incurred upon those who can afford no more than 10s. 6d. weekly. The result of this has been that, in the first year, the patients' payments supported the institution to the extent of 67 per cent. of the cost to maintain it. Last year the percentage advanced to 73·5 per cent., the number of patients increasing from thirty-four to sixty-five; while the total fees for the year increased from £202 to £652. During the past seven months fifty-seven patients have been admitted, while in the corresponding period of the first two years the numbers were twelve and twenty-four respectively. It is, therefore, expected that the third year of this interesting experiment will show a continuing success; it may then fairly be said to have passed through its experimental period, and the experience gained will be valuable to the managing bodies of purely charitable hospitals who may be studying the question how best to provide against diminishing exchequers. What the general hospitals can hope to accomplish is the saving of expenditure, and not the making of a profit. By admitting the class of patients received at Bolingbroke House, who can pay 73 per cent. of their cost, the hospital would be saved the necessity for, and the expenses of, appealing for charitable donations of an equivalent amount. The general admission to ordinary charitable hospitals of patients from whom an appreciable profit could be made would be generally disapproved. In fact, this would necessitate new wards, fitted and furnished as private bedrooms; and the fear would be that the treatment of the necessitous poor in the old true spirit of charity would gradually become of secondary importance in the anxiety to become financially flourishing.

Small payments can and will be cheerfully made by almost all the patients who atttend our hospitals, either for in- or out-door treatment. The greater proportion of applications I receive for admission to Bolingbroke House are from those who express their willingness to pay all they are able, usually 5s. or 7s. 6d. a week, in preference to entering a general free hospital. Hitherto we have been unable to deal with such cases, although there is a plan under consideration for insuring in-door treatment by regular weekly payments.

At the second institution, the Chelsea Hospital for Women, both in- and out-patients have, for the past twelve years, been required to pay a small weekly fee, unless they are fit objects for charity, in which case gratuitous treatment is freely given, and they are treated in all respects as patients who are able to contribute. Out-patients also pay sixpence for medicine, if they are unprovided with a subscriber's letter.

Calculating every free and contributing patient who has entered the hospital, I find that each one has paid an average of 16s. 2d. weekly; while every one of the 26,701 out-patients, also allowing for those who are treated gratuitously, has paid an average of threepence on every visit Taken as a whole, the amounts received from contributing in- and out-patients represent over a third of the entire cost to maintain the institution. Ordinary expenditure being so far assured, has allowed of efforts being devoted to raising funds to provide a new building of sixty-five beds. Nearly £20,000 have been accumulated in five years and a half, and the new building will be opened in July, with an exceptionally small proportion of debt for its construction.

I am, Sir, your obedient servant,

Woodville, Upper Tooting, April 30th, 1883. J. S. Wood.

### A Step in the Right Direction.

The fourteenth annual report of the Croydon General Hospital differs notably from most pamphlets of the kind which find their way into our hands. The chairman, in moving the adoption of the report, spoke with satisfaction of the diminished number of out-patients, and said the governors might look forward to a still further reduction, for they could not fail to observe the great amount of good that was being done by the Croydon Provident Dispensary. We are so accustomed to hear hospital authorities boast of the great increase of out-patients from year to year, and to see the figures paraded in reports and advertisements, that it is quite refreshing to meet with a committee who are pleased that their out-patients should diminish in numbers, because it shows that provident habits are spreading among the poor of the neighbourhood. In seconding the adoption of the report, Dr. Alfred Carpenter said that with regard to the out-patient department he felt in some little difficulty, because, as they were aware, he had taken a prominent part in the establishment of the counter-institution in Katharine Street. He did not do it in antagonism to the hospital, but his object had been one which he thought would commend itself to all those who were anxious for the welfare of their fellow-men. His object had been to promote the interests of that dispensary, and to urge upon the governors of the hospital the wisdom of connecting their own work with the work of the Provident Dispensary. His wish was to see the dispensary so arranged that the medical officers attached to it should have the first opportunities of getting upon the medical staff of the hospital. He should like to see an arrangement between the hospital and dispensary authorities,