

## Remarks

ON THE

FUNCTIONS OF AN OUT-PATIENT  
DEPARTMENT.MADE AT THE OPENING OF THE NEW OUT-PATIENT  
DEPARTMENT, CARDIFF INFIRMARY, MAY 20TH, 1908,

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FOR many years I have haunted the out-patient departments of the general hospitals with which I have been connected, having a special interest in them from the standpoint of a teacher. I can truly say that I have rarely seen one more satisfactorily equipped than this, which I have had the honour to open. That an out-patient department is simply for the relief of the poor—the common idea—is to take an altogether too narrow view of its functions, and upon these the occasion suggests a few remarks. Of course, the first and most important is the relief of the poor. I shall make no attempt to answer the burning question, "Who is the poor man?"—but there are certainly three classes of cases which should be allowed to apply for relief. In the first place the accident, the sudden illness on the street, the emergency case of whatever kind should have here first aid. Then there are the very poor. I do not refer to those who are actually receiving outdoor relief, and for whom other provision is made, but I mean the people who are earning from 21s. to 25s. a week, and who have no possible margin for the payment of special medical attendance. Here, of course, comes in the very serious question of interference with the work of the general practitioner. Far be it from me to suggest anything that would be detrimental to the private interests of a group of men to whom we all owe a debt of the deepest gratitude. The highest place in heaven will be none too good for some of these men, who for years live lives of Christ-like self-denial and whose tender and sympathetic care of the sick poor is beyond all praise. But I would like to urge these hard-worked practitioners to regard the out-patient departments as their privileged consulting rooms, to which they could refer cases for treatment. Every busy practitioner among the poor of this city would be greatly benefited by a close affiliation with this hospital. But we have to recognize the existence of a strong feeling that institutions of this kind are serious rivals. A large number of industrious capable men practise for very small fees among the class of patients of which I am speaking, but I maintain that the club and general dispensary doctor should find his best friends in the hospital staff—the men to whom he could refer his special cases, and who would be only too willing to give him counsel and assistance when in difficulties. After all, our first duty is to the patient, for whose good it is that the relations between the local practitioners and the hospitals be one of mutual support and assistance.

Then there is a third group for whom institutions of this kind may be of additional help—I mean the occasional poor. A majority of us, perhaps, come in this class. I mean particularly the families with £3, £4, or £5 a week. All goes well with them in days of health, and in the cases of ordinary illness the doctor's bills are cheerfully paid. In fact, these are the people from whom the profession as a whole gets the great bulk of its income. But what are they to do when serious accidents happen or when a child has appendicitis, or the mother of the family requires a serious operation. It is only right that they should have skilled help, but they are quite unable to meet even the most reasonable fees for a surgical operation, to say nothing of the long bill for nurses. To them the general hospital may quite legitimately minister. Here again I know that this may open the door to abuse, but not if the cases are looked into with care, and the man to consult is the family doctor, who, fortunately, is, as a rule, the friend as well, and always willing that the best should be done for his patient. I have noticed the greatest reluctance on the part of this class to take advantage of the hospital treatment, and have sometimes had difficulty in persuading people to take advantage of the special

operative skill for which they could not possibly afford the necessary fees.

The question comes up whether it is not right for the hospital to charge so much a week to those who can pay. It has always seemed to me a radical defect of the English hospital system that, as a rule, no provision is made for pay patients. Not only should the class of which I have just been speaking, the clerks and others with moderate incomes, be allowed to use the general hospital on special occasions and pay what they could for services, but it would be an immense boon to extend the privileges of the hospital to the well-to-do classes by the establishment of pay wards. One sometimes sees the anomaly of the very persons who support the hospitals receiving medical and surgical treatment under circumstances not to be compared with the poor. The pay wards could be made a source of profit to the hospital, and they would everywhere prove a great boon to the profession.

In acting as the training school for the younger members of the profession the out-patient department fulfils its second great function. There are several points to which I would like to call attention. I am glad to see that there is here provided plenty of space for the staff, but I think it is the experience everywhere that the men on duty are overworked. They see too many patients, and in consequence the cases cannot be properly studied. The head of each department should have a group of assistants, some official, others voluntary, who would share the work. As one who has had a long hospital experience, may I just mention one essential virtue for the members of the out-patient staff to cultivate—namely, punctuality. It is not, of course, always possible, but it is remarkable how greatly it facilitates the work of an institution when men put in an appearance at the stroke of the hour. The clinical notes taken in the out-patient departments are, as a rule, very meagre; and, indeed, it is often impossible that they should be anything else when one man has to dispatch a group of forty or fifty patients in two or three hours. With a sufficient staff there is no reason why just as careful notes should not be taken in these rooms as in the wards; and let me remind the younger physicians in the audience that some of the most brilliant reputations in the profession in this country have been built up on the solid foundation of notes taken in out-patient departments. Sir William Gowers will tell you that from this source his reputation was derived. Byrom Bramwell of Edinburgh wrote at least two of his important books and his large *Clinical Atlas* on out-patient experience. It depends upon how you utilize it. With a medical school to develop, let me urge you to make ample provision for your medical students in the out-patient department, where they see the patients in their native state, so to speak, before they have been scoured and cleansed by the nurses in the ward.

I did not expect to find the department that we open to-day perfect in every respect, and I fail to see any provision made for a clinical laboratory. If advantage is to be taken of the help of science, hospital authorities must make better provision both in the wards and in the out-patient department for the study of disease. The out-patient clinical laboratory should have a paid assistant, who would be in attendance during the hours of service. He, too, could have as voluntary assistants two or three of the younger men. They should have a special room for the study of blood and of sputum, a chemical room for the examination of urine and other secretions, and a third room for microscopes, sphygmographs, blood pressure, and other pieces of necessary apparatus. Some of you may think this is a superfluous thing in dealing with ordinary diseases of the poor. Not at all! If the men are not encouraged to do work of this kind when young, and if they are not provided with the necessary apparatus, they very quickly get out of touch with medical progress, and lapse into a conservatism which is fatal to the progress of a hospital or of a school.

In one way you citizens of Cardiff will be repaid for the time and trouble and money spent in providing these well equipped departments. To any one of you at any moment, or, what is more important, to one of your near and dear ones, the calamity of a serious illness may come. One of you may have a little boy of 6 or 8 with a severe rheumatic endocarditis. How comforting it will be for you to feel that he is in the hands of a man who has had long experience with just such cases, who has been able,

perhaps, to follow up in this very room during a period of years scores of cases of a similar nature! He has been a sensible fellow, has not only kept his notes, but has studied them. He has collated his experience, and he can give you advice what to do with that little boy that repays you a thousandfold for any trouble or any expense you may have had in connexion with the hospital. Or take another case—your little girl has a sudden attack with abdominal pain. You know that with one of the surgeons of this hospital she is in the hands of a man who has had long experience in just such cases, who has studied them accurately, who knows the possibilities, and who has the necessary judgement to determine if an operation is necessary, and, if it is, the technique to carry it out. In the benefit of the accumulated experience of a group of physicians and surgeons the public who subscribe to the hospitals are repaid a thousandfold.

And, lastly, may I refer to one important point, as this city aspires to be the medical centre? The hospital should become part of the university system. After all, it is a great laboratory in which we collect for rectification the experiments which Nature makes upon us. The study of disease is just as much a part of university work as is the study of mathematics, and a close affiliation of the two institutions is the best guarantee of that combination of science with practice which it is the right of people at the present day to demand.

### THE FUTURE OF THE VOLUNTARY HOSPITAL AND ITS RELATION TO A REFORMED POOR-LAW MEDICAL SERVICE.

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ALL those who are interested in the future welfare of voluntary hospitals must await with some anxiety the recommendations on medical matters which will be made by the Royal Commission on the Poor Law. That drastic changes will be proposed seems inevitable. There is a growing feeling that the present arrangements of the Poor Law are unduly harsh to those who are poor because they are sick. The great danger of making pauperism a popular profession has been so constantly present to the minds of legislators that in all departments of Poor-law work a certain measure of sternness has been maintained which has necessarily pressed hardly on those who are meritorious though unfortunate. When the misfortune which leads the applicant to seek Poor-law relief is ill health a sympathetic public rightly insists that the greatest consideration shall be shown him. Political disfranchisement which follows Poor-law assistance in other cases is not entailed on those who obtain merely medical relief. Nevertheless, the charitable public are so distressed that the sick should have to apply for this assistance through the ordinary Poor-law channels and should suffer the moral taint, though not the legal disabilities of pauperism, that they actively compete by means of their voluntary charities with the free medical assistance offered by the State to all those unable to pay for it. It is regarded as almost intolerable that a sick person who is not already an official pauper should be compelled to call in the services of the Poor-law medical officer. This feeling, which is so largely responsible for the magnificent voluntary medical charities in Great Britain, is likely to guide the Poor Law Commission in recommending that the taint of pauperism shall be removed altogether from State medical assistance. It thus, indeed, seems possible that the strong sympathy with the sick which is now keeping up our voluntary medical charities, may, by forcing beneficent changes in our Poor-law medical service, set up a competitive system which will ultimately destroy the medical charities themselves. This is, perhaps, a perfectly logical evolutionary step, and something very like it may be seen in full activity at the moment in connexion with public elementary education. The process of replacing charity schools by publicly provided institutions appears to be a painful one, and to cause a serious disturbance in the friendly relations of many admirable persons. It is well, therefore, that those interested should look ahead and take all reasonable precautions to avoid similar

disturbance and strife in perfecting the arrangements for the medical relief of the sick poor. In this article it is proposed to point out a way in which the good work at present done by voluntary medical charity can be established on such a firm basis of co-operation with the work done by the Poor-law medical service, that no improvement of this service can put it in dangerous competition with charity, or render voluntary effort unnecessary.

At present it must be admitted that no clear line can be drawn between the spheres of activity of voluntary charity and the Poor-law medical service. An Englishman finds it very difficult to explain to a foreigner the factors which determine whether a poor patient in any large town should find his way into the general hospital or the Poor-law infirmary. At either end of the scale the cases are clear. The casual labourer on the borderland of starvation, frequently in sight of the workhouse, will in any chronic illness certainly become an inmate of the Poor-law infirmary. On the other hand, a clerk in good, regular employment but with no margin for emergencies, will naturally be a suitable case for the voluntary hospital when a surgical operation becomes suddenly necessary. But between these two typical cases there are innumerable instances in which the question as to which institution shall receive the patient is decided by the merest chance. In certain acute illnesses even the workhouse habitué may find himself in the hospital, whilst the clerk, after a few months' chronic or incurable illness, may be transferred to the Poor-law infirmary.

It is this want of definition in the respective spheres of work of the two institutions which should make those who are interested in the maintenance of voluntary hospitals recognize that the future of these institutions will be seriously endangered when any serious step is taken to extend and perfect the system of State or rate supported infirmaries. At present the chief dividing line, vague as it is, is an economic and not a medical one. Some have endeavoured to make a distinction between temporary and permanent economic stress in connexion with ill health and have thought that charity should deal only with those who, when restored to health, will again become capable of maintaining themselves. The philanthropist finds it hard to accept the position that the permanence of an undeserved affliction should place the sufferer in a less favoured class than his more temporarily indisposed colleague, and under existing conditions there is no general agreement as to the test of admission to the voluntary hospital. But as soon as the so-called taint of pauperism is removed from the public hospital supported by the State—and there can be little doubt that this is the ultimate goal of those interested in Poor-law reform—it becomes possible to employ a far easier and more satisfactory means of differentiating between cases suitable for admission to the two institutions. The economic distinction may be abandoned and a medical basis frankly accepted. The severity, difficulty, or complicated character of the patient's illness should be the sole determining factors in his eligibility for admission to or retention within the hospital supported by charitable funds. The State should provide in its hospital or infirmary for the efficient treatment in all ordinary illnesses of those poor patients who are unable to pay for it, while the philanthropic public, assisted by the medical profession as at present, should provide in their voluntary hospitals more elaborate specialized treatment for such exceptional and difficult cases as are medically recognized to require it.

Thus the State infirmary and the charitable hospital would work side by side, each with its own recognized and defined sphere of action. Transference from one to the other would not be hampered by sentimental or financial considerations. Each could be developed to the highest pitch of efficiency in its own special line of work. The hospital would be the consultative institution to a group of infirmaries. The highest resources of general practice would be developed in the infirmaries, and the highest resources of specialism in the hospitals. No doubt the infirmaries would constantly be aspiring towards the efficiency of the hospitals, but the hospitals would as surely be moving forward to higher flights of specialism. The essence of the proposal is the frank recognition by the charitable public of the fact that the State can