

TABLE T.

Persons occupying houses of the worst description, according to Provinces, and the per centage of such persons to Population.

Provinces.	B. No. of Persons occupying worst class houses.	Per centage of B to Population.
Connaught . . .	183,606	18.178
Leinster . . .	172,124	10.290
Munster . . .	328,590	17.688
Ulster . . .	130,431	6.483

II.—*Our Hospital System compared with those of England, France, and Austria.* By Robert M'Donnell, M.D., M.R.I.A.

[Read Monday, June 15th, 1857.]

RECENT legislative arrangements invest with more than usual interest the subject which I wish to bring under the notice of this Society this evening, viz.: our mode of hospital support as compared with those of England, France, and Austria.

The parliamentary grants given to the hospitals of Dublin, passing from time to time through various dangers and vicissitudes, had nevertheless been voted for many successive years in support of these institutions. At last their withdrawal was determined upon, and at a time when this country was in a bad condition to bear such a loss. In 1850 this work commenced by a reduction in the sums granted to the hospitals of the House of Industry and others, and in the following year this reduction was carried further. A few years would have sufficed for the complete withdrawal of all the aid which these institutions derived from government; strong representations, however, were made on the subject, and the result was that in 1854 a select committee of the House of Commons was appointed to inquire and report concerning the grants to the Dublin Hospitals; and this committee recommended the continuance of these grants to the amount of £16,000 annually.

Two years ago (May, 1855) a royal commission was nominated to report upon the best mode of distributing this grant of £16,000 among the different hospitals, with reference more particularly to the advancement of medical science. How well this royal commission discharged the duty entrusted to it is known, possibly, to many present; their report contains many valuable suggestions, and as a consequence of it a bill entitled the Dublin Hospitals Bill was laid before parliament, and carried June, 1856, being a bill for the better regulation of the House of Industry Hospitals, and other

hospitals in Dublin supported wholly or in part by parliamentary grants. This enactment requires the appointment by the Lord Lieutenant of a Board of Superintendance, to supervise generally all those hospitals receiving any of the money appropriated for that purpose by parliament.

Such, then, is the present condition of our hospitals so far as their parliamentary aid is concerned: a bargain, in fact, has been made with each, that it shall submit to be supervised and reported upon by a Board appointed for that purpose, in consideration of the share it receives of the £16,000 government grant. The scheme is a new one, it is an experiment, but there seems no reason why it should not prove successful.

As it would occupy too much time to enter into details regarding our hospital system, and as it would be beside my present intention, which is to compare the system adopted in this country with that of our neighbours, I shall confine myself to such general statements regarding the accommodation, management, and economy of our institutions for the relief of the sick poor, as shall suffice for the purpose of comparison.

The general and special hospitals of Dublin (not including either poor-house hospitals, or hospitals for the insane) are capable of containing 1,593* beds for the reception of cases of all kinds, which gives an average of one hospital bed to every 208 inhabitants. These beds are distributed among 13 distinct institutions, of which 7 are general hospitals for the reception of all sorts of medical and surgical cases, and 6 are for special purposes—ophthalmic, fever, lying-in hospitals, &c.

Each of these is under the direction of a distinct managing body, generally styled the board of governors, or managing committee of the establishment, and differently constituted in each case, according to the source from which the institution derives its chief support. However constituted, each board of governors is composed of members whose duties are gratuitously performed, and amongst whom is, generally speaking, found one or more of the surgeons or physicians of the hospital.

Those hospitals only (8 in number) which receive a portion of the parliamentary grant already spoken of, fall beneath the supervision of the Board of Superintendance called into existence by the Dublin Hospitals Bill. This Board consists of 12 persons, whose functions are purely honorary, and of whom 5 are medical men of high reputation. Its duties are to inquire concerning the due performance of any rules required by any charter or other authority in the hospitals under its jurisdiction; to examine into the sanatory condition of the building, the state of the patients, and the management of each institution; to frame general regulations for the whole, and make an annual report.

Omitting St. Vincent's Hospital, from which no return could be obtained, the average gross annual income of all the Dublin

* Report of the Commissioners appointed to inquire into the Hospitals of Dublin, 1856.—*Appendix.*

Hospitals in the 5 years ended March, 1855, was £32,763, which may be divided as follows:—

1st. Into income arising from private charity in the form of subscriptions, donations, bequests, or any such benefactions,	£10,947	o	o
2nd. From local taxation by assessments of the City and County of Dublin,	1,849	o	o
3rd. From general taxation; that is, from parliamentary grants	18,426	o	o
4th. From patients contributing towards their own support while in hospital	1,457	o	o

More than one half, therefore, of the entire sum is derived from parliamentary grants; in other words, from general taxation; whereas a very insignificant part arises from taxation of the locality; while almost all the rest (amounting to about $\frac{1}{3}$ of the whole) is made up by the generosity of individuals, who either at their deaths left large bequests for this charitable purpose, or who by subscriptions and donations contribute to the relief of their suffering fellow-creatures. The portion given by patients towards their own support does not probably embrace all the money obtained in this way, but, I take it, very nearly all. It is a small but important item, and is for the most part received from the constabulary patients admitted into Steevens' Hospital.*

The average cost per bed in the hospitals of Dublin may be stated to be £22 a year; each bed representing 12 patients.

The cost, however, of course varies in different hospitals according to the nature of the cases treated;† and although considerable discrepancies do no doubt exist even among those which treat within their walls the ordinary cases which present themselves, yet we shall presently see that, in comparison with similar institutions in other parts of the British isles, the hospitals of this city are judiciously and economically conducted; and in a manner in the highest degree creditable not only to the boards of governors who undertake their management, but to the medical officers in charge of them.

Such being the condition of the hospitals of this metropolis, let us now turn to the plan of hospital relief throughout other parts of Ireland; still, as in the case of Dublin, omitting the hospitals connected with poor houses and those for the insane. There existed in 1851 and 1852, according to parliamentary reports referring to that period,‡ 40 county fever hospitals (under grand jury acts), 36 county infirmaries, and a small number of hospitals (chiefly lying-in hospitals) supported entirely by private funds; the most important being the general hospitals of Waterford and Belfast.

* £58 5s. is annually received in small sums from patients at St. Mark's Ophthalmic Hospital. At Steevens' Hospital about £1,399 is annually received for constabulary patients; 1s. 2d. per head per diem is paid for each patient, of which 10d. is paid by himself, and 4d. by the government.

† The annual expense of each hospital-bed, as well as the number of patients admitted each year in proportion to the number of beds, must obviously vary according to the nature of the cases treated in each hospital. Thus, in the Rotundo Lying-in-hospital, where there is a rapid succession of patients whose ailment is generally of a transient nature, 20 patients per bed annually pass through the institution; the cost per bed being £19 annually.

‡ Second annual report of the commissioners for administering the laws for the relief of the poor in Ireland under the Medical Charities Act, 1854.

The infirmaries are so distributed that one is found in each county, except Waterford which has none, and Wicklow, which has two. The towns of Cork, Limerick, and Drogheda are likewise supplied with similar institutions. The 40 fever hospitals were not so fairly distributed over the surface of the country, 14 counties not being provided with any.

Estimating all the beds both in the infirmaries and fever hospitals, there was in 1852 throughout this island (exclusive of Dublin) about one bed for every 1,300 human beings.

These establishments for the relief of the sick poor throughout Ireland are under the direction of boards of governors; and managing committees in the case of county infirmaries constituted by those persons who subscribe a certain sum annually, or give a certain donation to the institution. (The bishop of the diocese, the rector or vicar of the parish as ex-officio governors.) They are not as a whole subject to the supervision of any body having power to frame general regulations for their management; but the Poor Law Commissioners for Ireland have, under the Medical Charities' Act, the right of from time to time inspecting and reporting upon them.

The total income of the infirmaries and county fever hospitals amounts to £44,789 of which not more than one-fifteenth part arises* from the donations of charitable individuals, two-thirds proceeding from taxation of the county, and the rest partly from treasury grants now in process of being withdrawn, and petty session fines. Practically speaking, nothing is derived from the patients towards their own support.

By much the largest part of the income of those county hospitals is therefore derived from taxation of the county in which each is situated—an area obviously quite too large to be benefitted by any one hospital, no matter how conveniently posited; and consequently in reality useless to the sick poor at any greater distance than about 10 miles round each. A large portion of Ireland, therefore, is taxed through the assessment of the counties for the support of hospitals to which it never sends a patient. The average expense per bed per annum in the infirmaries throughout Ireland does not materially differ from that in Dublin; but the difference of this cost in different infirmaries is very great, nor is it very easy to see any cause why such difference should exist in institutions intended for the reception and treatment of exactly the same class of cases.†

Admitting that it is very difficult, if not impossible, at present to state at all accurately what amount of hospital accommodation is

* The funds from which their support is principally derived may be thus divided:—

1st. Income arising from the benefactions of charitable individuals,	£3,294
2nd. From taxation of their respective counties,	29,420
3rd. From the Consolidated Fund,	100

For the medical officer's salary, which is, however, at present in process of being withdrawn, (£100 Irish)

† In the Londonderry Infirmary one bed relieving about 12 patients annually costs £28 a year; a bed doing the same duty in the Monaghan Infirmary costs £17 a year.

available for the relief of the sick poor throughout Ireland,* and although the dispensary system in this country no doubt does much to succour the sick before it becomes necessary for them to seek for admission to any hospital, it may nevertheless be confidently stated that, if there be in round numbers but one hospital-bed for every 1300 human beings; and if these beds be for the most part grouped together in institutions destined to relieve so extended an area as an entire county; it may, I say, be very confidently stated that such a state of things is not only altogether inadequate to meet the wants and requirements of the sick poor, but places the relief offered really out of reach of the vast majority of them.

The plan on which the hospitals of London, and indeed those throughout England, are conducted, may be considered as offering an example of the so-called "voluntary system." Confining ourselves to the metropolis, we find that there are in London 30 hospitals, containing 4,471 beds; or one bed for every 528 inhabitants.†

They are under the management of boards of governors, generally speaking taken from among the benefactors of the institution; but in the case of endowed hospitals consisting of a limited number of influential persons. These governing bodies are not subject to the general supervision of any central board of superintendance.

The gross annual income of these hospitals amounts to £176,576‡ by far the greater part of which is derived from the benefactions of charitable individuals. It must not be forgotten, however, that some of these institutions get an important portion of their income from a source which cannot be regarded as private charity. Thus, St. Bartholomew's Hospital, which was first established in the year 1102 in connection with the priory of St. Bartholomew, at the time of the suppression of the monasteries came into the possession of Henry VIII., who in 1547 refounded the hospital by royal charter. It is true the income of the hospital thus established did not exceed £371 a-year, about £290 of which arose from London rents now producing £17,000 per annum; while St. Thomas's, which was founded in a somewhat similar way, has now an average income of £25,000 a-year, very little if any of which depends on the fluctuation of public contributions.

* To guard against misapprehension on the part of some who may not be well acquainted with the subject, it should be stated that we cannot in justice altogether separate the hospitals connected with the poor-houses and containing paupers from those just spoken of as hospitals for the *sick poor*, (distinguishable from paupers); for the poor-house fever hospitals not only relieve their own paupers, but also "*poor persons*" in their unions affected "*by dangerous contagious disease*;" while the dispensaries throughout Ireland (at present numbering 994 separate stations) and now forming a part of the poor-law system and supported out of the rates, give a very large amount of medical assistance to the sick poor.

† Report of Commissioners appointed to inquire into the hospitals of Dublin. See Appendix, "Plan for the Consolidation of the Dublin Hospitals," by J. F. South, Esq.

‡ See on this subject a very excellent pamphlet entitled "Our Hospital System." Groombridge and Sons, Paternoster-row, 1856; also "Low's Charities" and the reports of the various hospitals.

It will be seen, therefore, that the London hospitals cannot be regarded as altogether supported on the voluntary system, inasmuch as one (St. Bartholomew's) alone has an income originally derived from the state to an amount exceeding the entire parliamentary grants now voted to the hospitals of Dublin.

The average cost of each bed per annum, supposing that each hospital maintains the full number of beds it is capable of containing, is £41; each bed representing annually 8 patients.

The difference in the annual cost of a bed in the different general hospitals is surprisingly great. Thus:—

In the Middlesex Hospital, each bed relieving 8 patients annually, costs per annum	£24	10	0
In Bartholomew's, relieving 10 patients	50	0	0
In the Royal Free Hospital, relieving 9 patients	71	0	0

Nor is it easy to imagine what the cause of this great difference can be, if we set aside the supposition of profligate extravagance on the one side, or too rigid parsimony on the other.

The hospital system of Vienna contrasts very remarkably with that of England.

In the Austrian Capital there are about 3,500 hospital beds, giving one bed for every 124 souls, according to the census of 1851.* Nearly 2,500 of these beds are contained within the limits of one gigantic institution, the general hospital of Vienna. This establishment is altogether under government control, and in some particulars differs so remarkably from similar institutions in other European countries, as to merit especial notice. The annual expenditure of this great hospital amounts to about £28,000 (exclusive of the lying-in-department), each bed of that part which is taken up for the treatment of ordinary medical and surgical cases costs on an average £14 per annum, and relieves 11 patients yearly.

It will no doubt surprise some present to learn that the rich and noble are not only not taxed for the support of this hospital, but, although a naturally warmhearted and generous people, the Viennese actually "are not permitted to make donations to the existing hospitals, nor to endow new ones."

The following resumé of the regulations of the General Hospital of Vienna I quote from an excellent paper on the subject of which I am now treating, published about a year since, and from which I have derived not a little of the information which I now bring forward:—†

"The hospital is open to sick persons of all conditions, nations, and religions. Patients are divided into 3 classes; those of the first paying 2s. 8d. per diem, those of the second, 1s. 8d., and those of the third (who belong to Vienna) 6d.; but, if strangers, 8d.

* According to the census of 1851, Vienna contained 431,147 inhabitants. With reference to the hospitals of Vienna, we have taken our figures from Herzig's "Medicinische Wien," and Arnetz's work "Über Geburtshilfe und Gynaekologie in Frankreich, Grossbritannien und Irland," Wien, 1853; also from "Wilde's Austria," and "Our Hospital System" already referred to.

† "Our Hospital System." See also "Herzig's Medicinische Wien."

The various guilds of trade either pay a certain sum annually, which entitles their members to free treatment, or they contract with the hospital to pay by the head. If a master sends his servant to hospital, he must pay for him all the time he is there, if he retains him in his service. If the patient be able to pay, he enters immediately on the prepayment of a month's board. If he be quite poor; was born or has been ten years in Vienna; or if he has no relations who can pay for him; if belongs to no guild, and has no master; he is treated gratuitously. Should a poor Englishman or any other foreigner come into the hospital, his embassy is charged with his maintenance."

The hospital system of France, and more especially that of the French capital, judging from the statistics laid before us in the very able and elaborate report of M. de Watteville, on the *Etablissements de Bienfaisance*, 1851, is incontestably superior to any we have heretofore mentioned; and this not only as regards general and internal organization, but also in financial administration. The great and justly celebrated hospitals of Paris are fifteen in number, containing* 6,854 beds, or about one hospital bed for every 150 inhabitants. These hospitals are under the management a special body entitled "Administration de l'Assistance Publique;"† and composed first, of a Director-General, nominated by the Minister of the Interior; second, a Council of Surveillance, consisting of twenty members; and, thirdly, of secretary, inspector, and cashier. Each member of the council is charged with the surveillance of one or several establishments; while each hospital is more immediately presided over by a director.

The income of the Paris hospitals is derived from various sources; first, voluntary contributions are in every way encouraged; thus the administrators of these asylums are authorised to seek alms in all temples consecrated for religious ceremonies, or to intrust this duty to the sisters of charity devoted to the service of the poor, or to such other charitable ladies as they shall think fit; and in this way, as well as from legacies and donations, a large amount of income is derived (759,589 francs); secondly, a large amount arises from local taxation (*subvention communale*, 3,133,174 francs); thirdly, a large portion from the state; while, fourthly, a comparatively small amount arises from paying beds.

The average yearly cost of a bed in the different hospitals of Paris may be stated as from £26 to £28; no very striking discrepancy existing in the case of different institutions, La Pitie, one of the more moderate, being £26 7s. 1d. per bed per annum, while St. Louis, one of the most expensive, is £29 6s. 6d.,—figures which shew very strangely when set beside the lavish expenditure of the endowed hospitals of London.

* "Rapport a M. le ministre de l'interieur sur l'administration des Hôpitaux et des Hospices;" par Ad. de Watteville; premier partie; Paris, 1851. Also, "Essai Statistique sur les Etablissements de Bienfaisance;" par le Baron Ad. de Watteville; deuxieme edition; 1857.

† Meding's "Paris Medical;" 1853.

We see then that while

In DUBLIN there is 1 bed for every 208 inhabitants, costing per annum in a general hospital, as in Steevens'	£24
In LONDON there is 1 bed for every 528 inhabitants, costing per annum, as in Bartholomew's	50
In VIENNA there is one bed for every 124 inhabitants, costing about	14
In PARIS there is one bed for every 150 inhabitants, costing, as in the Hotel Dieu	27

We find also that while in London the hospitals depend chiefly for support on voluntary contributions, a totally different scheme, bearing peculiarly hard on the sick poor, is adopted in Vienna; while in Dublin, as in Paris, the income of the hospitals arises partly from private charity, partly from taxation, either general or local, and to some small extent from paying patients.

Whether or not it may be the duty of a well-governed state to provide for the succour and relief of the sick poor is a question on which I do not enter. It may be assumed that the very existence of many of the charitable institutions met with in all civilized countries practically acknowledges the truth of this principle.

In endeavouring to ascertain the best mode of hospital administration, some useful hints may be derived from the systems prevalent in London, Paris, and Vienna; and on this ground I hope I shall be excused from having gone, perhaps, at too great length, into a review of their systems.

A recent writer observes that "there are many phrases cherished by the nation, and inscribed by it on flags of triumph, which are not so really glorious as the inscription commonly seen running across the walls of a great hospital—'*Supported by voluntary contributions.*' How large a mass of quiet charity, exerted year by year, keeps every such establishment in action!"

This is no doubt very true. It is a fine, it is a glorious thing—to see a great effort made to succour and assist the sick and suffering. It is a feeling to be cherished in every Christian community. But is it certain that the principle of voluntary hospitals is free from grave objections? Alas! by no means. In practice the voluntary system is found altogether insufficient to meet the wants it is intended to supply. It becomes absurd as well as cruel to leave this duty to the precarious charity of private individuals. Look at London; see how inadequately the voluntary system supplies this wealthy metropolis with hospital accommodation. Turn to the reports of the various hospitals in the large cities of these islands, and see whether those supported by voluntary contributions are truly able to meet the exigencies of their respective localities. Let me read a sentence from a late report of the general hospital of our most flourishing Irish town (Belfast):—"It is deeply to be regretted that this, the most generally useful, the most urgently required, and the only one of all the public institutions in Belfast depending on voluntary contributions, should have suspended its operations, and closed its doors against that class who, of all others, most deserve our sympathy and most need our assistance; against those who have been smitten with two of the greatest evils that afflict humanity—poverty and disease."

That this should have occurred in a town inferior to none in the United Kingdom, in proportion to its extent, in wealth, public spirit, and liberality, at least shows that there are weighty objections to an exclusively voluntary system of hospital support.

We can in some degree excuse, although we cannot quite agree with, a contemporary who, in his disgust at the voluntary system, as worked in London, exclaims:—"Who would not feel a relief at the cessation, at once and for ever, at least as far as hospitals are concerned, of the ludicrous hypocrisy of charity dinners, where we contract an indigestion on indifferent fare and bad wine; of charity balls, where we dance and flirt; of charity concerts, where we are wearied with indifferent music; of charity bazaars, where we are wheedled into buying useless trash, by charming and aristocratic young ladies, who condescend to cheat and rob us, all in the sacred name of charity."

Admitting that many and solid arguments may be adduced in favour of the voluntary system, yet even as met with in London, where it cannot be said to exist exclusively, it is to be objected to—1st, on economic grounds, as an extravagant mode of obtaining the necessary funds. 2nd, as being precarious and uncertain. And 3rd, as being insufficient to meet the desired end.

Although, therefore, it is to be presumed that no one could be found in this country who would be mad enough to advocate any such scheme as we have seen to be adopted in Vienna, of actually prohibiting the exercise of the noblest of Christian virtues; although, on the contrary, all will agree that private benevolence, shown in support of institutions for the sick, is to be by every means encouraged, yet some auxiliary means must be adopted for this purpose more certain than mere individual beneficence.

The country infirmaries throughout Ireland are, it is true, in some degree supported by private charity, but by much the largest portion of their income is derived from local taxation, and this is, no doubt, the true principle of support for such hospitals; but it is obvious from what has been already said, that a county is too large an area to be assessed for the support of an establishment which, no matter how well placed, must be out of reach of the mass. For the sick poor have no ambulances or sedans, to bear them over many miles of country to an hospital. Neither can it be expected that the gentry of a large county will continue patiently to pay county cess, in support of an infirmary so remote, that no labourer or farm servant of theirs can, in illness, be benefited by it. Justice to those who contribute to the hospital, whether voluntarily or by taxation, as well as humanity towards those who require its use, demand that a much smaller area than a county should be fixed upon.

The hospitals of a metropolis, and those in large cities in which medical schools exist, stand on a different basis from those diffused throughout country districts. They should be (and are in Dublin, as elsewhere) largely aided by private charity. The principle of support by local taxation does not, nor indeed should it, come so much to their assistance; for metropolitan hospitals not only re-

ceive patients from all parts of the kingdom, but, as places of medical education, they confer benefits on the community far beyond the walls of the cities in which they exist. On this ground, hospitals which are used for educational purposes receive support from the state.

One word in conclusion, as to the plan of allowing part of the expense, while in hospital, to fall on the patient or his family. This is a great principle, as yet undeveloped in this country. M. de Watteville, in his admirable report on the French charities already alluded to, tells us that in France an annual income of 1,817,967 francs is derived from this source. "Not only", he says, "is the creation of paying beds in the hospitals useful to these establishments, but it is eminently useful to the working classes."

But it is not under the supposition that any considerable sum could be realized in this way, that the plan seems worthy of the warmest advocacy; it is because of its moral influence; it is because the industrious poor man may be received into the same hospital and treated alongside a pauper, yet this feeling that he is doing something towards his own support causes him not to hang his head for honest poverty. Though it were but a penny a week, it is enough to fix a great gulf between the poor man and the pauper.

III.—*Universal Free Trade.*—By Monsieur Corr Vander Maeren of Brussels, President of the International Free Trade Association.

[Read before the Section of Economic Science and Statistics of the British Association at Dublin, on Friday, 28th August, 1857.]

My first words must be the expression of my sincere gratitude, and that of my colleague, Monsieur Jottrand, for the honour which your eminently useful Association has conferred upon us by addressing to us a special invitation to attend this meeting. We present ourselves here as delegates from the central committee of the "International Association for Customs Reform" established at Brussels, of which I have the honour of being the president. My colleagues of the central committee have, no doubt, chosen me as their delegate on account of my being of Irish origin. They hoped, as I do myself, that that circumstance would create in your minds the indulgence I am so much in need of, on account of my inexperience in the language, and my other deficiencies for the performance of my task, which nevertheless is one, allow me to add, that I accepted with pleasure. The very fact of touching the shores of Ireland fills my mind with strong feelings of sad delight.

I am directed by the central committee to call your attention to