THE LANCET.

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The Organisation of Voluntary Hospitals.

THE annual Representative Meeting of the British Medical Association at Glasgow will have before it, as part of the Council's Annual Report to the Divisions of the Association, a valuable statement on the organisation of voluntary hospitals, as affected by the reception of patients for whom payment is made by contributory schemes or otherwise. The statement, which is in the form of a report from the Hospitals Committee of the Association to the Council, embodies in a definite scheme the principles which, it is suggested, should enable hospitals to cope with the financial difficulties arising out of new conditions, medical and social. The position to be dealt with has been so often stated at length, summarised, and referred to as common knowledge, that its essentials can be set out in a sentence or two. Hospital treatment to-day is rendered far more costly through the progress of medical science and the cost of materials, while it is bestowed on patients a large proportion of whom receive wages on a scale never dreamt of by their fathers and grandfathers, but whose own expenses are vastly higher than formerly. National insurance, moreover, tends to bring into the sphere of the hospitals cases in large numbers which 12 years ago remained without institutional treatment, and it is one of the great accomplishments to the credit of the Acts that this should be so. The chief problem in this situation of added expenses and added responsibilities is dealt with in the British Medical Association scheme, when describing the modern adaptation of the voluntary system. Under the old and time-honoured plan subscribers and a voluntary medical staff relieved the sufferings of indigent members of the community, meeting the medical needs of those absolutely unable to pay the cost of the assistance given. But now we have to consider also the case of those who, though equally unable to pay the full cost, are not of the class for whom charitable subscribers have hitherto provided and maintained hospitals, or for whom honorary medical staffs have given their services—a vast population has grown up among us, which is neither a fit subject for charity nor desirous of charity; but which yet needs institutional help.

The main proposals of the B.M.A. scheme lead up to and provide for the grouping of candidates for admission to voluntary hospitals in three classes, and make suggestions with regard to the apportionment of "contributions" for the remuneration of medical services. The proposed groups, as defined in Clause 19 of the report, are:—

(*a*) Free (indigent) patients: To be certified as such by almoners.

(*b*) Tariff patients: Those paying, or for whom is paid in part or in whole, a tariff cost of maintenance and treatment; this group to include all those paid for by public authorities, approved societies, employers of labour, insurance companies, or other bodies, or under any contributory scheme.

(*c*) Private patients: Those who pay for special accommodation, and who arrange for medical fees independently of the hospital.

It will be seen that with regard to (*a*) and (*c*), the first and last of these groups, the questions that arise will mainly concern boards of management; these will act in the case of (*a*) through trustworthy almoners. Under (*c*) there may be an increasing number of private patients who are content to pay for ordinary accommodation, as is at present the case at cottage hospitals. The arrangements to be made under (*b*) to cover conditions of hospital service are more complicated and constitute the real difficulty and novelty of this scheme. These arrangements will be in the nature of preliminary bargains in which will have to be embodied, with due prevision and calculation of probabilities, the amount of financial support to be given to the hospitals, the limitations of the services to be rendered, and other questions which will demand careful consideration. Clause 10, for example, suggests a matter on which employers and workmen may fail to appreciate the justice of a proposition which is perfectly reasonable and of practical usefulness and prudence from the point of view of the hospital. This clause runs as follows:—"Gratuitous contributions to hospitals by employers of labour or by employees should not be considered as the payment of premiums for insurance against the cost of treatment for sickness or accident, nor as entitling the contributors to claim hospital treatment either for themselves or for persons nominated by them, but as charitable contributions to be expended at the discretion of those to whom the management of the hospital is entrusted." The clause introduces in convenient compass a question upon which many of those who, it is suggested, will attend hospitals as tariff patients, are certain to think strongly. There are extremists who speak of capturing all hospital administration in recognition of collective subscriptions; and there are persons who, though less ambitious, none the less think that an individual subscription gives the subscriber an individual right over the hospital management. The clause we have quoted challenges these positions directly, and would secure for the community the only fair way of allotting hospital accommodation—viz., the provision of beds for suitable cases.

Thus, whatever discussion may arise at the annual Representative Meeting as to the proposals made for the regulation of contributions by patients, or may be necessary in the future owing to the enforcement of such regulations, the Association will have before it practical suggestions for the meeting of a situation in which the need for a settled and carefully defined procedure is of urgent importance. They are suggestions which can be sifted by argument and discarded if someone is able to devise substitutes of superior merit. Particularly may this be said of the proposals affecting the voluntary medical staffs of hospitals and their colleagues outside. These are introduced with a statement of the tendency of the State, through local and central authorities, to require services of the voluntary hospitals, and the submission that services so required should not be charged to charitable funds, and that the payment made for them "should include an amount for the remuneration of the honorary medical staff of the hospital." It is added that "there can be no just claim by the State on the gratuitous services of a particular class of citizens which can be rendered only by that particular section, and are not and cannot be demanded from the general body of citizens." We need hardly emphasise the urgency of having such questions, arising out of contributing patients in voluntary hospitals, settled without delay to the satisfaction of the charitable public, of the contributors, and of the medical profession.

Prescribing by the Metric System.

THE advantages of the metric system have frequently been put forward, and though in many branches of science the system has now secured a firm foothold, yet medicine, so far as clinical work is concerned, lags behind, apparently reluctant to make the experiment. The reasons for this apathy have often been discussed with a certain degree of amused interest. The well-known conservative spirit, which actuates the older members of the medical profession, has been alleged to be the chief factor, even though this might be regarded as a polite method of indicating that, having learnt the art of prescribing in one way, a spirit of inertia renders them unwilling to discard and scrap their knowledge in favour of what may be a more excellent way. A second suggestion has been that the dispenser might conceivably be delayed in his work if confronted in quick succession by prescriptions on the metric and on the Imperial system; and it has even been thought that while such troubles confronted the fully trained pharmaceutical chemist, there would be others who were not acquainted with the metric system, and would therefore flounder hopelessly in face of difficulties.

Many misconceptions were removed by Dr. W. C. SILLAR in a paper on the Advantages of the Metrical System for Prescribing, which was read in Edinburgh recently at an evening meeting of the North British branch of the Pharmaceutical Society of Great Britain, and is published this week in our opening pages. The arguments adduced and the various devices for simplification and for safeguarding the prescription against ambiguity, or error, were favourably received by the audience. It is reassuring to note that Dr. SILLAR said he had not met with nor heard of any difficulty arising from ignorance or incompetence of the members of the pharmaceutical profession. The full paper [1] and the discussion which ensued are well worth the careful consideration of those who yet hesitate about the advantages of the metric system. To facilitate the transition the British Pharmacopœia of 1898 and that of 1914 have given due prominence to the metric system: in the latter issue all the pharmaceutical directions are given according to the metric system, while the doses alone retain, for the present, both the metric and Imperial systems. While there is apparently an intention to carry the line of progress further in the future, there is another factor to be considered—namely, the influence of such change upon the public. There can be no doubt that the general adoption of the metric system would necessitate great changes of habit amongst those accustomed to take their doses as fractional parts of the capacity of the bottle, or, more vaguely, as measured by some article in common use, such as a teaspoon, a dessert spoon, or a tablespoon. It is notorious that these severally differ greatly in size, and should therefore be replaced by measure-glasses. It might take time to effect such changes of routine, but they do not appear to offer any unsurmountable difficulties. There are more serious troubles to be faced so long as both systems are in vogue, in connexion with the National Health Insurance prescriptions which pass through the hands of a pricing bureau, of which the staff have to be trained to use the metric system, and to convert it to the Imperial system for pricing purposes.

The present tendency is so clearly toward the approximation of scientific methods amongst all civilised nations that there need be no doubt that in the future the metric system will be adopted in this country. Dr. SILLAR appears to consider that the clinical teachers and practitioners are largely responsible for the present slow progress made in this direction. Certainly the figures mentioned at the Edinburgh meeting show that relatively few prescriptions are written in the metric system, though dispensers generally are ready to deal with them. The public safety demands that only one system should be employed, since there is danger of error while both are used. The question is whether the inertia and apathy of the past should be allowed to continue, or whether the time has not come for the enforcement of the more simple and rational system for all medical and scientific purposes. This would entail the introduction of a new metric drug tariff for the use of the pricing bureau of the National Health Insurance, and this tariff would be facilitated by a decimal coinage. The way for such legislative measures has been prepared gradually and unobtrusively, so that cleavage from the old to the new would probably be the cause of no surprise, and would be effected with little inconvenience.

[1] Pharmaceutical Journal, Feb. 25th, 1922, p. 152.

The National Collection of Type Cultures.

THE labours of the botanical and zoological systematist are apt to be despised by those whose interest draws them to the more exciting investigation of how things live and move and have their being, rather than to the niceties of settling how one kind of thing may be distinguished from another sort. The bounding progress of SWAMMERDAM, RÉAUMUR, and JOHN HUNTER through the anatomy, physiology, and life-history of animals received something of a check with the rise of LINNÆUS in the second half of the eighteenth century, and his programme of describing, naming, and cataloguing all animate nature became perhaps rather too popular during the nineteenth century. But it was indispensable that the *Systema Naturæ* should be written, and it is indispensable that it should be continuously supplemented as the range of natural knowledge enlarges. The physiologist and experimentalist who speaks contemptuously of the "mere systematist" and the "gardening bacteriologist" might as well disparage NOAH WEBSTER. An orderly arrangement of objects and an adequate nomenclature for them must form the basis of any further progress in their investigation: *Nomina si nescis perit et cognitio rerum*. Nowhere in biology has this proved more true than in bacteriology. The study of micro-organisms has always been rather of what they do than of what they are, and workers have often been careless in taking note of names and descriptions and of working out the meticulous distinctions which enable the biological student of the higher plants to define more or less precisely the object to which he is paying attention, and to give it a name that will convey his meaning to others. And as descriptions are apt to prove imperfect and ambiguous and with increasing knowledge to become generic rather than specific, the systematic catalogue must be supplemented by the museum which will preserve authentic originals or duplicates. If anyone is interested in the parasites of an oak tree, he can ascertain at the Natural History Museum or Kew Gardens whether the host is *Quercus pedunculata* or *Quercus sessiliflora*, and what others call his particular gall or caterpillar. Now, thanks to the admirable scheme of a collection of type cultures of micro-organisms, established by the Lister Institute